

Sudan, Africa | Complex Emergency



Sudan Red Crescent volunteers distribute non-food items to internally displaced people, with IOM, in North Kordofan State, SRCS 2023

Appeal No: MDRSD033	To be assisted: 800,000 people	Appeal launched: 01/05/2023
Glide No: EP-2023-000027-GNQ	DREF allocated: 1.7 million CHF	Disaster Categorization: Red
Operation start date: 21/04/2023	Operation end date: 31/12/2024	

IFRC Secretariat funding requirement: 40 million CHF
Federation-wide funding requirement: 60 million CHF

TIMELINE



SRCS first aid volunteers on foot going to support the affected communities, SRCS 2023

- 15 April 2023:** Clashes break out in Khartoum between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) leaving millions of people caught in the crossfire.
- 27 April:** CHF 475,000 allocated from the IFRC's Disaster Response Emergency Fund (DREF) in response to the crisis.
- 1 May:** IFRC launches an Emergency Appeal for CHF 30 million to support the response of SRCS (targeting 200,000 people in Sudan).
- 9 May:** Clashes continue with over 700 people reported killed and 5,000 injured since the beginning of the conflict.
- 11 May:** Sudanese Armed Forces and the Rapid Support Forces sign a declaration to protect civilians and respect humanitarian principles.
- 28 May:** The total number of people needing humanitarian assistance in Sudan is estimated by OCHA at 24.7 million.
- 1 June:** IFRC scales up its response and launches its revised Emergency Appeal for CHF 60 million to support 800,000 people in Sudan. Second DREF allocation of CHF 700,000 approved.
- 16 June:** IFRC publishes the Operational Strategy.

DESCRIPTION OF THE EVENT

Sudan has been plunged into a dire humanitarian crisis as a result of an armed conflict. In the early morning of Saturday, 15 April 2023, Khartoum woke up to the sound of gunfire and explosions. This was the first time that Sudan's capital city, home to 6 million people, was at the epicentre of a fierce conflict between two powerful groups, the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF). Millions of civilians caught in the crossfire have been in lockdown for more than one month and many have run out of basic supplies like food, water and medicine, having instead to borrow them or take the risk of fleeing through extremely dangerous routes.

As of 30 May, the total estimate of internally displaced people was 1,210,214, mostly displaced from Khartoum state, and located in West Darfur, White Nile, River Nile and Northern regions¹. After a month of fighting, the full extent of the humanitarian situation is yet to be determined, but to date this conflict has put at risk at least 9 million Sudanese. The majority of residents remain stranded and are unable to flee to safer areas, due to ongoing fighting, lack of financial means or simply attempting to maintain their property, assets and livelihoods. People trapped in conflict areas are running out of survival means and are being forced to take risks to make ends meet. Many families have had to make the hard choice to evacuate children and youth, accompanied by their mothers. In some instances, evacuation buses have been attacked, and there are reports of increased sexual violence against people on the move.

The fighting in Khartoum and other parts of the country is taking place in densely populated urban areas and endangering the lives of civilians. Shrapnel and stray bullets are flying around in residential neighbourhoods. According to the latest figures of the Sudanese Medical Association, released on 5 May 2023, 866 civilians have been killed and 3,721 injured since the beginning of the fighting. And. These figures are generally lower than those reported by the Sudanese Ministry of Health (MOH) and the United Nations (UN). IFRC fears that these numbers will rise.

Prices of food, fuel and other basic goods are spiking throughout Sudan with prices of many staples rising by 160 per cent, and for fuel by 1,000 per cent in Khartoum. Access to essential services such as healthcare, markets and schools continues to be highly limited nationwide while frequent power outages and communication blackouts are still being reported, especially in Darfur. Given the fragility of ceasefire efforts and the apparent withdrawal of SAF from the Jeddah negotiations, this downward trajectory will likely continue, driving need among resident and displaced populations.

On 11 May both parties to the conflict signed a declaration reaffirming their obligations under International Humanitarian Law, to facilitate humanitarian action to meet the needs of civilians. Despite the declaration, however, the violence continued, notably in Khartoum and West Darfur. On 22 May, a new ceasefire came into effect, but clashes continued in the conflict affected areas, leading to further displacement. Since the beginning of the conflict number of humanitarian organizations, including the Sudanese Red Crescent Society (SRCS), have had stock looted and some are still lack of access to groups in need. In the first week of June, SRCS made the first distribution of food in Khartoum in collaboration with WFP.

The IFRC Emergency Appeal aims to support the response of the Sudanese RC, as well as its staff and volunteers, to continue delivering essential humanitarian assistance to the most affected. Humanitarian need across Sudan was already at record levels before April 2023, with 15.8 million people in need², including 3.7 million internally displaced persons (IDPs)³ and 1.1 million refugees.⁴ This will increase as projections remain unclear for how the current conflict will evolve.

Based on the guidance presented in the IFRC Emergency Response Framework the Disaster and Crisis Categorization of this event has been reclassified moving from **orange to red** – the highest level of

¹ IOM, Displacement Tracking Matrix - Situation report 6 : DTM Sudan - Situation Report 6 | Displacement Tracking Matrix (iom.int)

² Humanitarian Needs Overview, Sudan, December 2022

³ UNHCR, July 2022

⁴ UNHCR, February 2023

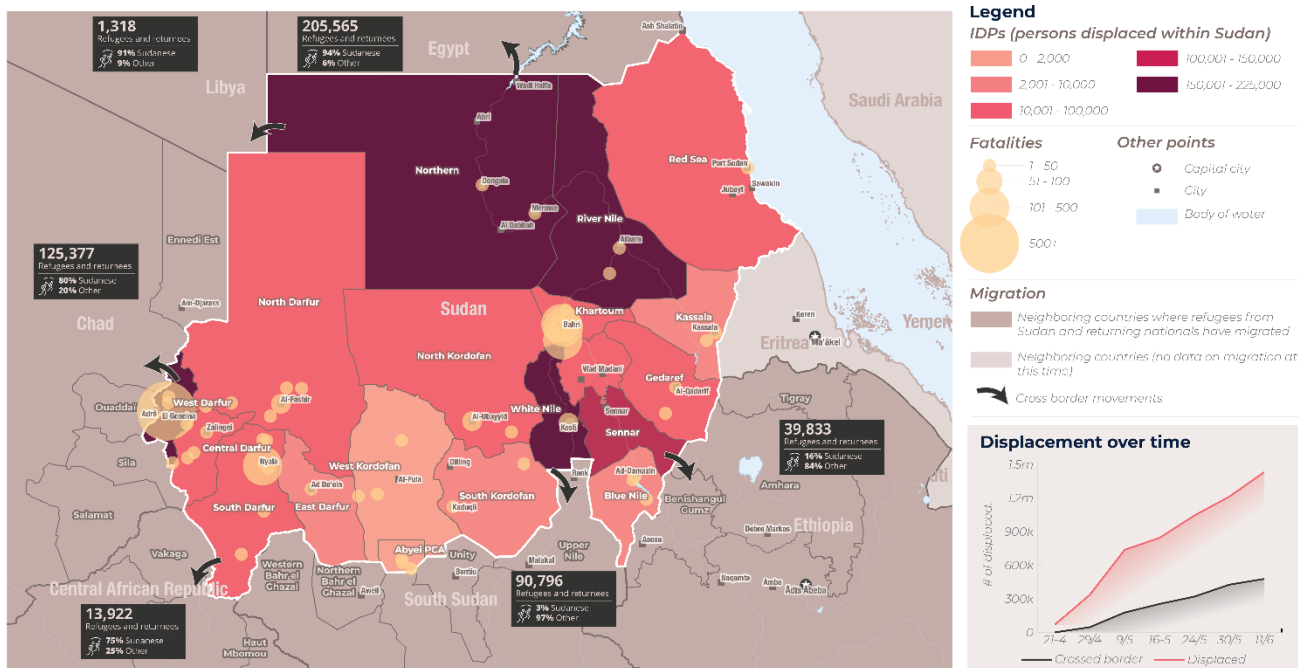
categorisation. This is based on the most recent analysis of indicators for pre-crisis vulnerability, crisis complexity, scope and scale, humanitarian conditions and capacity and response. The system of categorization of disasters and crises is aimed at facilitating the activation of the appropriate disaster response standard operating procedures and improving the lines of management for a disaster response operation.

Updated: 11 June 2023

Regional Displacement Map Complex Emergency | Sudan



The most recent displacement data from IOM Sudan reveals that over **1,428,000** individuals are displaced within Sudan as a result of the conflict. Over **476,000** people (both refugees and returning nationals) have crossed borders into Sudan's neighboring countries.



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: Humanitarian Data Exchange, ACLED (fatalities), IOM Displacement Tracking Matrix (<https://dtm.iom.int/node/24696>), IFRC, Sudanese Red Crescent Society, Product of SIMS.

Severity of humanitarian conditions

1. Forced Displacement: According to preliminary reports from SRCS and partners, the conflict has had a devastating impact in Sudan. Many of the affected people, particularly in the capital, Khartoum, have had to flee their homes, leaving thousands displaced from their normal secure environment and seeking refuge. The conflict has also taken a significant toll on public infrastructure, with the destruction of hospitals and health facilities, leaving only 16 per cent of these facilities operating regularly in Khartoum. Residential buildings, water infrastructure and energy infrastructure have been damaged as well, with continued disruption of service, while communications and internet connectivity have also been compromised.

Since the clashes began in mid-April, more than 1,428,000 people have been internally displaced in Sudan. The majority (66 per cent) have reportedly been displaced from Khartoum state, followed by West Darfur (16 per cent). Displaced people have taken refuge in different places: living with relatives; IDP gathering sites prepared by local governments; and public buildings such as schools and mosques.

Over 476,500 refugees and returnees have fled to neighbouring countries including Egypt (205,565), South Sudan (90,796), Chad (125,377), Ethiopia (39,833), CAR (12,922) and Libya (1,318). Projections are that the number of refugees will continue to increase due to fighting and insecure living conditions.

Widespread displacement is ongoing, mainly in Khartoum, Northern State, North Kordofan, North Darfur, West Darfur and South Darfur. There have been chaotic scenes in Port Sudan and Wadi Halfa bordering Egypt, with people stranded for several days at a time attempting to leave the country. Displacement has also affected

refugees living in Sudan, with many sheltering in crowded camps in White Nile State, Gedaref and Kassala. People are also fleeing to neighbouring countries, including Chad, Egypt, South Sudan, Ethiopia and Central African Republic (CAR).

The majority of displaced people remain within Sudan, closer to their homes, either with families or relatives or in centres improvised to receive the influx, such as those supported by the SRCS. People arrive at their destinations physically and psychologically exhausted, sometimes severely injured, without food, water or shelter, and with no means to cover the cost of basic necessities. Many are anxious for news from their loved ones and are in urgent need of communicating with their families. This situation could last for several more days, weeks, or even longer until a solution is found, while the risks of people adopting negative survival coping mechanisms will increase. Of particular concern are women, children, older people, people with disabilities and those in need of special attention.

The situation is also extremely challenging for the hundreds of thousands of refugees already living in Sudan, who do not have any support networks and who will now be displaced a second time, likely to crowded camps established along the borders with Ethiopia, Eritrea and South Sudan. Any humanitarian operation conducted will thus have to take into consideration the pre-existing humanitarian situation of those who were already extremely vulnerable. Of the 15.8 million people already in need, about 11 million have life-threatening needs related to critical physical and mental well-being. This is a 21 per cent increase compared to 2022.

The pre-existing risks and needs of this population must be included in this response, considering the reduction of assistance caused by the conflict, the exponential increase in prices of basic commodities and the disruption of even basic health service delivery. The situation risks spiralling downward for millions.

2. Shelter and settlements: Those that have fled are struggling to find accommodation and many are sheltering with host families, in public buildings, and in the worst case out in the open. Many vulnerable persons, including children, women, older people, pregnant women, breastfeeding women and others with specific needs, find themselves crammed into overcrowded public buildings or forced to sleep outdoors exposed to severe weather and threats, also without continuity of healthcare. Others are paying to rent houses or stay in hotels for now, but their resources are being depleted, raising the risk of negative coping mechanisms for basic shelter and the increasing the risk of sexual exploitation and abuse. In addition, other displaced households are being accommodated with host families or with relatives, stretching minimum family resources, which could generate family conflicts considering the duration of the displacement. Support to host families is essential, as they are taking on a huge burden and the largest caseload of those displaced from Khartoum.

There is thus an immediate need to establish shelter, providing privacy, locks, a healthy environment and safety, to mitigate the high risk of sexual and gender-based violence (SGBV), including risk of trafficking, sexual exploitation and violence, as well as eviction risks for those in rental accommodation.

3. Increased food insecurity and fast deteriorating livelihoods: Before the current outbreak of violence, food security was a significant issue with high rates of malnutrition being reported in several areas and the conflict is now likely to cause an increase in wasting and malnutrition. Sudan was already one of the priority countries for the IFRC Hunger Crisis response.

Prior to the conflict, 7.7 million people in Sudan faced acute food insecurity between October 2022 and February 2023. According to WFP, an additional 2 million to 2.5 million people in Sudan are likely to face acute food insecurity due to the ongoing violence in the country. The biggest spikes in food insecurity are expected in West Darfur, West Kordofan, Blue Nile, Red Sea and North Darfur states.

The cost of food items is also rising countrywide and WFP estimates that the price of basic food items is likely to increase by 25 per cent within three to six months. Based on a market access survey by Mercy Corps, the price of sugar has already increased by 250 per cent in Nyala city, South Darfur. Households with limited financial resources will thus no longer be able to afford these basic items. This will especially impact those with underlying health and nutrition concerns, and will impact children's development, many of whom may have to resort to

negative and risky coping mechanisms, risking exploitation, and sexual abuse. In more insecure areas, such as Khartoum and South Darfur, traders have also reduced their operating hours to minimize the threat of looting or violence. People in affected areas cannot work, and some do not have access to money beyond the cash they have on hand. While people in Dilling, South Kordofan, borrow money to buy goods, those in Kadugli are less likely to do so, as trust among community members has declined.

Food insecurity is also at risk as a result of the conflict. The planting season in Sudan typically begins at the end of May and if farmers are prevented from accessing their fields and planting key staples between May and July, agricultural productivity will reduce, and food prices could rise further. Food production disruptions, supply chain disruptions, sporadic fuel shortages, inflation and currency depreciation have all already led to shortages and price hikes, making essential goods unaffordable for many. Imported staples such as wheat flour, oil and tomato paste are scarce as well. WFP expects the number of acutely food insecure people to increase to 19.1 million in the next 3 to 6 months if the conflict persists.

Food and water shortages, and lack of fuel, are leading to sharp increases in the cost of these basic commodities, while the price of transportation out of conflict areas is unaffordable for many. Transportation is also very expensive with the rise in fuel and security issues and access to cash is a problem. Many people are stranded in Khartoum, stuck at home for days with no money or resources. Both private and public facilities have been ransacked, and some burnt down, including on the premises of SRCS.

4. Mental health, psychosocial and community health: SRCS and the United Nations have reported a severe impact to health care in the country, with health centres running low on medicines and other essential supplies. Attacks on and looting of hospitals and health centres have also been reported by the WHO. The health facilities that remain functional lack staff and equipment, and the available blood is at risk due to power cuts in the cold chain. Pregnant women cannot access antenatal care and may be at risk of unsafe deliveries, or no post-partum care for mother or baby. Lack of access to potable water is also leading people to consume water from the Nile, which could lead to a rise in diarrhoeal diseases, and will add to the existing undernutrition status of children and pregnant and lactating women.

Overall, fewer than 20 per cent of health facilities in Khartoum remain fully functional and 60 per cent are not operating at all, severely limiting access to urgent medical services for millions of people. Many of the hospitals in Khartoum that are treating injured civilians have reported shortages of doctors, blood, transfusion equipment, intravenous fluids, medical supplies and other life-saving commodities due to exhaustion of the remaining supplies distributed. The continuing risks to safe storage of blood supply due to disruption of electrical power and fuel mean that even immediate lifesaving surgeries in the limited health facilities still operating may soon be compromised.

Injured people need immediate medical attention, yet the hospitals in Khartoum and other parts of the country affected by violence are running out of supplies and medical personnel cannot access health facilities due to the fighting. As mentioned, two-thirds of hospitals are not functional, this according to WHO, going for days without electricity, fuel and water, and many hospitals are, again, running out of medical supplies. Lack of access to cash is also a barrier for many affected households to afford healthcare due to soaring medicine prices. Among the most urgent needs in hospitals are first aid kits, medical kits, diesel for generators, stretchers and beds.

In some locations access to health services is practically impossible since most health centres have been looted, are closed, or are too unsafe to reach. Thus, people injured from the fighting, people with serious existing health conditions such as heart problems, kidney problems and high blood pressure, as well as women giving birth, cannot get the urgent care they need.

Mental health needs are rising as well and many IDPs have experienced trauma while transiting from their places of origin. Some have stated, for example, that they have not recovered from the sound of gunfire and artillery. Many of them have evacuated their homes and been separated from family too, including children, whose mental health needs are distinct.

Disruptions to the cold chain have also put vaccine stocks at risk, leaving at risk millions of under-vaccinated or zero-dose children and exposing them to diseases such as measles, polio and other preventable childhood illnesses.

The fighting has heightened the risk of vector-borne and water-borne diseases as well. The period June through September is the peak of the rainy season, when cholera, acute watery diarrhoea (AWD), and vector borne, such as dengue and malaria may all spike. Before the outbreak of the conflict SRCS was working on a preparedness DREF for dengue and to address the risk posed by the expected above average rainy season

Urgent assistance is ultimately needed to support the entire healthcare system, prioritizing the protection of civilians, especially at-risk women and children, people with ongoing health conditions and those with life-threatening injuries. The Sudan health system was already fragile prior to the conflict and healthcare was, and still is, of insufficient quality for those seeking treatment due to shortages of essential drugs, equipment and qualified staff. The health system follows a federal-state-local structure, as well as military medical services, police, universities, and the private sector. But because of the conflict, key staff are often unable to report to work and a number are reported to have left. The key essential medical supply chain, usually from Khartoum to states, has become impossible.

During this emergency the strategy will therefore be to prevent and alleviate human suffering by attending to acute health, medical and mental health needs. Supporting the Ministry of Health to prevent disintegration of the health system is paramount and engaging them with a robust response to sustain the supply chain, continue surveillance, promote hygiene, and offer vaccination will help stabilize the system.

5. Impeded access to water, Sanitation and Hygiene services: The conflict in Sudan is driving a breakdown in basic Water, Sanitation, and Hygiene (WASH), mostly in urban areas and in new IDP concentration points. Already limited water sources are under extreme pressure due to the concentration of displaced populations and the country is now grappling with severe water shortages caused by electricity disruption, fuel scarcity and lack of supplies. The bulk water treatment and supply systems in Khartoum, designed to supply a million people, are not functional, and other conflict-affected states are facing the same shortages. The high cost of fuel has also resulted in an increase in the operating costs of fuel-reliant water supply systems as well as water trucking.

But the WASH situation was already deteriorating in Sudan before the conflict, due to a worsening economic crisis, political instability, disease outbreaks and climate shocks such as floods. The number of people in need (PIN) of WASH assistance has increased from 11 million in November 2022, to 14.9 million by May 2023, representing a 35-per-cent increase. Water-borne diseases and epidemics are a major threat. In some of the places where IDPs have taken refuge, such as schools, where the water supply is already inadequate, many of them may be consuming unsafe water, including river water. There is also already poor waste disposal due to a lack of awareness of safe hygiene practices and of gender-specific hygiene norms, which require community engagement to resolve. The anticipated rainy season will further heighten the risk of outbreaks in the coming months.

6. Protection, Gender and Inclusion (PGI): Families are prioritizing the evacuation of women and children, who are exposed to heightened risks including sexual and gender-based violence (SGBV), as reported by women-led organizations in Sudan. Men and boys face the impacts of the armed violence itself. Large scale family separation while on the move has been reported, with many unaccompanied and separated children. Adolescent girls are especially at risk of SGBV, amongst other protection threats, including physical violence, robbery, and trafficking. Displaced and conflict-affected women and girls face this increased risk of SGBV in exchange for safe shelter or basic goods. Domestic violence risks have also increased with limitations on mobility and decreased access to basic needs. Thus, the need for strong safeguarding systems against sexual exploitation and abuse, and in favour of child protection approaches, is clear and all teams need to ensure that sector-specific safety concerns are analysed and mitigated, including staff screening.

Gender-based violence (GBV) was already a critical issue for women and girls in Sudan prior to this crisis, with an estimated 3.1 million women, girls and other at-risk populations exposed to the risks of GBV prior to the

clashes. Interruptions in access to GBV response services are likely to increase the number of women and girls exposed to GBV and life-saving services, including emergency health interventions to prevent sexually transmissible infections (STIs), GBV case management, psychosocial support and referrals are all under enormous pressure. Women and girls who have experienced SGBV may also face rejection, retaliation or ongoing abuse including risk of trafficking, although there are many strong localized women's networks organizing on this issue. But remote services are still needed for survivors of SGBV and for women and girls suffering from trauma.

Upwards of 368,000 children have also been newly displaced within Sudan as well, while 82,000 children have fled to neighbouring countries. Education has been disrupted for many of them, chiefly because schools simply aren't functioning or are too dangerous to attend. And with rising mental health and psychosocial needs prompted by fear, loss and grief, violent and risky coping behaviours are likely to increase, driving a need for more social inclusion and recovery services.

7. Dead body management: Bodies of the deceased have been left on the street in many places, and Khartoum and West Darfur remain too volatile to attempt to remove them, but SRCS volunteers are able to work within their home settings and others in ambulances collecting bodies from the streets and from homes for dignified burials. The declaration signed on 11 May by the warring parties specifically identified SRCS and /or the International Committee of the Red Cross (ICRC) "to collect, register, and bury the deceased in coordination with competent authorities".

8. Pre-existing vulnerabilities: The clashes have further complicated the already challenging humanitarian situation in Sudan. Prior to the onset of the crisis, nearly 16 million people in the country were in need of humanitarian assistance. Sudan was also host to more than 1 million refugees primarily from South Sudan, Eritrea, Syria, Yemen and Ethiopia, as well as more than 3.7 million IDPs, following successive bouts of conflict.

9. Urban: Most clashes have been concentrated in Khartoum and urban areas along major roadways between Kassala, North Kordofan and Darfur region. Beyond the battles in Khartoum and neighbouring Omdurman and Bahri, fighting was the most intense in the cities of El Obeid, Nyala, El Fasher and El Geneina.

10. Communications: Disruptions to communication are rife. Roaming services are scarce and local mobile providers have become unreliable. Most mobile companies are centralized in Khartoum, bringing which presents network challenges and also makes it difficult to acquire new sim cards. Thuraya is the only satellite phone allowed in the country, but with limited capacity.

11. Logistics: Fuel could be a constraint soon due to transport issues in the country and hamper logistics, while Sudan airspace is currently closed to all air traffic except for humanitarian flights to Port Sudan and for daylight operations only. The airport in Port of Sudan also has limited capacity to handle cargo. Access from Port Sudan to other affected states also remains a challenge.

12. Humanitarian access and space: Fighting has severely restricted humanitarian access, insecurity, aerial bombardments, roadblocks, infrastructure damage and other movement restrictions have been the main constraints to humanitarian access. Sudanese airspace has been largely closed, and airports across the country are not functioning, including Khartoum International Airport. Several incidents of looting and supply chain disruptions have led to aid shortages. Many humanitarian organisations have reduced or suspended their operations in many parts of Darfur and Khartoum. Organisations have relocated humanitarian staff to Port Sudan which has a functioning airport and seaport⁵.

13. Impact on the National Society: Several branches of SRCS have been damaged or ransacked. It is reported that the SRCS national headquarters in Khartoum has been taken over. Vehicles across the country and equipment have also been looted, warehouses have been looted or damaged, and damaged and stocks of vital

⁵ Logistics Cluster (https://s3.eu-west-1.amazonaws.com/logcluster-production-files/public/2023-06/230613_Logistics%20Cluster%20Snapshot_6.pdf)

supplies have been lost. SRCS was stocked with medicine, hospital equipment and non-food items (NFIs), and had ambulances ready, ahead of the 2023 flood season, which is predicted to be particularly bad this year due to El Nino, but much of this has been looted and burnt during the fighting.

SRCS staff and volunteers have been directly impacted by the conflict too, and SRCS has lost many of its assets particularly in Khartoum. But staff and volunteers across all eighteen states of Sudan are continuing to support their communities with the capacities that they have available, while many of them have not been paid in two months due to the breakdown of the banking system. Currently SRCS has set up an emergency operations and logistics centre in Port Sudan, but still needs considerable support on logistics and infrastructure. In this conflict, the SRCS branches are on the frontline providing much-needed aid to people on the move, and they need support the most, to work more effectively and efficiently. Cross-border, branch-to-branch communication will be key in this conflict that is driving people across borders.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

SRCS is present across the country with branches in each of the 18 states and a robust network of 40,000 registered local volunteers, including National and Branch Disaster Response Teams (NDRT/BDRTs) and Emergency Action Teams (EATs), where many are active in hard-to-reach communities.

Despite the challenging environment, SRCS has been on the ground since day one, supporting evacuations and reuniting families, providing first aid to the wounded and psychological support, as well as supporting health facilities and Restoring Family Links (RFL) services.

The declaration signed on 11 May specifically identified SRCS and ICRC “to collect, register and bury bodies of deceased in coordination with competent authorities”. SRCS has also been given the task of registering those arriving at accommodation centres across the country.

Despite the challenging access issues faced by most humanitarian organizations, SRCS counts with a unique access due to its already existing presence in all states of the country, positioning it as the key first-line humanitarian service provider in the crisis. By early June SRCS was able to make the first distribution of food in Khartoum in collaboration with WFP. Further distributions have been held and are planned in other areas of the country. SRCS staff and volunteers, many also greatly affected by this crisis, continue to respond and support those most affected across Sudan.

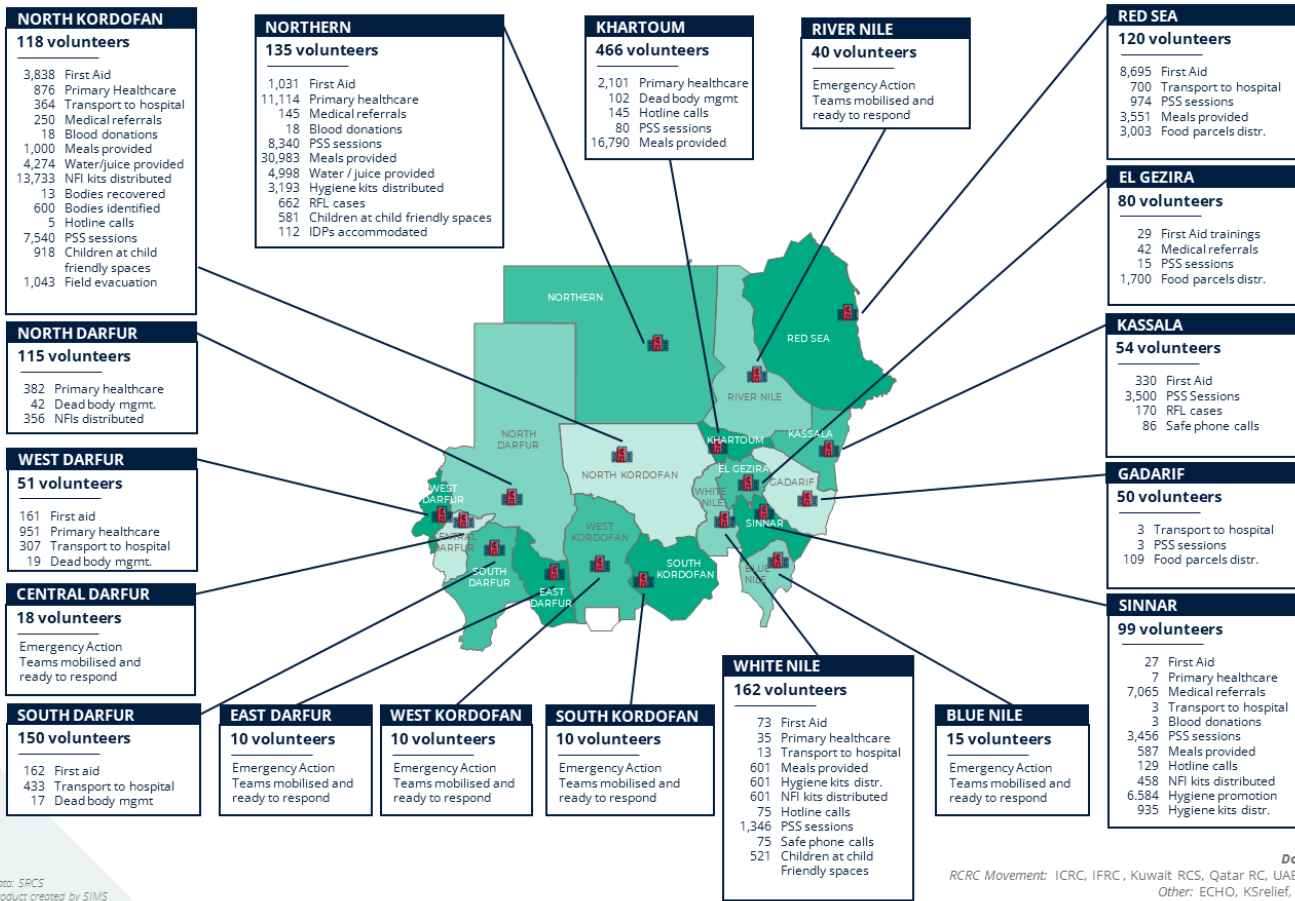


SRCS initial scale-up:

- Over 1,000 volunteers mobilized, prioritizing 10 states.
- SRCS has 475 volunteers engaged in Khartoum alone: 300 volunteers providing First Aid services, and assisting evacuation, and 175 complementing medical staff in hospitals and health centres.
- Emergency Teams operational in Khartoum, Gezira, South Darfur, Kassala, West Darfur, El-Gadarif, River Nile, White Nile, North Kordofan, Red Sea (Port Sudan).
- Backed up by the Emergency Operations Centre at HQ level and Emergency Rooms at Branch level.

Ongoing activities:

- Ambulance services, First Aid (including PFA)
- PSS hotline established.
- Dead body management and burials
- Embedding volunteers within hospitals to support medical teams.
- Setting-up accommodation centres for IDPs
- Basic needs assistance to IDPs in transit points (mostly food and water), as well as PSS and RFL services



2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC Secretariat provides technical and financial support to SRCS through the IFRC Sudan and Eritrea Country Cluster Delegation, and through the Regional Office for Africa, based in Nairobi. There are eight Participating National Societies (PNSs) in-country that have continued providing bilateral support to SRCS during the emergency phase. These are Danish Red Cross (DRCS), German Red Cross (GRCS), Netherlands Red Cross (NLRC), Qatar Red Crescent (QRCS), Spanish Red Cross (SRCS), Swedish Red Cross (SRCS), Swiss Red Cross (SwissRC) and Turkish Red Crescent (TRCS). Most of the PNS international staff have been evacuated from the country, with support from ICRC. Supporting or planning to support SRCS bilaterally so far include Saudi Arabia, Qatar, Kuwait, Emirates, Egypt, Iraq and Libya. Kuwait Red Crescent and Qatar Red Crescent have sent several flights to Port Sudan containing medical consumables, drugs, hygiene kits, first aid kits, food parcels and essential household items.

ICRC

The ICRC has been present in Sudan since 1978 helping people affected by the conflict in Darfur, Blue Nile and South Kordofan. The ICRC's work today, independently or in cooperation with SRCS, includes supporting hospitals and health facilities with equipment and supplies, working with local water authorities on improving people's access to clean water and supporting the authorities in providing rehabilitation services for people with disabilities. ICRC also supports SRCS in restoring family links (RFL) and dead body management.

The foundations of Movement coordination rest on a constructive relationship established and nurtured by the Movement components present in Sudan for several decades. This has permitted the establishment of seamless communication and coordination, even in challenging times for the SRCS. There are clear lines of communication between the IFRC and ICRC at the country level and these are now being reinforced at the regional level for this specific crisis.

A “mini-summit” took place remotely, which triggered the development of a Movement joint statement on the response to the armed conflict in Sudan. A second summit is planned to agree on Movement operational plans currently being developed by the SRCS, ICRC, and IFRC. This document will guide the Movement for a well-coordinated use of its capacities. Other Strengthening Movement Coordination and Cooperation (SMCC) structures have been agreed upon, which will cover joint communications/humanitarian diplomacy, information management and technical sectors. SRCS, ICRC and IFRC have signed together 3 key document to support with the coordination and collaboration around this response. In addition, it has also been agreed for a Movement Picture to be developed, and this is expected to be finalized in the coming days.

Movement Document	Purpose/key statements
Joint Statement SRCS, ICRC and IFRC.	The Movement partners commit to continue working in the spirit of, and in full alignment with, the Sevilla Agreement 2.0, with the SRCS acting as a convener when coordinating the Movement response. The support of ICRC as co-convener in a context of conflict, together with the support of the IFRC, will allow a more efficient use of the collective resources at hand.
Sudan Movement Mini-Summit Meeting 18 April 2023.	The International Red Cross and Red Crescent Movement based in Sudan express their support, solidarity, and reaffirm their commitment to act collectively and in a coordinated manner in their support to people in need as well to the SRCS
Movement Operational Framework for Sudan.	The Operational Movement Framework is to facilitate, agree on and organize a coordinated and collective Movement response to the ongoing Sudan conflict.
Movement Picture for Red Cross operations in Sudan and neighboring countries.	The Movement Picture will cover the Movement response. To show in one snapshot the holistic reach and impact of the Red Pillar in this context through a short visually focused document

SRCS is the lead in this response and the convener⁶ of the Movement components present in Sudan. ICRC, as co-convener, and the IFRC Secretariat, will reinforce this leadership and support internal and external coordination functions. In addition to the Red Cross and Red Crescent (RCRC) Movement partners, SRCS partners with the Sudanese Government, United Nations organizations, and other local and international non-governmental organisations.

Movement Working Groups

RCRC Movement working groups have been established at the beginning of the crisis to provide a platform for seamless coordination and cooperation between ICRC, IFRC and member PNSs while providing support to SRCS in the implementation of its Plan of Action. This will help avoid duplication in the use of resources and will reinforce complementarity. The outcomes of the working groups will be:

- jointly defining the sectoral objectives and activities that will be included in the Movement Plan
- agreeing on who is best placed to implement activities in the different intervention areas.
- define, monitor, evaluate and adopt the implementation of common agreed objectives.
- support each other’s performance in achieving the Movement objectives.

The working groups are composed of specialists from all Movement components operational in the respective field in Sudan. The groups are led by SRCS, supported by IFRC, ICRC sector leads and PNSs as follows:

⁶ The Movement Coordination for Collective Impact Agreement ([Sevilla Agreement 2.0](#)) was adopted at the 2022 Council of Delegates and sets out the coordination responsibilities for the components of the **International Red Cross and Red Crescent Movement**.

Working Group	PNS expert
<i>Communication</i>	Danish Red Cross
<i>Health</i>	Danish, German and Swiss Red Cross
<i>Wathab/Water, sanitation and hygiene promotion (WASH)</i>	Netherland, Danish, Swedish, Spanish Red Cross
<i>Relief (Cash/Coosec)</i>	Danish, German, Swedish RC, Spanish Red Cross
<i>Protection</i>	Netherlands and Danish Red Cross
<i>IDPs</i>	Danish and Swedish Red Cross
<i>Logistics</i>	Danish, Swedish and Swiss Red Cross
<i>Information Management</i>	Danish, Netherlands, Spanish Red Cross
<i>Financial Management in Crisis</i>	German, Swiss, Danish Red Cross
<i>Resource Development/Surge</i>	Swiss Red Cross
<i>National Society Development</i>	German, Swedish, Netherlands, Danish, Spanish Red Cross

2.2 International humanitarian stakeholder capacity and response

Given the high level of insecurity in Khartoum, the United Nations and most international organizations have temporarily relocated their offices, together with hundreds of staff members and their families, to Port Sudan. Despite the challenges faced since the conflict erupted on 15 April, many humanitarian partners remain present and are restarting their operations. Nonetheless, this is in a context where access to those areas with the biggest needs is still very limited, forcing teams to adapt their programming. Banking restrictions also continue to pose challenges in the implementation of responses by international organizations. Also, telecommunication issues are hampering the implementation of the response.

The 2023 Humanitarian Response Plan (HRP) for Sudan, launched in December 2022, has been revised due to the escalating violence. Fighting between SAF and RSF has caused tremendous human suffering and exacerbated significant pre-existing humanitarian needs amongst the civilian population in Sudan, also affecting urban areas previously not covered by, or only marginally covered by, the HRP.

The HRP has been revised specifically around the scale-up of lifesaving multisectoral assistance and protection services in line with HRP Strategic Objective 1, to provide timely multi-cluster lifesaving assistance to crisis-affected people to reduce mortality and morbidity, and 2, to mitigate protection risks and respond to protection needs through humanitarian action. In line with these parameters, the number of people to receive assistance throughout the rest of 2023 has increased by 44 per cent, from 12.5 million to 18.1 million. This significant increase in coverage requires USD 817 million in immediate additional funding, bringing total requirements under the revised 2023 HRP to USD 2.56 billion.

Although many of their in-country stocks have been looted, WFP are restarting food distribution in Gedaref, Kasalla and White Nile, while Norwegian Refugee Council (NRC) has also started food distribution in Wad Medani. Additional organizations, including the Red Cross, and donors are also starting to bring relief in-kind through Port Sudan. This has been done bilaterally, but also through the European Union Humanitarian Flight, which landed in Port Sudan on 16 May 2023 as first in the established "air bridge".

3. Gaps in the response

There are multiple needs, vulnerabilities, protection risks and coping capacities to consider in the response to this crisis based on gender, age, disability, socio-economic status and access to safety, with a focus on excluded, marginalized, and discriminated groups. Based on rapid needs assessments and other available information, the following immediate and potential needs have been identified.

Migration and displacement: There are gaps in the current response across all areas of migration and thus a need to urgently scale up support across the specific sectors. Humanitarian Service Points (HSPs) are needed along relevant migration and displacement routes so that people can access services such as emergency health and first aid, food, water, psychological support services (PSS) communication, and referrals, regardless of their status.

Shelter and settlements: Shelter support is needed across all areas, from host families to collection centres, to informal settlements, to private rent accommodation, as well as provision of emergency household items. Including for those held up at border crossing who have not been able to leave.

Food security and livelihoods: There is an urgent need for food supply and to support basic needs of the affected and displaced. The use of cash is prioritised, but subject to market availability and access to financial service providers.

Mental health and psychosocial and community health: Urgent action is required to support the fragile healthcare system, including for mental health. There is also a dire need for sustained disease surveillance in communities for detecting and responding to infectious disease outbreaks, while drugs and ambulances are in short supply and infrastructure is critically compromised.

Water, Sanitation and Hygiene (WASH): With the destruction of water systems and displacement of families to concentrated areas, there is an urgent need to provide safe drinking water, sanitation and hygiene promotion, all for disease prevention.

Protection, Gender and Inclusion (PGI): In conflicts like this one there is significant risk of sexual and gender-based violence (SGBV), exploitation and abuse especially toward women and children and PGI needs to be mainstreamed across all programmes. Appropriate safeguarding mechanisms need to be in place and need to be monitored for all activities.

Community Engagement and Accountability (CEA): Under the current conditions radio and TV stations are not always accessible to broadcast vital information or humanitarian messaging, but electricity and internet are largely functioning, although intermittent, so digital communications and social media are currently the primary means of communication. Priority now is to map out trusted communication systems to engage communities and share lifesaving information with a feedback system to hear community needs and concerns.

Impact on the National Society: Given the damage and looting of SRCS sites around the country, a significant focus of IFRC support will be on restoring and increasing operational capabilities for SRCS enabling them to continue providing localised and community-based humanitarian services where needed.



Essential household items arriving in the ECHO supported flight 16 May, IFRC 2023.



Sudan Red Crescent volunteers help distribute supplies in White Nile state, SRSC 2023

OPERATIONAL CONSTRAINTS

1. **Impact on the National Society:** SRCS Headquarters in Khartoum has been ransacked and possibly looted, vehicles have been lost and communications have been disrupted with some of the branches. While SRCS still has operational teams in all states to provide business continuity, a management team has now relocated to temporary headquarters at Port Sudan Branch.
2. **Safety and Security:** The wellbeing and safety of SRCS staff and volunteers remains a priority working in this context. Humanitarian access due to security concerns and damage to infrastructure remains a significant challenge. The main access for personnel and supplies is via Port Sudan for flights and sea freight. Road transport into the country remains very difficult but the Logistics Cluster continues to carry out assessments and monitor. UNHAS flights have improved to Port Sudan and are now regular.
3. **Supply chain management:** are limited in the county right now, prices in the local/regional markets are variable and unreliable. Logistical capacity support is overstretched, recruitment and training of staff are under significant pressure, assessment of warehouse stocks is difficult, indicating that there is a strong need for constant monitoring. Fuel supply may be affected due to high demand and overall access to the country itself is limited to Port Sudan, with other border crossings currently closed.
4. **Access to financial services:** The international banking system is still not accessible within Sudan at the moment and the SWIFT system is not active. Internal banking within certain bank chains is available but challenging due to erratic power and internet. This poses major challenges for bringing funds into the country to support operations.
5. **Damage to communications systems:** Internet and phone connectivity have been severely disrupted and are operating at greatly reduced capacity.
6. **Damage to social infrastructure and services:** Schools, health facilities and markets have been disrupted. Many large markets are simply not functioning, and most hospitals are only operating at limited capacity, all in an environment that is increasingly hostile to the psychological wellbeing of personnel.

7. **Damage to power systems:** There has been extensive damage to infrastructure, leading to water shortages, blackouts and communication disruptions. Loss of electricity naturally hobbles water treatment and distribution systems, adversely affecting public services, including hospitals, telecommunications providers and schools.
8. **Human resources:** SRCS staff and volunteers remain directly affected by the conflict and all 18 branches of the organization have been directly or indirectly impacted.
9. **Unfavourable weather conditions:** The coming flood season, which in the past has brought malaria and waterborne diseases, will exacerbate the situation, as there are even greater health risks now with the health system in disarray. Flooding will also endanger people on the move and people in camps and other temporary accommodation.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach** based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in the response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

The approach reflected in this Operational Strategy includes:

- A Federation-wide funding ask to ensure linkages between all response activities, both multilateral and bilateral, and activities funded domestically by National Societies, and to assist in leveraging the capacities of all members of the Federation in the country to maximize the collective humanitarian impact.
- Close coordination and communication amongst SRCS and partner National Societies and IFRC teams.
- A Federation-wide monitoring and reporting framework will be established based on the SRCS response plan (details are currently on the Go Platform⁷).

IFRC is also providing key and direct support to SRCS through the activation and deployment of surge roles, and by supporting with the coordination together with ICRC. The IFRC cluster office is also supporting SRCS on coordination with all in-country and regional partners.

Membership Coordination:

Membership coordination is being supported through the following forum:

- Regular online Movement coordination meetings
- Technical working groups of which PNS are members.
- Provision of situation reports, and Federation Wide reporting shared with the Membership on Go Platform.

Partners continue to attend regular online Movement coordination meetings, and in some cases are reassessing the possibility of returning to Sudan as security conditions permit. IFRC continues to support multilateral and bilateral engagement of PNSs and provides support to SRCS via this Emergency Appeal, including reinforcement of technical expertise, material, and financial resources, streamlining their use through a "best-positioned partner" approach.

IFRC Country Cluster Delegation for Sudan & Eritrea has deployed staff to Port Sudan in support of SRCS and Membership Coordination – Head of Delegation, Operations Manager, Logistics Coordinator and Security Coordinator. A further team of support service and technical profiles are supporting from Nairobi Office.

⁷ [IFRC GO - Sudan Crisis - Complex Emergency Sudan](#)

OPERATIONAL STRATEGY

Vision

Through this Emergency Appeal, IFRC will support SRCS in responding to the direct impacts of the ongoing conflict, and support National Society business continuity across Sudan. This response prioritizes lifesaving, local humanitarian services for different target groups via the provision of:

1. Emergency first aid, medical services, whether ambulance or in health facilities, and psychological support.
2. Establishing humanitarian service points (HSPs) where displaced populations can access a wide range of humanitarian support and services regardless of their status and wherever they are on their journeys to ensure that the needs of the separated, missing and deceased and their families are addressed.
3. Tailored basic needs support, including promoting access to food, safe water, hygiene, non-food items (NFIs), emergency shelter, and sanitation, preferably via CVA or in-kind if the former is not feasible or safe.
4. Given the damage and looting of SRCS sites around the country, a significant focus of IFRC support will be on restoring and increasing operational capabilities for SRCS enabling them to continue providing localised and community-based humanitarian services where needed. We intend to support and rebuild SRCS branches and assets and the National Societies business continuity which have paid a high toll after weeks of almost unabated violence.

Other core components of the response are child protection, prevention of gender-based violence (GBV) and any other form of sexual abuse or exploitation, and the duty of care and security for field actions. Community Engagement and Accountability (CEA) in emergencies will be streamlined in needs assessment and feedback systems, allowing affected populations to participate in the decisions that concern them, ensuring that assistance does not generate additional risks or increase harm to people.

The activities in this Emergency Appeal are part of a Movement-wide coordinated action with ICRC and participating National Societies, under one single operational plan led by SRCS. This Operational Strategy was developed based on the information available at the time of planning and it is expected that it will have to be revised based on the evolution of the crisis.

This EA is based on the Movement Operational Strategy developed with all Movement partners and prioritizes the support to the SRCS. The complementarity of Movement partners and stakeholders is critical to ensuring that the operational strategy can be implemented with the proper coordination mechanisms and oversight. Every effort will be made to ensure there is mutual collaboration and understanding of interventions to achieve a well-coordinated response.

We intend to ensure support for a longer timeframe than usual in anticipation of a protracted conflict and the corresponding prolonged emergency needs.

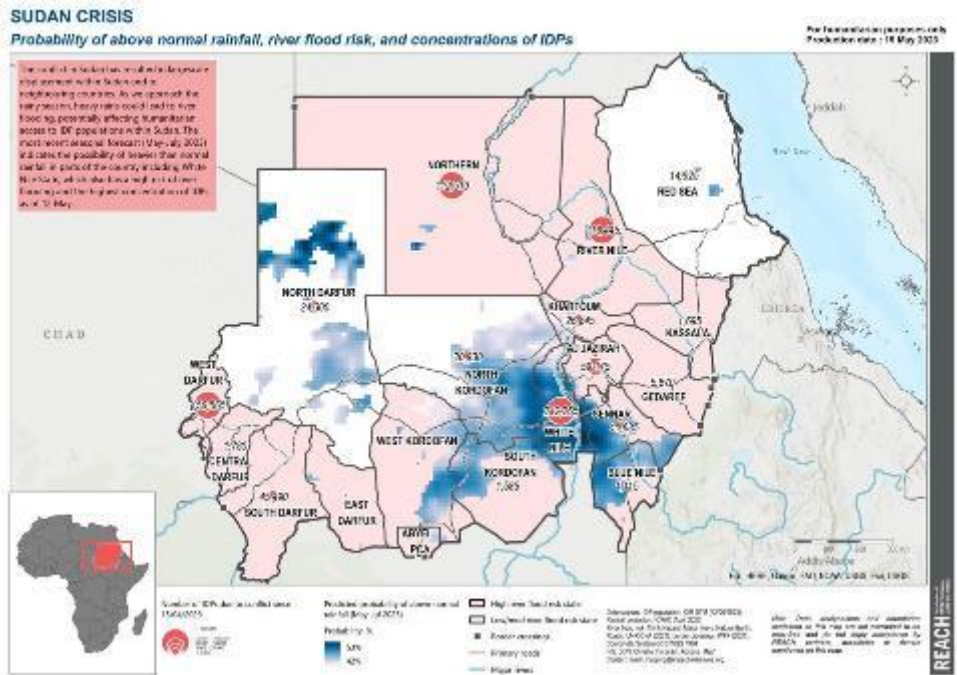
Scenario development

Scenario analysis is ongoing on how situations might evolve, aiming at informing contingency planning and/or preparedness measures before possible developments. They also help ensure that current or future humanitarian response operations are sufficiently robust, or adaptable, to withstand changes in the operational environment. Scenarios consider a wide range of possible futures with as different characteristics as possible. Therefore, they differ from risk analysis, the purpose of which is to identify probable risks, and forecasting, which aim at identifying the most probable future. The current and ongoing scenario development is held on the [Go Platform](#).

Anticipated climate-related risks and adjustments in operation

Key hazards could affect the operation in the short- and medium/longer-term. Based on forecasts and climate projections the operation will be adjusted to prevent or reduce the risk and not place communities at increased risk in the future.

- Seasonal floods:** Sudan is already experiencing the impacts of climate change, with overall warmer and drier weather, but more intense flood rains during flood season. Based on historical records and high levels of continuous flooding in recent years, it is very likely that further fluvial and flash floods will occur in the 2023 rainy season. In parallel, erratic rainfall is leading to a higher frequency and severity of flooding. Inadequate prevention and mitigation measures, and reduced development programming, including poor drainage systems, further exacerbate the situation. Some of the areas that are particularly



As the #Sudan crisis continues, the country is approaching the rainy season, with above-normal rainfall predicted. The latest map presented by REACH shows areas with both high #flood risk + concentrations of #IDPs. <https://www.impact-initiatives.org/what-we-do/news/sudan-crisis-thread/>

prone to flooding in Sudan include Khartoum State, Kassala State, Blue Nile State, White Nile State and Northern State. The 2023 rainy season is expected to start mid-June to September, beginning in the southern states and moving north. IFRC has an active [Emergency Appeal](#) in support of SRCS for floods response from 2020 to 2022 in the most affected states, including, Blue Nile, River Nile, White Nile, Jezira, Khartoum, Northern State, Red Sea and Sennar. Given the areas forecast to be affected by the 2023 rainy season, and as the Floods EA comes to an end, SRCS will continue its support as needed to those affected by anticipated climate-related risks and consequences including the upcoming floods, through this Complex Crisis EA.

Hunger crisis: The humanitarian crisis in Sudan continues to escalate, with a steady increase in hunger. A record number of people, approximately one-third of the population, were already facing hunger in Sudan before the current conflict erupted. With GAM prevalence of 13.6 per cent Sudan had some of the highest levels of malnutrition in the world. The highest prevalence of food insecurity is expected in West Darfur, Kassala, West Kordofan, Blue Nile, Red Sea and North Darfur. About 40 per cent of the population in Phase 2 of the Integrated Food Security Phase Classification (IPC) could slide into Phase 3. Following the latest escalation of violence in Sudan, 2 to 2.5 million additional people are expected to become acutely food insecure in the coming months. The conflict risks jeopardizing the imminent planting season for key crops, which would further exacerbate an already dire food security situation.



SRCS volunteers organizing food distributions in Khartoum, SRCS 2023.

Targeting

1. People to be assisted.

The conflict is taking place in densely populated urban areas in Khartoum, Khartoum North and Omdurman (Khartoum State), Merowe (Northern State), El Obeid (North Kordofan), Nyala (South Darfur), Al Fasher (North Darfur), Al Geneina (West Darfur) and Zalingi (Central Darfur). Although the number of people indirectly impacted by the conflict is much larger, an estimated 9 million people are living in very close proximity to battles, at high risk of stray bullets and shelling within residential areas. Many are still stranded at the borders with Egypt, South Sudan, and Ethiopia as well, and also at other evacuation points such as Port Sudan.

This Emergency Appeal will provide the means for SRCS to assist 800,000 people with the following priority situations:

- Assist civilians stranded in at-risk locations, wounded, or injured by the fighting, with evacuation, ambulance, and first aid services. This activity will be closely coordinated between SRCS and ICRC for safe access and protection.
- Provide emergency relief assistance via humanitarian service points along displacement routes, transit areas such as border crossings, or areas of arrival for displaced persons, with a particular focus on women, children, the elderly and people with specific needs, including Protection.
- Provide humanitarian assistance to displaced people and their hosts in camps or non-camp settings, including the provision of shelter and basic needs, including through Cash & Voucher Assistance (CVA) as well as Restoring Family Links (RFL).
- Uphold existing humanitarian services provided to extremely vulnerable people, with the inclusion of new populations in SRCS programmes as gaps are identified.
- Should the security situation change, providing support to those displaced who may aim to return to Khartoum or other conflict-affected areas, and elsewhere where livelihoods have been disrupted.

At household level, targeting will be for the most vulnerable, especially single mothers, households with separated children, households headed by people with disabilities and the elderly.

2. Initial geographical areas of engagement:


Khartoum and Darfur states are the most directly affected by the conflict. Other states have also been indirectly affected by receiving IDPs and by loss of services and social infrastructure. The initial states targeted for support outside of Khartoum and Darfur states were Al Jazeera, Northern State and Red Sea, followed by River Nile, El-Gadarif, White Nile, Kassala, North Kordofan and Sennar. SRCS will prioritize based on assessment and access; at this time and subject to change the IFRC appeal will target 10 states: Khartoum, Red Sea, Al Jazeera, Northern State, Kasala, Gedaref, Sinner, River Nile, White Nile and North Kordofan.

Considerations for Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA)

SRCS will focus on households that have been displaced and that have lost their homes and their immediate sources of livelihood, particularly those held up for extended periods in displacement sites. They will also give special attention to households that are at increased risk of SGBV, as well as older people and people living with disabilities, groups that are particularly vulnerable. All activities will ensure disaggregation of data by sex, age and disability, and will adhere to the IFRC Minimum Standards for PGI in Emergencies to ensure risk mitigation and to ensure prevention of violence, discrimination and exclusion. The response will also set up a feedback mechanism through community volunteers, community meetings, focus groups discussions, a toll-free line and suggestion boxes, and will also hear feedback through community meetings. This will also provide an opportunity to report any corruption and malpractice. Volunteers will also have community dialogue and sessions to disseminate information, during which they will also collect community feedback.

PLANNED OPERATIONS

INTEGRATED ASSISTANCE

	Shelter, Housing and Settlements	Female > 18: 15,288	Female < 14,112	CHF 7,223,000
		Male > 18: 15,912	Male < 18: 14,688	Total target: 60,000 people
Objective: To meet the immediate and short-to mid-term shelter needs of the affected population.				
Key indicators:				Targets
Number of households reached with emergency shelter and essential household items.				10,000
Number of households reached with shelter solutions in accommodation centres, with host families, in rental accommodation or in the open space/outdoors.				10,000
Priority Actions:				
Displaced families				
<ul style="list-style-type: none"> Affected households, including host families, are provided with emergency shelter and essential household items through distribution of shelter kits, which include tarpaulins and essential household items (kitchen sets, treated mosquito nets, sleeping mats, blankets and solar lamps). Distribution of these items will be coordinated with the Health, WASH and PGI sectors. Items will be in kind or using cash and/or vouchers. Provision of shelter solutions as appropriate including cash or in-kind materials such as tents/tarpaulins. 				

- Training/refresher for SRCS volunteers in emergency shelter response, to enable them support IDPs during displacement.
- Above activities will also be considered for those impacted by the anticipated floods.

Host families

- Host family support through cash or in-kind assistance as appropriate to improve existing housing conditions and to cover increasing utility bills and other associated costs.

Accommodation centres

- Accommodation centres provide emergency shelter and essential household items to promote protection, safety, and health.

Support for those able to return to their place of origin.

- Support through cash or in-kind assistance as appropriate.

 Basic needs & cash	Female > 18: 15,288	Female < 14,112	CHF 9,586,000
	Male > 18: 15,912	Male < 18: 14,688	Total target: 60,000 people

Objective: To provide the most vulnerable of the affected population with cash support to be able to meet their basic needs.

Key indicators:

Targets

Number of households reached with multi-purpose cash grants (CVA).

10,000

Number of households reached with food assistance.

10,000

Percentage of target households that have enough sources of food and income to meet their survival threshold for six months (including cash grants).

85%

Priority actions:


Cash grants

- Feasibility study for CVA interventions, and coordinate with national cash working group.
- Provision of multi-purpose cash to displaced families for up to six months, covering basic needs. IFRC has an existing framework agreement with Bank of Khartoum and will conduct FSP mapping to identify FSPs working post-disaster.
- Coordination with CEA and PGI teams to ensure minimum actions on how to better inform about cash distribution, selection criteria, how to manage and refer community insights, questions and doubts and to ensure local languages are considered.

Basic needs

- Basic needs assistance for livelihoods security through food distributions.
- Support for mobilization of food and other goods in collaboration with other agencies such as ICRC and WFP.
- Security of household livelihoods is enhanced through food production and income generating activities, and complimentary technical support and training programs coordinated with relevant government agencies.

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

 Health & Care	Female > 18: 216,000	Female < 18: 208,000	CHF 7,298,000
	Male > 18: 200,000	Male < 18: 176,000	Total target: 800,000 people ⁸

Objective: To provide the affected population with urgent health and care services including Mental Health and Psychosocial Services (MHPSS) together with timely, accurate and trusted information, and with support to enable them to take action and protect their health.

Key indicators:	Targets
Number of people reached by health service delivery in emergencies.	800,000 ⁹
Number of mobile clinics operating.	20
Number of households people reached through the distribution of mosquito nets as part of essential household items.	10,000
Number of people reached with personal hygiene kit, dignity kit (including MHM kits)	10,000
Number of Staff/volunteers trained on PFA/CBHFA	1,000
Number of people reached with first aid services.	20,000
Number of first aid kits purchased and distributed.	1,000
Number of international emergency health kits purchased and distributed.	100
Number of people reached with Search & Rescue activities conducted by the RCRC.	500
Number of people who receive MHPSS in emergency situations from RCRC.	5,000
Number of personnel and volunteers reached by PSS.	1,000
Number of dead body management teams mobilized, trained, and equipped.	20

Priority actions:

Mental Health and Psychosocial Support (MHPSS)

- Include MHPSS questions in any needs assessments being done.
- Health promotion including MHPSS awareness sessions on stress and how to cope with stress for both adults and children; how to talk about armed conflict with children; loss and grief in camp and non-camp settings.
- Training on psychological first aid (PFA) for SRCS staff/volunteers involved in emergency response.
- Mapping and establishing referral pathways. Referral to Protection and specialized MHPSS services when needed.
- Support SRCS to continue providing PSS.

⁸ Direct and Indirect reached.

- Establish a supportive supervision system for staff and volunteers providing MHPSS.
- Integrate PFA into emergency health response e.g., mobile health units or primary healthcare settings.
- Psychosocial and recreational activities for children in safe spaces.
- Explore ways to set up hotlines that provide MHPSS services to affected people and reinforce the capacity of the branches to manage these.
- Support SRCS Volunteer Management Section to set up care system for staff and volunteers including access to hotline.
- Join MHPSS national and regional MHPSS technical working groups, where possible.
- Support those working at health facilities with food or other general support (it was done during COVID19 response)

First aid and medical services

- Provision of first aid in affected communities.
- Procurement and distribution of first aid kits and first aid materials.
- Support SRCS to continue performing first aid.
- Number of first aid kits purchased and distributed.
- Search & Rescue, evacuating stranded and wounded from conflict areas via ambulance services).
- Purchase and mobilize ambulances.
- Provide integrated support for anticipated climate and health retaliated risks such as flooding, food insecurity, and possible disease outbreaks.

Support to, and rehabilitation of, health facilities

- Support mobile clinics/mobile health teams' activation in areas with major disruptions and along displacement routes/border crossings. SRCS provides non-clinical staff to support of the mobile health clinics, prioritizing first aid and psychosocial support.
- Support the integration of SRCS volunteers into health facilities, performing emergency medical services and supporting medical staff well-being.
- Task shifting - integration of volunteers into medical teams/medical facilities with delegated duties to perform basic health tasks such as first aid, dressing wounds, and psychosocial care, in which volunteers are already knowledgeable.
- Assisting functional State Ministries of Health facilities with drugs and medical equipment, purchase international emergency health kits based on needs assessment.
- Blood donation and blood campaigns, including the necessary materials and cold chain.
- Repair and reconstruction of community health centres.


Community-based disease prevention and health promotion

- Health Promotion, awareness sessions in displacement settings and host communities where disease may be present, to include acute watery diarrhoea (AWD), malaria, dengue, chikungunya and hepatitis E among others, and those recommended by MOH and health cluster.
- Provide essential hygiene kits, dignity kits including menstrual health management (MHM) kits, as part of essential household items.
- Disease prevention and health promotion activities in camps and communities through implementation of Community-based Health and First Aid (CBHFA) approach.
- Conducting CBHFA training for staff and volunteers.
- Support in continuity of health access for essential services e.g., referral to vaccination services, Reproductive, Maternal, Newborn, and Child Health.
- Maintenance of Infant and Young Child Feeding (IYCF) sensitization and referral to mobile or fixed nutrition services for malnourished children and pregnant/lactating women integrated with hunger crisis.
- Due to the high epidemic risk, volunteers should also include activities of hygiene promotion and health promotion. Epidemic Preparedness and response in Communities (EPiC) training would be

provided to strengthen volunteer capacity to identify and refer water-borne/vector-borne diseases and equip communities with preventative measures.

Dead body management

- In coordination with ICRC continue to support SRCS mobilization of staff and volunteers in dead body management.

 Water, Sanitation and Hygiene (WASH)	Female > 18: 216,000	Female < 18: 208,000	CHF 4,270,000
	Male > 18: 200,000	Male < 18: 176,000	Total target: 800,000 people

Objective: To reduce the risk of waterborne diseases and ensure the dignity of the affected population through the provision of WASH services.

Key indicators:	Targets
Number of people reached by hygiene promotion activities (including communities and schools).	800,000 ¹⁰
Number of people reached through the distribution of WASH NFIs/supplies.	50,000
Number of people supported to have improved access to safe drinking water.	200,000
Number of people supported to have access to sanitation facilities.	200,000
% of people who report they are satisfied with distribution services	70%
Number of emergency latrines/mobile toilets constructed	144
Number of volunteers trained on hygiene promotion in emergencies	1,000

Priority actions:

Water

- Distribution of WASH NFIs including household water treatment products coupled with hygiene promotion.
- Conduct post-distribution monitoring for WASH NFIs and water treatment products.
- Water trucking in areas where supply is disrupted including in health facilities and establishing distribution points. Water trucking will be on a short-term basis while rehabilitating strategic water systems.
- Procurement and distribution of water treatment consumables (coagulants and disinfectants) targeting bulk treatment systems, based on need.
- Water quality monitoring.
- Rehabilitation of existing community water points and water supply systems.
- Training of water management committees and support them with the operation and maintenance kits.

Environmental health and sanitation


¹⁰ Direct and indirect reached.

- Solid waste clean-up campaigns.
- Construction of emergency latrines/mobile toilets at border crossings and accommodation centres.
- Desludging of latrines and septic tanks for schools, health facilities and IDP camps.

Hygiene promotion

- Training of volunteers on hygiene promotion in emergencies.
- Hygiene promotion targeting IDPs and host communities.

PROTECTION AND PREVENTION

	Protection, Gender and Inclusion (PGI)	Female > 18: 53,040	Female < 18: 50,960	CHF 1,968,000
		Male > 18: 48,960	Male < 18: 47,040	Total target: 200,000 people

Different people impacted by, displaced by and fleeing the crisis are safe from harm including violence, discrimination and exclusion, and their needs and rights are met.

Key indicators:	Targets
Number of staff and volunteers trained on PGI and implementing the minimum standards for PGI in emergencies.	250
Number of people reached with PGI, prevention and SGBV awareness messages.	200,000
Number of staff and volunteers briefed on Code of Conduct, PSEA and child safeguarding, and have signed Code of Conduct.	250
Safe referral pathway established, monitored and disseminated across the response.	250
% of sector reports with data disaggregated by sex, age and disability.	100%
% of sectors adhering to minimum standards for PGI in emergencies (PGI scorecard).	100%
Number of child friendly/safe spaces supported by the RCRC	24
Number of people accessing safe spaces	240
Number of people reunited with their families through restoring family links (RFL) services	1,000

Priority actions:

PGI mainstreaming.

- Collection and analysis of data disaggregated by sex, age and disability in needs assessments and any other collection of information and conducting PGI assessments of the needs of affected populations.
- PGI mainstreamed in ALL sectoral assessments and responses.
- PGI minimum standards applied to outreach activities in communities, awareness-raising sessions and materials.
- In coordination and collaboration with SGBV actors at regional and country levels, mapping of available GBV prevention and response services, including at boarder points.

- Participate in coordination meetings and working groups on Protection, Gender and SGBV both internally and externally.
- In coordination and collaboration with other GBV actors, map, identify and disseminate safe referral pathways.
- Print and disseminate information-education-communication (IEC) materials on PGI and SGBV including safeguarding, to be used in humanitarian service points, trainings and briefings.
- Distribution of dignity kits to targeted affected people.
- Set up child-friendly spaces.
- Together with CEA, ensure that there is a complaint and feedback mechanism that is accessible to the community. The complaints and feedback mechanism should have the capacity to receive sensitive complaints such as on sexual exploitation and abuse of children and adults.
- Recipients of sensitive complaints should be trained in how to receive the concern and record the information confidentially.

Safeguarding (Prevention of Sexual Exploitation and Abuse – PSEA)

- IFRC has a set of Internal Rules which include a [Code of Conduct \(CoC\)](#), anti-harassment guidelines, Policy on Prevention and Response to Sexual Exploitation and Abuse ([PSEA](#)), [Child Safeguarding Policy](#) and whistle-blower protection that collectively contribute to the framework of rules and guidance to prevent and respond to any breaches of integrity.
- SRCS has started the process of strengthening Safeguarding in the NS and there is a Safeguarding coordinator in place. IFRC will work closely with SRCS to:
 - Develop Safeguarding policies and procedures to ensure that steps are in place to prevent and adequately respond to incidents of sexual exploitation and abuse (SEA), driven by a survivor-centred approach; and
 - Have awareness sessions and briefings on Safeguarding (PSEA, child safeguarding), code of conduct and work on ensuring that staff and volunteers at both SRCS and IFRC have signed it.
- Conducting PGI and Safeguarding field assessment.
- Training staff and volunteers on Safeguarding (for PSEA and Child Protection) including mandatory PGI/Safeguarding briefings for all staff and volunteers deployed to the affected areas (CoC, PSEA and international child protection policies).
- Strengthening staff capacity of branches, ensuring minimum measures to prevent SGBV, exploitation and abuse, taking into account the situation of children e.g. identification of risk factors specific to them.
- Strengthening SRCS' capacity and support activities with children through materials and trainings, with a specific focus on identification and safe referrals.
- Mapping of services and dissemination of referral pathways, including establishment/strengthening of specific mechanisms and guidelines for SRCS to make safe and dignified referrals.
- Dissemination of information about PSEA and Child Safeguarding.

Restoring Family Links (RFL)

- In coordination with ICRC, support the mobilization of SRCS volunteers in RFL to address the needs of separated persons, missing, and deceased and their families.
- Rolling out key RFL and family reunification messages, will be child-friendly.
- Restoring Family Links services are provided to ensure that the needs of the separated, missing, deceased and their families are adequately and efficiently addressed.
- Liaising with national child protection authorities and key stakeholders, establishing clear referral mechanisms for tracing purposes.



Community Engagement and Accountability (CEA)

Female > 18: 216,000	Female < 18: 208,000	CHF 562,000
Male > 18: 200,000	Male < 18: 176,000	Total target: 800,000 people

Objective: To support the response to have a thorough understanding of community needs, priorities, and context, and integrate meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback throughout the response.

Key indicators:	Targets
Number of staff and volunteers trained on implementing CEA minimum standards.	250
% of community members who feel the aid provided by the operation currently covers their most important needs.	90%
Number of and type of methods established to share information with communities about what is happening in the operation, including selection criteria if these are being used.	3
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation.	90%
% of complaints or feedback about the RCRC operation which receive a response through established community communication	100%
Operational decisions or changes made based on community feedback	100%


Priority actions:

CEA mainstreaming

- Engaging communities during conflict has unique challenges in ensuring participation due to limited access. With support from the Movement, SRCS will explore innovative ways to hear the opinions of affected communities and integrate them into the response.
- CEA mainstreams in ALL sectoral assessments and responses through a set of minimum considerations for assessments and operational designs by sectors.

Feedback mechanism

- The use and set-up of mobile two-way communication systems, in the appropriate language, that can be used while travelling as well as in strategic accommodation centres, to collect, analyse and respond to communities' main needs and concerns. Inter-agency coordination with key partners is taking place to harmonize efforts.
 - Community feedback is collected, responded to and used to guide the response.
 - Selection criteria and distribution processes are discussed and agreed with community members.
 - Discuss with key community representatives how the National Society should work with them during the response e.g., how people should participate, be kept informed and provide feedback.
 - Discuss or plan selection criteria with the community, consulting a diverse range of groups.
 - Discuss or plan distribution processes with community members and key stakeholders, including the best days, times and methods, and how to protect people's safety and dignity.

 Migration	Female > 18: 50,960	Female < 18: 47,040	CHF 1,649,000
	Male > 18: 48,960	Male < 18: 47,040	Total target: 200,000

Objective: Support the basic needs of IDPs, people on the move and host communities by setting up Humanitarian Service Points (HSPs) and by establishing distribution and support mechanisms along the routes.

Key indicators:	Targets
Number of people reached through Humanitarian Service Points.	200,000
Number of active HPSs providing support to IDPs and people on the move.	50
<p>Priority actions: This response will be closely connected to existing migration and displacement activities in-country, reinforcing engagement and capacities, especially with the Global Route-based Migration programme - aiming at providing assistance and protection to people on the move while strengthening capacities and undertaking local humanitarian diplomacy.</p>	
<p>Immediate response through Humanitarian Service Points (HSPs)</p> <ul style="list-style-type: none"> Establish and strengthen Humanitarian Service Points (HSPs) along key migration routes where displaced people can access a wide range of services such as information, emergency health and first aid, food, water, psychological support services (PSS) counselling, communication and connectivity, and safe referrals, regardless of their status. At Humanitarian Service Points, set up safe and inclusive referral mechanisms for IDPs and people on the move, mapping the organizations and government services that may be available. 	
<p>Medium- and longer-term needs</p> <ul style="list-style-type: none"> Ensure a timely transition to recovery and integration of displaced people inside Sudan with a focus on livelihoods and protection. Support social cohesion activities, including through access to services for host communities. 	
<p>Cross-border preparedness and response</p> <ul style="list-style-type: none"> Ensure cross-border coordination and exchanges. Monitoring to facilitate information sharing, including analysis of displacement trends and needs, including with neighbouring countries, responding through the Cross-regional Sudan Population Movement Emergency Appeal. 	

Enabling approaches

 <p>National Society Strengthening</p>			CHF 5,045,000
<p>Objective: SRCS is prepared to respond effectively to emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognized.</p>			
Key indicators:	Targets		
Number of staff and volunteers mobilized, equipped and insured.	1,000		
Number of branches supported with repair and rebuilding activities.	18		
Number of branches supported with warehousing.	18		
Number of branches supported with fleet.	18		
Number of branches supported with information technology and communications.	18		
Number of emergency hubs established.	3		

Priority actions:

Overall SRCS prioritise are:

- Safety and wellbeing of staff and volunteers
- Performing Branches - salaries and running costs of branches
- Functioning SRCS HQ
- Replenishment and rehabilitation of NHQ and Branches assets and stocks

Business Continuity

- SRCS has convened a National Society Development Movement working group that is tasked with supporting/facilitating business continuity planning.
- The immediate focus is on mapping out the priority operational needs at HQ and branches to enable the NS to function for the next 3 to 4 months.
- SRCS's NSD Advisor is reaching out to branches to determine operating needs from HR and volunteer management to fuel/vehicle capacity and IT connectivity. Branches are asked to indicate the extent of the need as follows:
 - Urgent priority, required to function.
 - High priority, resources low/depleting.
 - Medium priority, top-up likely required in months ahead.
 - Low priority, no immediate need.
- A short-term BCP will be developed to reflect immediate and emerging needs.
- Longer-term and recovery planning, noting extensive and ongoing loss or damage to assets, will be developed as the impact of the crisis unfolds.
- SRCS have provided a plan and budget for BCP or which IFRC has committed to release an additional allocation of funds of CHF700,000 to ensure the first 3 months are covered.

National Society human resources, processes, and systems

- Given the impact that the conflict has had on SRCS operations, restoring and increasing operational capacity at the headquarters and branch level will be a core component of this Emergency Appeal.
- Review mechanisms of communications and coordination between HQ and branches for providing effective decision-making process and the management of branches structured specifically to the operation.
- Ensure that new and increased capacities/structures and their management are aligned with the SRCS structures at different levels, and with the decision-making processes.
- To support re-establishing human resource structures for this response and beyond and to ensure that SRCS is a reliable, credible partner, that can deliver quality essential services and longer-term support to the most affected communities with full accountability.
- Support SRCS to have the necessary management and technical structures in place to implement the plans supported by all partners.

National Society infrastructure

- This will include support to set up a temporary base, including restoring its Emergency Operation Centre and Emergency rooms.
- To re-establish communication and efficient operations' coordination between HQ and branches after, also in view of the relocation of the coordination centre from the capital to Port Sudan.
- Repairing, reconstructing damage to branches and National Headquarters, increasing their capacity.
- Repairing, and increasing the capacity of, warehouses.
- Replenishing humanitarian stocks
- Increasing fleet capacity, including vehicles, ambulances, and trucks.

National Society financial management

- Given current restrictions in Sudan on international bank transfers, this Appeal will support SRCS sourcing other available transfer systems.

Volunteer management:

- This will include support to staff and volunteers by ensuring appropriate equipment and duty of care, including joint trainings with Movement components in Protection and safer access, and integrating PSS support.
- Ensure effective management in recruiting new volunteers and accepting spontaneous volunteers (including minimum screening procedures).
- Conducting rapid RCRC induction for all the spontaneous volunteers and staff.
- Strengthening volunteer management system and upgrading the database, including updating information on volunteer deployment.
- Insurance for to volunteers under IFRC insurance scheme.
- Organizing rapid refresher trainings in the form of trainings of trainers (ToTs) on sectors as needed, PSS in emergencies, PFA, disaster response, distribution, monitoring, and coordination.

Support SRCS' preparedness for effective response

- Enable cross-border, branch-to-branch communication, and collaboration to consolidate coordinated response.
- Provision of technical support to assess, establish and/or strengthen systems required for effective disaster response management, which includes:
 - Support to National Societies to ensure contingency plans, business continuity plans, scenario planning are reviewed/updated as needed relevant to the operational context.
 - Support SRCS in assessing emergency needs in close collaboration with technical and sectoral teams.
 - Strengthening targeted technical capacity such as emergency needs assessment, information management and integrated sectorial capacity.



Coordination and Partnerships

CHF 250,000

Objective: Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners.

Key indicators:

Targets

Number of Mini-Summits

2

Sudan coordination meeting for first two months

Daily

Number of Movement Technical Working Groups established

7

Operational Movement plan for Sudan approved

1

Priority actions: Facilitate engagement and coordination with PNSs and with ICRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, and ensuring alignment with relevant external actors, including the Government's policies and programmes, development actors, United Nations agencies and non-governmental organisations (NGOs).

Membership coordination

- In applying its core mandate, the IFRC secretariat team will coordinate contributions and support from Red Cross Red Crescent partners to the Operating National Society in sharing common analysis on the crisis.
- This will include operational coordination on emergency response supporting National Society-led priorities in the delivery of humanitarian responses. At the regional level, the IFRC team will play a brokering role and leverage the power of Red Cross Red Crescent members by fostering synergies as a distributed network, facilitating multi-stakeholder approaches, promoting peer-to-peer support as well as cross-border cooperation.
- Support SRCS by ensuring a coordinated approach with the participating National Societies actively engaging in-country and with PNSs supporting remotely, or those supporting operations through the Federation-wide appeal.
- Set up and implement a Federation-wide monitoring and reporting framework to standardize monitoring and reporting and ensure accountability and transparency.
- Support the development and implementation of a Federation-wide risk management/matrix.
- Facilitate technical working groups.

Movement cooperation

- For the RCRC Movement, coordination takes place at country and regional levels through different structures, following the Strengthen Movement Coordination and Cooperation mechanisms.
 - Mini summit was held.
 - Operational Movement plan for Sudan is approved.
 - Movement Technical Working Groups established.
 - Sudan Coordination meeting - daily (SRCS, ICRC, IFRC, PNS).
 - Sub-regional Movement meeting bi-weekly.
 - Movement partners call - SRCS, IFRC, ICRC, heads of international
- Movement Picture: Recognising that the Movement is getting ready to scale up its activities as soon as the situation allows, in order to articulate the collective impact of all Movement components in this response, a Movement Picture will be developed. This will provide a snapshot of the reach and impact of the Red Pillar. IFRC and ICRC IM are jointly developing the Picture.

Engagement with external partners

- Coordination with key stakeholders will be strengthened: the High Committee for Emergency Health, the Humanitarian Aid Commission, and the Higher Council of Civil Defence, as well as United Nations agencies and NGOs, following the existing humanitarian coordination mechanisms. The focus of coordination and humanitarian diplomacy efforts will be on guarantees of safe access and on protection of humanitarian personnel, volunteers, facilities and goods.



**IFRC Secretariat
Services**

CHF 2,637,000

Objective: Effective and coordinated international disaster response is ensured.

Key indicators:

Targets

Number of global and regional surge deployed.

821

Minimum security regulations updated against the changing situation.

Monthly

Resource Mobilization strategy completed and operationalized.

1

Risk matrix established and updated regularly.	1
Logistics assessment carried out and operationalized.	1
Communication strategy completed and operationalized.	1
% of reports issued on time and to the standard quality.	100%

Priority actions:

Strategic support

- The IFRC Secretariat will provide services and support to SRCS and PNSs present in the response, facilitating an effective Federation-wide response, with support from the Khartoum Cluster Delegation and Africa Regional Office.
- IFRC, together with Movement Partners, will support SRCS in establishing and reinforcing the Emergency Operations Centre (EOC), including its business continuity and risk management plans, and will offer technical expertise in emergency health, migration, protection, and CEA.

Humanitarian Diplomacy (HD):

- Devolvement and operationalization of an HD strategy.
- The HD strategy focuses on ensuring that the role and mandate of National Societies is understood that humanitarian principles are safeguarded, and that people on the move, irrespective of their background or status, enjoy access to the life-saving assistance and protection that they need.

Security

- Active measures must be adopted to reduce risk of personnel falling victim to active conflict, crime, violence, health hazards and road hazards. This includes monitoring the situation and implementing minimum security standards for operating in a complex context.
- Clearance for travel in high-risk areas (Security Red Phase) will be implemented. Area-specific security risk assessments will be conducted, and security mitigation measures will be implemented.
- The IFRC Minimum Security requirement will apply to all IFRC personnel throughout the operation. IFRC personnel must successfully complete e-learning on security and need to have War Insurance prior to being deployed in-country.
- Participating in Security Working group led by SRCS.
- Ensure effective coordination with ICRC in case of MEDEVAC and CASEVAC.
- The IFRC Regional and Global Security Unit will: conduct security analyses and assessments to enable the operational team to implement security mitigation measures; monitor the security environment; provide technical advice; and ensure that any internal/external security incidents or emergencies are immediately and adequately managed and reported to the Regional Director.

PRD

- IFRC will provide resource mobilization support to the Emergency Appeal coordinating with Movement partners, government(s) and donors, including pledge registration/management.
- IFRC PRD will continue to leverage new and existing relationships and appeal for both financial and technical support.
- Prepare quality proposals outlining the situation, specific needs, and the impact their support can make.
- Ensure regular donor and partner updates and communication to maintain engagement and accountability.
- Organize donor meetings with key partners (Geneva and Regional Office-level) and meet with key government donor missions.

Risk Management

To support clear prioritisation, inform decision making and optimise resources available, the IFRC Africa Regional Office is providing support to country team and the NS in identifying and assessing risks to the operational objectives and implementation and putting in place effective action plans to address these (mitigating measures). A clear risk management plan for the operation, outlining the roles and responsibilities in managing risks effectively, coordination forums to oversee progress in addressing respective risks as well as the risk appetite (level of risk acceptable to take across the operation) will be put in place.

Logistics

- Launching a mobilization table in close coordination with the SRCS to seek in-kind donations to meet operational needs.
- Providing first-hand support to SRCS Logistics Team to coordinate supply chain efforts and ensure that relief items reach people in need in affected areas.
- Support SRCS with the establishment of Port Sudan Hub, satellite Hubs and branch warehouse and fleet capacity.
- Support for international and local procurement to SRCS as required. IFRC Global Logistics Unit is supporting with mobilisation of stocks from Dubai and Las Palmas. This utilizing agreements for free-of-charge cargo flight to transport urgently needed relief items.
- Providing support to authorities to adopt and implement laws and procedures for the management of international assistance.
- Enhance present logistics capacity of SRCS with logistic trainings of volunteers and staff.
- Support is being given to coordinate bi lateral in kind including renting warehouses, etc, and supporting onwards mobilisation to the targeted States.

Human Resources

- Strengthening the capacity of IFRC in-country team by sourcing national staff through an existing agreement with a temporary worker agency. May entail the deployment of critical functions as agreed with the National Society and Movement partners.
- The Federation Wide Appeal aims to promote the capacity and use of human resources of PNS. This has already been activated within the PNS contributions to the working groups and development of this operations strategy, but we hope to expand as the operation scales up and we maximise efficiencies and avoid duplication.

Communications

- Scaling up communications with the global public to ensure reliable visibility and accurate information dissemination, which are needed for donations, and for positioning of IFRC and SRCS. This includes increased social media activities and media engagements on the ground in Sudan and around the world through regional/global offices.
- Anticipate, mitigate, and respond to any reputational risk in the public sphere.
- Raise the visibility of SRCS as a vital local Humanitarian actor in the response and acknowledge and position all partners supporting the response.
- Ensure one voice: One Red Cross Movement Narrative.
- Anticipate, mitigate and respond to any reputational risk in the public sphere.

IM and Data Analysis

- Scaling up information management and data analysis in disaster management.
- Coordinating and tasking the SIMS network for production of maps and infographics, satellite imagery analysis, and other data analysis tasks.
- Coordination with CEA to visualize community data/trends on current info gaps/needs and help informing response in real time through the different feedback systems once in place (such as call centre).

- Support the National Society and the operational teams to strengthen data management capacity and capability and develop digital solutions and capabilities that increase the speed, quality, reach and effectiveness of humanitarian services.

Planning, Monitoring, Evaluation and Reporting (PMER)

- Develop and launch a Federation-wide PMER framework.
- Provide PMER support enabling Federation-wide planning, development and maintenance of sustainable monitoring tools and workflows, supported both internally and Federation-wide, as well as donor reporting, which will contribute to longer-term capacity building of the National Society.
- Conduct regular monitoring with support from SRCS and IFRC, post distribution monitoring (PDM) and conduct a mid-term evaluation to assess progress, and to formulate recommendations to inform future programming responses. A final evaluation will also be conducted at the end of operations.
- Develop a follow-up mechanism to implement the recommendations from final evaluation.
- Set up structured monitoring and data collection on people reached and other achievements, also including a qualitative approach.
- Ensuring continued and effective support in the areas of planning and reporting.
- Guide SRCS on streamlining monitoring and data collection processes across the active branches, including organizing capacity strengthening activities for the PMER team at SRCS.

Risk management

Risk	Likelihood	Impact	Mitigating actions
Movement restrictions impeding our ability to implement operational strategy.	High	High	<ul style="list-style-type: none"> • All MSR documentation being updated. • Deployment of a surge security coordinator to Sudan. • Open a long-term security position in Sudan. • Conduct security assessments in key IFRC operational areas as a priority. Map entry points and risks associated with these. • All goods and assets are insured in case of war. • Alternative means of communication (satphone) are in country, in place.
Procurement and Logistics: Due to the volatility of the situation on the ground, there is a risk that supply chains may be disrupted or halted.	High	High	<ul style="list-style-type: none"> • Scenario planning and mapping out logistics capacities in-country. • Closely follow security assessments for set up of logistic sub-hubs around the country. • Timely procurement • Capacity building on logistics. • Promote adherence to IFRC's strict financial management and procurement rules. Tenders and contracts with suppliers are monitored by IFRC Supply Chain Management.
Access to financial services: Access to financial services in Sudan has been limited and	High	High	<ul style="list-style-type: none"> • Source options for international transfer.

difficult, potentially inhibiting our ability to transfer funds.			<ul style="list-style-type: none"> • Process to procure a third-party financial service provider ongoing.
Politicization of aid: Highly politicized environment may result in misinterpretation of humanitarian action and lead to reputational damage.	High	Medium	<ul style="list-style-type: none"> • HD and Communications efforts to underline and explain our principled humanitarian action, at the NS and IFRC levels. • Monitoring of, and reactions to, rumours or miscommunication including on social media. • Coordinated efforts of NS on national and local level to ensure proactive community engagement and acceptance.
Staff safety and security: Injuries or loss of life of staff due to collateral damage from the ongoing conflict	High	High	<ul style="list-style-type: none"> • Constantly linking with IFRC insurance provider on MEDEVAC capacity and capability into Sudan. • Constantly reassess the medical facilities in-country. • Procure advanced first aid kits for each of the IFRC vehicles. • Information sharing with ICRC on medical evacuation and assessment of the medical facilities. • Real time monitoring and regular communication, and advice to all teams in the ground. Particular focus and support for those in high-risk areas such as Khartoum and Darfur region. • Ensure communication of activities and movement of staff and have a critical incident and emergency plan in place
Looting/damage of assets: IFRC assets and goods are damaged, stolen, or subject to fraud and corruption.	High	High	<ul style="list-style-type: none"> • Warehouse security measures in place. • Procurement processes implemented. • War insurance in place.
Spikes in humanitarian needs: Fighting further intensifies or seasonal floods further exacerbate humanitarian needs.	High	High	<ul style="list-style-type: none"> • Ongoing situational monitoring. • Strategic planning to reach the most vulnerable.
Funding gap: Insufficient funding for the Emergency Appeal, impacting capacity to effectively respond to humanitarian needs.	High	High	<ul style="list-style-type: none"> • Scale up of proactive donor engagement to mobilise funds. • Intensified media/comms coverage to raise awareness about the EA.

Quality and accountability

Efforts to ensure quality and accountability in this operation encompass a broad spectrum. This will include regular financial audits, programmatic monitoring, an internal mid-term review and a final evaluation. An

emphasis will also be placed on rationalizing resources according to needs - this will be part of the shared Federation-wide vision to consolidate, streamline and link common services or support that is currently provided.

IFRC will facilitate a Federation-wide approach to support SRCS to enhance monitoring, evaluation and reporting. To ensure transparency and accountability, the PMER teams will conduct exit interviews during distributions and use CEA mechanisms to engage people who access services through HSPs or other mechanisms. The monitoring findings are regularly shared with programming teams to inform improvements and to enhance the quality of services.

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement 60 million CHF	IFRC Secretariate Funding Requirement in support of the Federation Wide funding ask 40 million CHF
---	---

Breakdown of the IFRC secretariat funding requirement

*For more information on Federation-wide funding requirement, refer to section: Federation-wide Approach



OPERATIONAL STRATEGY

MDRSD033 - Sudanese Red Crescent Sudan Complex Emergency

FUNDING REQUIREMENTS (Secretariat)

Planned Operations	32,556,000
Shelter and Basic Household Items	7,223,000
Livelihoods	4,367,000
Multi-purpose Cash	5,219,000
Health	7,298,000
Water, Sanitation & Hygiene	4,270,000
Protection, Gender and Inclusion	1,968,000
Migration	1,649,000
Community Engagement and Accountability	562,000
Enabling Approaches	7,444,000
Coordination and Partnerships	32,000
Secretariat Services	2,367,000
National Society Strengthening	5,045,000
TOTAL FUNDING REQUIREMENTS	40,000,000

all amounts in Swiss Francs (CHF)

Contact information

For further information specifically related to this operation, please contact:

At the National Society

- **Secretary-General:** Aida Sayed. Aida.sayed@srcs.sd sgoffice@srcs.sd
- **Operational Coordination:** Hassan Shatta, hassan.shatta@srcs.sd, and Rahama Ibrahim, rahama@srcs.sd

At the IFRC

- **IFRC Regional Office for Africa:** Rui Alberto Oliveira, Lead, Preparedness & Response, rui.oliveira@ifrc.org +254 780 422276
- **IFRC Country Cluster Delegation: Farid** Abdulkadir Aiywar, Head of Delegation, farid.aiywar@ifrc.org +249 90 0908916
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, Santiago.luengo@ifrc.org, +41 79 124 4052

For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey; Head of Strategic Engagement and Partnerships; Email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilisation table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit; Email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries):

- **IFRC Africa Regional Office:** Beatrice Atieno Okeyo, Regional Head PMER, and Quality Assurance; email: beatrice.okeyo@ifrc.org

Reference



Click here for:

- [Previous Appeals and updates](#)