

24-MONTH OPERATIONAL UPDATE

Sudan | Complex Crisis Emergency



Displaced families in Kassala receive shelter non-food items and basic humanitarian aid (Photo: SRCS)

<p>Emergency appeal №: MDRSD033</p> <p>Emergency appeal launched: 01/05/2023 Revised Operational Strategy published: 30/04/2025</p>	<p>Glide №: CE-2023-000066-SDN</p>
<p>24-Months Update Date of issue: 11/06/2025</p>	<p>The timeframe covered by this update: From: 21/04/2023 to 30/04/2025</p>
<p>Operation timeframe: 44 months (21/04/2023- 31/12/2026)</p>	<p>Number of people targeted: 3 million</p>
<p>Funding requirements (CHF): CHF 50 million Secretariat Funding Ask CHF 80 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 1,700,000</p>

The IFRC Emergency Appeal, which has a Federation-wide ask of CHF 80,000,000, has received CHF 23.4M (29.2% Funding coverage) in confirmed financial contributions. The secretariat part of this Emergency Appeal is 24% covered, as per the timeframe of this report (April 30, 2025). At this critical juncture in the ongoing humanitarian response, further funding is urgently needed to enable the Sudanese Red Crescent Society (SRCS) to continue to provide essential and lifesaving services to the most vulnerable families affected in Sudan.

A. SITUATION ANALYSIS¹

Description of the crisis

The armed conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) began on 15 April 2023 in Khartoum and quickly spread to other regions of Sudan. This has resulted in widespread displacement, with over 12.5 million people forced to leave their homes—8.8 million internally and 4 million across borders. Sudan is facing the largest displacement crisis in the world. The conflict has also led to a significant number of fatalities, particularly concentrated in Khartoum and the Darfur region. Over two years since the start of the conflict, the humanitarian situation continues to drastically deteriorate with needs across the country increasing.

Rising levels of food insecurity are of critical concern, as over 24.6 million people reported to be experiencing high levels of acute food insecurity (IPC 3+). In some areas, such as Khartoum and Darfur, this situation is even worse and is reaching famine conditions. Across the country, a number of communities were already experiencing food shortages prior to the conflict, and the conflict has further exacerbated the needs. In Al Fashir, for example, many families are facing acute food insecurity. Thousands of families have been forced to leave their homes and seek safety in Zamzam, the largest IDP camp in North Darfur. Zamzam camp's population has swelled to over 500,000, with many lacking accesses to food, water and health care. Along with ZamZam camp, in other areas in Darfur, including Al Salam and Abu Shouk IDP camps, famine has been confirmed. The food insecurity levels in Sudan are projected to continue to worsen in 2025.

Essential services across the country have also been significantly disrupted. The education sector has been heavily impacted, with a big portion of schools closed and many having been repurposed as shelters. The health system is on the edge of collapse, due to insecurity, lack of financial resources and lack of access to medicines, medical supplies, electricity and water. A large proportion of hospitals are non-operational, and those that remain open are often overcrowded and under-resourced. Concurrent outbreaks of cholera, dengue, and measles have placed additional pressure on health services, with thousands of cases and fatalities reported.

Access to basic services has been hindered by insecurity, roadblocks, and damage to key infrastructure. In several regions, especially in conflict-affected areas like Darfur, Khartoum, and Kordofan, market systems are largely disrupted, and prices for basic goods have risen. Telecom disruptions have affected humanitarian assistance, including the provision of multi-purpose cash assistance. Sudan has also been facing issues with cash liquidity due to the currency change that was put in effect at the end of 2024, which led to challenges in accessing the new currency in some areas of the country.

Water, sanitation, and hygiene (WASH) services have been severely affected. Many communities have had to rely on untreated water sources, increasing the risk of waterborne diseases. The lack of adequate sanitation infrastructure and hygiene supplies has further exacerbated public health risks, particularly in areas with high concentrations of displaced people. Cholera remains a significant public health concern in Sudan, with an outbreak that began in September 2024 and for which the cases continue to rise. As of August 2025, more than 80,000 cholera cases have been reported across the country, resulting in over 2,100 deaths (according to the official Ministry of Health data). The outbreak is now affecting all of Sudan's 18 states (129 localities) and continues to spread, with new surges reported in areas such as White Nile and Khartoum.

¹ The information presented throughout this entire report fits into the OU timeframe of 21/04/2023 to 30/04/2025.

The displacement of people caught in this crossfire has now also sparked a Protection crisis. With more than 8.8 million IDPs within the 18 states of Sudan², more than half of them are women and one-quarter of them children under 5; many of whom have been increasingly exposed to Sexual- and Gender-based Violence (SGBV), often in exchange for food or for access to basic items. In Um Durman and Bahri there are already reports of torture and arbitrary arrests as well too.

Timeline

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- 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 2023:** CHF 475,000 allocated from IFRC's Disaster Response Emergency Fund (DREF) in response to the crisis.
 - 1 May 2023:** IFRC launches an Emergency Appeal for CHF 30 million to support SRCS' response, targeting 200,000 people.
 - 28 May 2023:** Total number of people needing humanitarian assistance in the country is estimated by OCHA to be 24.7 million.
 - 1 June 2023:** IFRC scales up its response and launches its revised Emergency Appeal for CHF 60 million to support 800,000 people in Sudan. DREF allocation of CHF 1.7 million is confirmed.
 - August 2023:** Sporadic clashes continue across the country. The humanitarian community calls for renewed peace efforts.
 - December 2023:** Humanitarian conditions continue to deteriorate, with millions requiring assistance. Cholera cases on the rise.
 - April 2024:** Conflict has now continued for 12 months. Over 8 million people are displaced and an estimated 17.7 million are affected by food insecurity. SRCS has supported over 7 million people since the beginning of the crisis.
 - July 2024:** Heavy rainfall causes severe flooding in Kassala state, Gezira state, East Darfur and North Kordofan. The floods lead to the deaths of at least 68 people and the displacement of over 44,000.
 - August 2024:** Cholera outbreak was officially declared on 12 August 2024, with the cumulative number of cases and deaths reached nearly 2700 and 120, as of the end of August 2024
 - September 2024:** The floods exacerbate the humanitarian crisis, particularly in areas already affected by the conflict. Humanitarian agencies struggle to provide aid due to the combined effects of the conflict and flooding
 - January 2025:** IFRC issues Revised Sudan Complex Crisis Emergency Appeal (No. 2), increasing the funding ask to CHF 80 million, targeting 3 million people and extending the timeframe to 31 December 2025.
 - March 2025:** Cholera outbreak in Sudan reaches 58,281 cases and over 1600 deaths
 - April 2025:** The conflict enters its third year, as humanitarian conditions continue to worsen.
 - May 2025:** The RSF launched sustained drone strikes—6 to 8 consecutive days—on Port Sudan, targeting its airport, fuel depots, power stations, and even residential zones. At least 9 civilians, including children, were reported killed.

² [Displacement Tracking Matrix: Sudan Mobility Update #16 \(23rd March, 2025 IOM\)](#)

Summary of the response

The Sudanese Red Crescent Society (SRCS) is one of the key local humanitarian organisations in Sudan and has been responding to disasters across the country and facilitating disaster preparedness activities since its inception in 1956. SRCS is present in all states through its 18 branches. SRCS has a long history of providing life-saving assistance to people in need in Sudan. SRCS's presence and local networks across the country are exceptionally established, enabling SRCS to reach the most vulnerable population, including those in remote and hard-to-reach areas.

Since the first day of the crisis, SRCS has been providing unwavering humanitarian assistance across the country to those affected by the conflict. Its volunteers were the first to reach the frontline to provide emergency first aid and Search & Rescue (SAR), facilitating evacuations and reuniting families. SRCS has a country-wide reach and has ongoing activities across the country in over 46 localities. SRCS's 12,000 active volunteers have been paramount in the response to the crisis, providing multiple services to the affected population. SRCS was also greatly affected by the crisis, but despite this, it has managed to deliver support and ensure critical humanitarian assistance reaches those most in need. SRCS has been a key partner not just delivering the Red Cross Red Crescent response, but also for many other humanitarian organisations, including those from the United Nations.

With support from the IFRC Secretariat and Participating National Societies (PNS) working through this Federation-wide Emergency Appeal, SRCS has so far reached **8,825,943** people with life-saving assistance, such as Emergency Medical Services (EMS), First Aid, Psychological First Aid (PFA), medical referrals, Cash and Voucher Assistance (CVA), Water Sanitation and Hygiene (WASH) support, among others. SRCS has provided essential services to IDPs, such as water, food, shelter and non-food items (NFIs), as well as Restoring Family Links (RFL). Their services pay particular attention to women and children, by setting up safe spaces and providing protection services, Psychosocial Support (PSS) and dignity kits, while referring survivors to specialised services where needed. SRCS has also been working to support a number of host communities which are also in need and in which, in many cases, are supporting those displaced. In coordination with the Ministry of Health, SRCS has also provided support to the cholera intervention through the Floods and Cholera DREF launched in 2024. Additional activities have also been supported through this Emergency Appeal. SRCS has coordinated with Movement and non-movement partners to implement WASH and Health activities such as setting up Oral Rehydration Points (ORPs), rehabilitating/constructing latrines to improve sanitation, mobilisation of volunteers for Oral Cholera Vaccine (OCV) campaigns and RCCE.

Since the first days of the conflict, Movement partners present in the country: IFRC, International Committee of the Red Cross (ICRC), Danish RC, German RC, Netherlands RC, Norwegian RC, Qatar RC, Spanish RC, Swedish RC, Swiss RC, and Turkish RC have been providing financial assistance, technical advice, capacity strengthening, and material support to SRCS. During the reporting period for this Operation Update, the SRCS's focus was to help households affected by multiple shocks (internal violence, flash floods, cholera outbreak and conflict-related displacement) based on their specific needs and available resources.

In January 2025, the IFRC network scaled up its support to the Sudanese Red Crescent Society (SRCS) through the revision of this Emergency Appeal and Operational Strategy. This scale-up requires additional funds, to reach CHF 80 million, up from the original funding ask of 60 million, support SRCS aim to support 3 million people, a significant increase over the original 800,000 people, across 13 states in Sudan under the EA (representing approximately 12 percent of the most vulnerable population in need in the country). The 13 states targeted through this scale up included Red Sea, River Nile, Northern state, Kassala, Gedaref, Sennar, Blue Nile, Khartoum, Al Jazirah, White Nile, North

Kordofan, West Kordofan and South Kordofan. They represent 70 per cent of the people in need in the country.

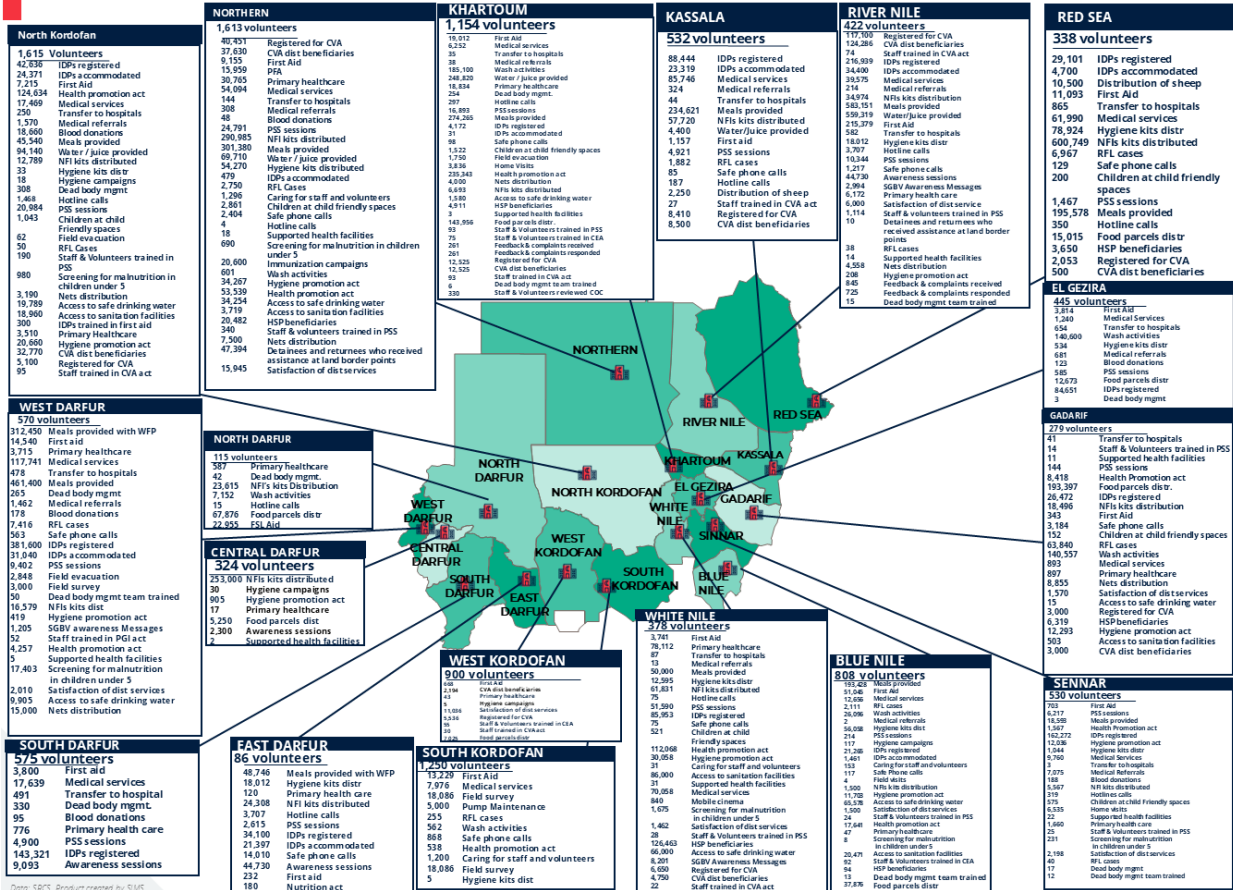
As of 30th April 2025, SRCS had provided **1,256,351** people with shelter support through accommodation centres and **1,165,562** people with household items and non-food items. The operation supported **2,505 households** with multi-purpose cash support, while **7,231 volunteers** were trained to implement CVA. The operation provided health services that reached **1,412, 906** people while **14,905** were reached with protection, gender and inclusion (PGI) support. Migration efforts reached **162,998** people.

The figure below presents some of the support that has been provided to SRCS by IFRC and its members as part of Complex Crisis Emergency Appeal.



Since the onset of the conflict, IFRC and Network partners present in the country—including the National Societies of Denmark, Germany, the Netherlands, Norway, Qatar, Spain, Saudi Arabia, Canada, Luxembourg, America, Sweden, Switzerland, and Turkey—have been providing financial assistance, technical guidance, capacity strengthening, and material support to the SRCS.

During the reporting period covered by this Operation Update, SRCS focused its efforts on assisting households affected by multiple shocks, including internal violence, flash floods, a cholera outbreak, and conflict-related displacement. The figure below illustrates the overall range of activities implemented by SRCS with support from all its partners from the start of its response through the end of March 2025.



Needs analysis

Almost 30.4 million people in Sudan are in need of humanitarian assistance and support including over 15 million children. Khartoum, Darfur and nearby areas are some of the most affected. Reports on the estimates of casualties since the onset of the conflict vary widely; however, by 15 April 2025, the Global Conflict Tracker reports over 150,000 fatalities³ and a widespread displacement of more than 14 million people, who are displaced within Sudan and some have sought refuge in neighbouring Central African Republic, Chad, Libya, South Sudan, Egypt, Uganda and Ethiopia.⁵

Sudan has been grappled with a devastating combination of conflict, dire floods, and major outbreaks including cholera. Both displaced communities and the host communities have been affected. The conflict caused significant damage to infrastructure, weakening the capacity of the affected states to cope with the humanitarian needs resulting from the concurrent ongoing crisis. The conflict has led to the collapse of essential services, such as schooling, health facilities, water systems, transportation and telecommunications.

Health Care

The health system is on the edge of collapse, and the lack of financial resources and access to medicines, medical supplies, electricity, and water further strains the health system in the country.

³ [Global Conflict Tracker](#)

⁴ [ACLED](#)

⁵ [UNHCR](#) 17/03/2024

Across Sudan at least 284 attacks on Sudan's health care system since the conflict started⁶ have been reported. It is estimated that 70% – 80% of hospitals are out of service; those open are facing significant overcrowding in emergency rooms and leaving 65% of the overall population without access to necessary health services.⁷ Health care continues to face significant gaps in coverage, with the most severe service gaps in mental and reproductive health, and acute medical supply shortages, notably in the Red Sea and North Kordofan States, where coverage is particularly limited⁸.

The remaining functional health facilities have overcrowding in emergency rooms and inadequate medical supplies. This has resulted in extremely limited capacity to manage and provide essential services to meet the population's basic needs. All of the 18 states are now also struggling to contain simultaneous outbreaks of cholera, dengue and measles.

2025 floods

Every year, Sudan faces the seasonal floods between June and September. The 2024 rain impacted over 500,000 people across 69 localities in 15 states. The floods destroyed over 100,000 homes and more than 205,000 acres of farmlands were lost, worsening the acute food insecurity situation across the country. For 2025, forecasts show that Central states will face above normal precipitation levels⁹. Areas forecasted to be impacted by floods are those along the River Nile as well as those also affected by the internal conflict, which includes people with high humanitarian needs and at-risk of protection related issues. The 2024/2025 floods in Sudan have been among the most severe in recent history. The incoming rains and expected floods could further exacerbate the hunger needs in Sudan due to challenging access, crop damage, reduced food supply, and market disruptions among others. The areas expected to be particularly affected are Khartoum, Jazirah, White Nile, Sennar, North Kordofan, West/ Central/South/North Darfur

Cholera Outbreak

A cholera outbreak was officially declared on 12 August 2024, with the cumulative number of cases and deaths reaching nearly 2700 and 120, as of the end of August 2024. A previous cholera outbreak started in June 2023 and was officially declared in September 2023. The weekly reported cases peaked in epidemiological week 49 at the end of 2024, with over 1,468 cases from 2 to 8 December 2023, followed by a declining trend. A total of 323 deaths had been reported from 11 states, for a CFR of 2.8%. After a slow decline, there has been a major resurgence of cases since the beginning of the year. As the outbreak in the country continues, the cumulative cases have jumped from 2,895 cases (with main epicenters in Southeast states) on 28 August 2024 to more than 80,000 suspected cases across 9 most affected states as of April 2025.

The continuous rains and the floods impacted the WASH infrastructures and access to clean water initially worsened the cholera situation. The outbreak is exacerbating the country's already fragile health conditions, triggering a rise in numbers, particularly White Nile, Kassala, Gadaref, North Kordofan and River Nile. Contaminated water supplies, caused by floodwater mixing with sewage, fueled the spread of the disease.

⁵ [OHCHR](#) 22/02/2024 and 23/02/2024

⁶ [WHO](#) 05/07/2023 and KII 16/11/2023 and [UNFPA](#) 29/10/2023

⁷ [Sudan Situation Analysis](#) 18/12/2023

⁸ [UNICEF](#) 06/11/2023; and 05/12/2022, [WHO](#) 02/06/2023, [OCHA](#) 26/10/2023

⁹ [HelpAge](#) 03/2024

¹⁰ [Humanitarian Outcomes 12/2023](#)

[WHO](#) 05/07/2023 and KII 16/11/2023 and [UNFPA](#) 29/10/2023

Hunger Crisis

The number of people facing acute hunger in Sudan has almost doubled in the past year, with an estimated 24,6 million people currently facing severe levels of food insecurity (IPC 3 or above), including five million people facing emergency levels (IPC 4), based on the latest projections. The country faces the worst displacement crisis in the world, as the conflict continues to force millions of people from their homes. This influx of displaced people puts severe pressure on already scarce resources, threatening to destabilise the entire region with a hunger crisis.

One in three children in Sudan is acutely malnourished; in Zamzam camp, rates climb to ~30% among children, and 33% of pregnant or breastfeeding women are malnourished¹⁰. Rising child mortality from combined malnutrition and disease are projected, especially in camps like Zamzam where starvation deaths are frequent.

Telecommunications networks

With many communication networks also disrupted it has become more challenging for people to stay informed about where and how to access aid and services in general, but the breakdown in telecom particularly hinders the provision of multi-purpose cash assistance (MPC), a lifeline for many families. To add to that, Sudan has been facing issues with cash liquidity due to a currency change put into effect at the end of 2024, as well as issues accessing the new currency in some areas of the country.

Transportation networks

The disruption of transportation systems in Sudan, largely due to ongoing conflict and instability, has had severe humanitarian, economic, and social consequences. It has hindered the delivery of aid, isolated vulnerable communities, and impeded access to essential services like healthcare and education. Economically, trade routes and supply chains have collapsed, particularly affecting agriculture and livelihoods dependent on transport. The destruction of transport infrastructure has also worsened the security situation. These challenges have deepened urban-rural inequalities and weakened government capacity, exacerbating the overall crisis in the country.

Impact on physical and mental well-being

According to WHO, trauma and injuries are among several public health concerns posing a very high risk to the population in Sudan, with over 33,000 injuries and 25,000 fatalities, particularly among women and children. Access to treatment for trauma or injury is naturally limited in conflict areas, however, with health facilities either non-functional or not well equipped with trauma kits. The injured and traumatized must travel long distances to any of the few functional health facilities, with reports of some injured people passing away enroute. Physical trauma has also resulted in permanent disability for some of the injured, and here there is the ever-present risk of infectious disease from damaged sanitation systems. Cholera, measles and respiratory infections are surging, posing significant health risks to communities.

Following the breakout of conflict, mental health conditions, such as depression, post-traumatic stress disorder (PTSD), and anxiety, are increasingly affecting women and children, particularly in areas of active conflict. Children exposed to war tend to show distress and stress reactions, such as specific fears, dependent behaviour, prolonged crying, lack of interest in the environment, psychosomatic symptoms and aggressive behaviours. Prevalence of psychiatric disorders is now particularly high among IDPs in Sudan, with more than half estimated to be affected. This then makes regional disparities in psychiatric care a concern. The majority of mental health services were offered in urban areas before, however now, even in urban areas like Khartoum, Wad Madani and Kassala,

¹⁰ [WHO Joint News Release](#)

at least 12 psychiatric hospitals have closed since the conflict started, and as of January 2025 humanitarian actors were only offering mental health services in 9 out of 189 localities

Return and Reintegration

In the midst of the crisis, there has also been reports of returnees to Sudan especially from Egypt as well as return of IDPs to their homes especially in Khartoum and Omdurman. IOM reported return of about 396,700 IDPs from December to March 2025 and 72,000 Sudanese returnees from Egypt. These returnees face harsh humanitarian conditions including looted homes, lack of basic amenities due to damaged infrastructure, scarce humanitarian aid as well as a continuous surging cholera outbreak.

These population require immediate and adequate support in meeting their basic needs including Food, WASH, Shelter support, as well as Health, especially Psychosocial Support and interventions amid the cholera outbreak. Additionally, a holistic approach should be adapted to ensure their Livelihood and Social reintegration is also considered.

Operational constraints

- Recurring floods have led to an increasing need and impacted access to affected and vulnerable communities.
- Limited funding and resources to support the response.
- Increasing costs of goods and transportation across the country, which can hinder the movement of goods and NFI's to areas where these are needed.
- Currency liquidity has also been a challenge for cash distributions, particularly in the western part of the country. Cash liquidity is a major challenge, particularly in areas where mobile money (*bankak ie*) is not in use or is not accessible. The change in currency in some parts of the country is also having an impact on the feasibility of Cash and Voucher assistance.
- Dynamics of the ongoing conflict, leading to security issues for SRCS staff and volunteers: the well-being and safety of SRCS staff and volunteers remain a priority.
- Humanitarian access due to security concerns and damage to infrastructure remains a significant challenge, while the most recent dynamics of the conflict have led to new areas becoming accessible, leading to new population movement and thousands of returnees, impacting on the type of support that needs to be provided and the areas of focus.
- Operational challenges such as limited storage space, connectivity issues, Inadequate information flow, and security concerns have hindered efficient operations.
- Challenges faced in the importation of Humanitarian goods leading to significant delays in implementation.
- SRCS faces significant challenges in Information Communication Technology (ICT), including connectivity issues, outdated hardware, high internet costs, insufficient ICT staff and maintenance problems. These affect, among others, the functionality of critical systems like the SRCS website (which has a Donation receipt feature), the volunteer database and Enterprise Resource Planning (ERP) software.
- Checkpoints operated by the different parties also pose a significant hurdle to the movement of both people and goods and make humanitarian response to urgent needs extremely challenging.
- Violence against humanitarian personnel, facilities, and assets.

Operational risk assessment

This operational risk assessment highlights the need for comprehensive risk management strategies, including contingency planning, resource mobilisation, capacity building, and strong coordination

mechanisms to mitigate risks effectively. The following are the risks that have been identified at the time of this report:

Risk	Likelihood	Impact
Restriction of movements impeding the ability to implement Operational Strategy.	High	High
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 fuel prices and high transportation costs majorly impact the operation and create bottlenecks and delays. Delays at the Port Sudan Port bringing major delays to service delivery and distributions.	High	High
Access to financial services: Disruption to financial services in Sudan, potentially inhibiting the ability to disburse funds or continue with cash programming	Medium	High
Poor communication and connectivity services, especially in remote areas during emergencies, are crucial for the safety of humanitarian personnel and the smooth flow of humanitarian assistance. These challenges pose significant risks to effective coordination and information sharing amongst humanitarian actors, potentially leading to overlapping or inadequate response efforts.	High	Medium
Staff safety and security: staff and volunteers' injuries or loss of life as collateral damage from the ongoing conflict.	High	High
Looting of/damage to assets: IFRC and SRCS assets and goods are damaged, stolen or subject to fraud and corruption.	Medium	High
Spikes in humanitarian need: Fighting further intensifies or seasonal floods further exacerbate humanitarian need.	High	High
Funding gap: Insufficient funding for the Emergency Appeal, impacting on the capacity to effectively respond to humanitarian need.	Medium	High
Floods: The looming threat of floods and landslides could restrict access and the provision of services. The adverse impact on water and sanitation quality would pose the risk of waterborne and vector-borne diseases.	High	High

B. OPERATIONAL STRATEGY

Update on the strategy

In light of the ongoing emergency in Sudan and the increasing humanitarian needs across the country, the Sudan Complex Crisis Emergency Appeal has been extended through this OU until **December 31, 2026** (an additional 12 months). Through this OU, the geographic coverage of the EA is also being


expanded to include **all 18 states in Sudan** (for the 13 states covered by this EA before). This expansion is aligned with the operational framework jointly defined with SRCS and ICRC and reflects the urgent need to support SRCS in scaling up its response across the additional states. Sudan remains in emergency mode, and this extension and geographic expansion are critical to ensuring a sustained and coordinated Movement response. The operation will continue to follow the Operational Strategy (OS) set for the revised Emergency Appeal released earlier this year, with no changes to the sectoral priorities. The EA remains focused on providing Federation-wide support to SRCS in their response efforts, ensuring coherence and alignment across all IFRC partners. The EA has a focus on CVA, emergency health, including mental health, food security, nutrition and migration services through Humanitarian Service Points (HSPs), regardless of status as IDPs or host communities or the local population. Considering the protracted vulnerability and exposure that most affected people endure, this response will ensure that Protection and Inclusion, including prevention of SGBV, Child Protection and CEA, remain central, promoting community well-being, ownership and sustainability.

Through this Complex Crisis Emergency Appeal, the IFRC continues to support SRCS to respond to the direct impacts of the ongoing conflict and to support the National Society's business continuity across Sudan. The strategy of this Emergency Appeal is aligned with, and directly contributes to, the SRCS multi-year Master Plan, which prioritises (1) direct support to those affected by Sudan's complex crisis and (2) investing in SRCS capabilities to ensure an efficient and sustainable response.

Alongside the delivery of humanitarian services, the IFRC Network is contributing toward stronger preparedness and readiness by investing in SRCS disaster risk management systems, especially by resourcing branches and equipping volunteers to perform their work efficiently and safely. The Emergency Appeal also aims to allow continued investment in SRCS business continuity and development, contributing to building back a stronger National Society.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective: <i>To meet the immediate and short-to-mid-term shelter needs of the affected population</i>			
Key indicators:	Indicator (s)	Actual	Target
	Number of households reached with emergency shelter and essential household items (EHIs)	13,381	26,000
	Number of households reached with shelter solutions in accommodation centres, with host families, in rental accommodation or the open space/outdoors.	12,033	26,000

Accommodation centres: With the support of the IFRC and PNSs, SRCS has registered and provided essential needs for approximately **1,256,351** people. As the crisis evolves, the SRCS continues to adapt its response to the changing dynamics of the crisis, including preparation for further possible displacements and/or even the eventual return and reconstruction of communities.


Provision of essential household items: SRCS has continued distributing essential items for shelter and basic living. A total of **1,165,562** household items and non-food items (NFIs) have been distributed across the states included under this Emergency Appeal. These include tents, tarpaulins, heaters, ground sheets, bed sheets, cloths, family kits, blankets, towels, sleeping mats, kitchen sets and solar lanterns.



Distribution of shelter NFIs to IDPs in Kassala State

Table 1. Number of NFIs distributed by SRCS including essential household items.

State	Number of Items
North Kordofan	94,140
Northern State	290,985
Kassala	57,720
Red Sea	600,749
River Nile	36,074
Gedarif	18,496
Sinnar	5,567
White Nile	61,831
Total	1,165,562

 Multi-purpose Cash (MPC) & basic needs		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>To provide the most vulnerable of the affected population with cash support to be able to meet their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	# of households reached with multi-purpose grants (Cash & Voucher Assistance [CVA])	2,505	10,000
	Number of households reached with food assistance. (Red Sea, Gedaref and Gezira)	614,715	10,000
	# of staff and volunteers trained to implement CVA	7,231	TBC

Food assistance: SRCS supported target communities with food aid. For the reporting period, SRCS reached 614,715 households.

Cash and Voucher Assistance (CVA):

During the period under review, **2,505 households** identified as most affected and disadvantaged received multipurpose cash grants.

CVA Coordination. SRCS actively participated in the Cash Working Group (CWG) in Sudan, which facilitated coordination of CVA among all actors involved in the humanitarian response. IFRC, ICRC, German Red Cross (GRC), and other Participating National Societies (PNSs) also attended CWG meetings. Both the CWG and the Movement CWG coordinated key aspects such as transfer values, targeting approaches, delivery mechanisms, the development of Minimum Expenditure Baskets (MEB), and the harmonisation of tools and guidance.

SRCS's participation in the national CWG reflected its recognition of formal cash coordination mechanisms, helping to ensure that strategic considerations were addressed and accountability improved. Although some gaps remained, CWG coordination mechanisms were also established at the sub-national level. SRCS branches participated in these forums across different states, depending on the scope and scale of their response, as the sub-national CWGs remained active.

Additionally, SRCS sought to participate in the Joint Market Monitoring Initiative (JMMI), contributing to market assessments and strengthening coordination efforts. Effective CVA coordination—much like traditional forms of assistance—aimed to prevent duplication, draw on lessons learned, and address overlapping interventions. It also emphasised the importance of clear communication to prevent confusion and ensure equitable distribution, avoiding situations where some households received multiple aid packages while others in greater need were excluded.

Within the Movement, a dedicated Relief and CVA Working Group was established, led by SRCS with co-support from IFRC and GRC. This group developed the SRCS Plan of Action for 2024, which helped to set up CVA structures at both headquarters and branch levels and fostered a common approach to multi-purpose cash assistance (MPCA).

Overall, SRCS have mobilised staff and volunteers for MPCA activities. The following table provides an overview of number of SRCS volunteer in the CVA response. In line with the Movement coordination mechanisms for CVA, these numbers are inclusive of activities supported by all SRCS partners, including those supported specifically by this Emergency Appeal


State	Number of Volunteers
North Kordofan	1,615
Northern	1,613
Khartoum	1,154
Kassala	532
River Nile	422
Red Sea	338
Gedaref	279
White Nile	378
West Kordofan	900
Total	7,231

Basic Needs/ Relief: Provision of water and food, including hot meals, at Humanitarian Service Points (HSPs) and accommodation centres, as well as distribution of food parcels by SRCS, continues, reaching approximately 614,715 households as of April 2025.

Table 2. Water and food services provided during the 24months of the operation

State	Meals Provided	Water / Juice Provided
North Kordofan	45,540	94,140
Northern	301,380	69,710
Khartoum	274,265	248,820
Kassala	234,621	4,400
Red Sea	182,771	0
Blue Nile	193,428	0
Sinnar	18,593	0
River Nile	583,293	516,294

There is a need for the scale-up of necessities distribution to meet the growing requirements of the displaced population. Increased funding and resources are needed to expand cash assistance programs, ensuring wider coverage and adequate aid provision. Monitoring and evaluation activities such as Post Distribution Monitoring (PDMs) continue to assess the effectiveness of the assistance to inform adjustments based on changing needs. Partnerships with local organizations and community leaders are ongoing to ensure that aid distribution is culturally sensitive and reaches the neediest people. Long-term strategies will eventually be required to restore livelihoods and economic stability for the affected population, enabling them to regain self-sufficiency.

	Health & Care	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective: <i>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.</i>			
Key indicators:	Indicator	Actual	Target
	# of people reached by health service delivery in emergencies	504,696	800,000
	# of households reached with mosquito nets as part of essential household items (EHIs)	43,996	10,000
	# of people receiving MHPSS from RCRC	160,157	30,000
	# of mobile clinics in operation	14	20
	# of international emergency health kits purchased and distributed	198	100
	# of people reached with Search and Rescue (SAR) activities conducted by SRCS	1,043	500
	# of first aid kits purchased and distributed	564	1,000
	# of personnel and volunteers reached by PSS	3,273	1,000
# of people reached with first aid services.	76,292	20,000	

Mental Health and Psychosocial Support (MHPSS): Since April 2023, the SRCS, in coordination with other humanitarian agencies, has tirelessly worked to support mental health and psychosocial needs. They have addressed the trauma of those living in shelling and bombing environments, witnessing death, and worried about relatives or friends in danger. Child-friendly spaces have been established

to provide a haven for children affected by the conflict. During this reporting period, SRCS staff and volunteers have reached **160,157 people** with PSS services.

First Aid and Medical Services: First Aid, is a core area of SRCS's work. SRCS has provided First Aid services and reached people through health service delivery. Additionally, medical referrals and transfers to hospitals were provided. The focus has been on assisting the injured, transporting them to various health facilities, and providing necessary referrals for medical services. In March 2025, 4 Ambulances were dispatched to branches to support ongoing First aid and community health service interventions.

Ambulance Services

The continuous clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) have escalated the critical need for ambulance services provided by the SRCS to address the needs of the injured and sick. The SRCS operated its ambulances daily, with full human capacity, including emergency medical technicians, drivers, and first responders to assist affected individuals.

Based on the SRCS's needs and priorities, four ambulances were purchased and dispatched to Al-Jazeera, Blue Nile, Port Sudan, and Gedaref states. This was part of a complementary effort to support the SRCS in increasing the number of ambulances available to its branches. The aim was to enhance emergency ambulance services in conflict-affected states and adjacent areas, as well as to assist Sudanese patients receiving care in Port Sudan, Red Sea State.

The average weekly number of emergency medical cases had been rising due to the intensification of the conflict throughout the country. Therefore, the procurement of these four ambulances was expected to enable SRCS branches to transport the injured to medical centres and hospitals promptly. The SRCS focused its efforts on assisting the wounded, transporting them to health facilities, and facilitating necessary medical referrals. However, the purchase and dispatch of the ambulances delayed until March 2025, therefore, as of the time of compiling this report, they did not support field evacuations.



One of the 4 ambulances procured for dispatch to SRCS branches @IFRC

Support to and Rehabilitation of Health Facilities: Since the beginning of the operation, 198 International Emergency Health Kits (IEHK) have been procured and distributed. These kits support up to 10,000 persons for three months each and are distributed across various regions, including Khartoum, Northern State, and Al Jazeera. However, the ongoing insecurity has limited the rehabilitation of health facilities, with efforts pivoted towards emergency responses to save lives.

Community-Based Disease Prevention and Health Promotion: SRCS volunteers have been pivotal in disseminating information about behavioural and medical health risks. The distribution of 18,275 hygiene kits and dignity kits (including MHM kits) has been instrumental in aiding people on the move. The approach is gradually shifting to focus more on personal and community-level engagement, especially as many internally displaced persons (IDPs) settle within host communities.

SRCS continues to implement a multifaceted response to the health and care situation amid the ongoing crisis, encompassing immediate medical aid, mental health support, and long-term strategies to rebuild the healthcare system. Collaborative efforts between SRCS, IFRC, MOH, and other local and international organisations are ongoing to address the affected population's health needs effectively and lay the groundwork for sustainable healthcare improvements in the post-conflict period. SRCS is also mobilising volunteers and resources to support the current cholera outbreaks, which are affecting various states in Sudan. The SRCS has continued to mobilise volunteers for Health promotion/RCCE support mainly focusing on ORPS establishments and management; distribution of water treatment consumables and NFIs, house to house visits, community hygiene campaigns, surveillance and referrals.

Table 3. Healthcare services provided during the first 24 months of the operation

Service	Number	Service	Number
First Aid	373,107	Psychological First Aid (PFA)	15,959
Primary Healthcare	146,283	Bodies Identified	1,816
Medical Services	504,696	Bodies Recovered	1,816
Transfer to Hospitals	3,674	Field Evacuation	5,340
Medical Referrals	11,705	Health Promotion Activities	146,283
Blood Donations	19,372	Home Visits	10,371
PSS Sessions	160,157		

Mosquito Nets:

Malaria continued to be a threat in Sudan, particularly during the rainy seasons. Mosquito nets remain the most effective tool for SRCS to tackle it. Following the conflict and deterioration of health condition, **20,177** mosquito nets were procured and shipped to Port Sudan to assist the response operations of the SRCS to reduce the spread of malaria. These mosquito nets were distributed in Red Sea, River Nile, Al Jazirah, Gedaref and Northern State, targeted areas with high mosquito breeding density and high rates of malaria infection. The target groups were identified through the Red Crescent identification teams and cards were distributed to facilitate the distribution of mosquito nets.

The mosquito nets were distributed to **43,996** across the 5 target states. The SRCS health and care believes that mosquito nets are one of the most effective means to combat malaria and reduce mortality, specifically for the IDPS, urging donors and Movement partners to assist in the supply of mosquito nets as a tool to reduce the spread of malaria, especially in gathering points for IDPS and refugee centres. In addition to malaria, mosquito nets are used to prevent dengue fever and other diseases transmitted by mosquitoes.



Water, Sanitation and Hygiene

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

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

	Indicator	Actual	Target
Key indicators:	# of people reached through the distribution of WASH/non-food items (NFIs)/supplies	1,412,906	50,000
	Number of people reached by hygiene promotion activities (including communities and schools)	387,228	800,000
	Number of people supported to have improved access to safe drinking water	197,121	200,000
	# of people reached with personal hygiene kit, dignity kit (including MHM kits)	239,487	10,000
	Number of volunteers trained on hygiene promotion in emergencies	950	1000

Water distribution and quality improvement: SRCS has continuously distributed water, especially to accommodation centres and border crossing points. Despite the challenges, the water trucking initiatives have been a key activity, particularly in areas where supply is disrupted. Five (5) defective hand pumps were rehabilitated in Blue Nile. Water quality monitoring and distribution of water treatment consumables (coagulants and disinfectants) have also been prioritised but faced delays due to resource constraints.

Hygiene promotion has been a critical component of the SRCS's efforts. Throughout this period, trained staff and volunteers have been actively engaged in hygiene promotion activities, including distributing hygiene kits and educational sessions. These sessions have targeted internally displaced persons (IDPs) and host communities and reached 387,228 persons, aiming to raise awareness about personal hygiene, water safety, and disease prevention. The number of beneficiaries did not increase because the SRCS focused on NFIs due to high demands. However, has planned to intensify its awareness campaign in the most affected states in the remaining part of the year. 950 volunteers were trained on hygiene promotion in emergencies.


To aid with storage of clean water, households were provided with water storage containers such as jerrycans and buckets. With support from the Canadian Red Cross, **7,546 jerrycans** were procured and distributed across five states: Al Jazira, Gedaref, River Nile, Red Sea, and Northern State, benefitting **3,773 households (18,865 people)**. **5,460 buckets** were procured and distributed with support from this pledge across the five states, benefitting **2,730 households (13,650 people)**. Additionally, **3,000 hygiene kits** were procured and distributed, benefitting **3,000 households (15,000 people)**

Long-term investment in rebuilding and upgrading WASH infrastructure will eventually be required to ensure sustainable access to water and sanitation services. Community involvement and

education in WASH practices continue to strengthen the effectiveness and sustainability of the interventions.

Hygiene Kits

The operation supported 239,487 people with personal hygiene kits and dignity kits (including MHM kits). First aid services reached 373,103 people.

	Protection, Gender, and Inclusion	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective: <i>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</i>			
Key indicators:	Indicator	Actual	Target
	# of people reached with PGI, Prevention and SGBV awareness messages	14,905	200,000
	Number of staff and volunteers trained on PGI and implementing the minimum standards for PGI in emergencies	224	250
	# of staff and volunteers briefed on/signed code of conduct, PSEA and child safeguarding	298	250
	% of sector reports with data disaggregated by sex, age and disability	35%	100%
	# of child-friendly/safe spaces supported by RCRC	6,436	240
Number of people reunited with their families through restoring family links (RFL) services	3,418	1,000	

PGI Mainstreaming. PGI activities, such as prevention and response to SGBV awareness, will commence in the reporting period. PGIIE MS have been integrated in SRCS Operations and programming including (DRM, Health, NSD, WASH, FSL, CVA). In addition, plans are ongoing regarding incorporating PGIIE MS in HR procedures as well as PGI programmatic integration to include other sectoral programs.


Safeguarding (Prevention of Sexual Exploitation and Abuse – PSEA). SRCS supported 6,436 child-safe spaces. SRCS has currently Child Friendly spaces in Northern, Kassala, White Nile and River Nile states where services are provided to affected children.

Restoring Family Links (RFL). In coordination with the ICRC, efforts are underway to address the needs of separated, missing, and deceased individuals and their families. Approximately 85,908 individuals were reunited with their families through RFL services.

Stakeholder Engagement. SRCS has been liaising with key stakeholders and partners to establish clear referral mechanisms for tracing purposes.

Challenges and Recommendations:

- **Enhanced Coordination:** While significant progress has been made, there is a need for more streamlined coordination between various actors involved in PGI and SGBV activities.
- **Community Feedback Mechanisms:** Establishing more robust complaint and feedback mechanisms, especially for sensitive complaints, is crucial for effective response.
- **Limited Access:** whereas the SRCS has continued to provide services in challenging situations, limitation in access has hindered the organization of physical training in some states, mainly in Darfur and Kordofan regions.

	Migration (People on the move)	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>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.</i>		
Key indicators:	Indicator	Actual	Target
	Number of people reached through Humanitarian Service Points.	162,998	200,000
	Number of active HSPs providing support to IDPs and people on the move.	20	50

During the reporting period, efforts to support internally displaced persons (IDPs), people on the move, and host communities through the establishment of Humanitarian Service Points (HSPs) and related support mechanisms continued to make steady progress.

A total of 162,998 people were reached through HSPs, representing 82% of the annual target of 200,000. These individuals received a range of essential services, including first aid, psychosocial support, information on available humanitarian assistance, family reunification services, and access to safe water and hygiene facilities. The HSPs have proven to be a critical lifeline for people on the move, providing immediate relief, protection, and referrals to specialized services.

Currently, 20 HSPs are operational across key transit routes and displacement-affected areas, providing continuous support to affected populations. While this represents 40% of the target of 50 active HSPs, expansion efforts are ongoing, with site assessments, partner coordination, and resource mobilization underway to establish additional service points. The focus in the coming months will be on scaling up coverage to underserved locations and enhancing service quality through improved coordination, capacity building, and stronger referral pathways.



Community Engagement and Accountability

Female > 18: Female < 18:
 Male > 18: Male < 18:

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.

	Indicator	Actual	Target
Key indicators:	Number of staff and volunteers trained on implementing CEA minimum standards.	226	250
	% of community members who feel the aid provided by the operation currently covers their most important needs.	90%	90%
	% of complaints or feedback about the RCRC operation which receives a response through established community communication	70%	100%
	# of methods established to share information with communities about what is happening, including selection criteria if these are being used	2	3

In response to the ongoing armed conflict in Sudan, the Sudanese Red Crescent Society (SRCS), with support from the IFRC under the Sudan Emergency Appeal, continued to prioritize Community Engagement and Accountability (CEA) as a key enabler for delivering relevant, people-centered humanitarian assistance. Amid widespread displacement, insecurity, and disrupted communication channels, the CEA approach ensured that affected communities were not only informed but also actively involved in shaping the humanitarian response despite the complex operating environment.


During the reporting period, 226 SRCS staff and volunteers were trained on the implementation of CEA Minimum Standards, representing 90% of the target (250). This investment in local capacity proved critical in conflict-affected states, where communication gaps and mistrust can easily hinder the effectiveness of aid. Trained teams are now better equipped to listen to communities, collect and analyze feedback, and adapt interventions to reflect the most urgent and context-specific needs. This has led to more inclusive and responsive service delivery in areas hosting internally displaced persons (IDPs) and returnees.

Community perception surveys revealed that 90% of respondents felt the assistance provided adequately covered their most important needs, meeting the set target. This outcome is particularly significant given the rapidly evolving humanitarian situation in Sudan, where needs are immense and constantly shifting. It demonstrates that SRCS interventions are addressing the most pressing priorities identified by affected populations—such as access to food, safe water, and essential health services. The high satisfaction rate reflects growing community confidence in SRCS and the value of maintaining continuous dialogue with those most affected by the conflict.

However, only 70% of complaints and feedback received through established communication channels were responded to, against a target of 100%. This gap reflects the operational challenges in maintaining communication in conflict zones, including limited network coverage, population

movements, and staff access constraints. Despite these limitations, the majority of feedback received was addressed, underscoring SRCS’s ongoing commitment to accountability. Moving forward, efforts will focus on strengthening the feedback management system to ensure that all community inputs receive timely responses and that no concerns go unresolved, even in hard-to-reach locations.

Enabling approaches

 National Society Strengthening			
Objective: <i>SRCS is prepared to respond effectively to emerging crises, and its auxiliary role in providing humanitarian assistance is well-defined and recognized</i>			
	Indicator	Actual	Target
Key indicators:	Number of staff and volunteers mobilized, equipped, and insured.	5,000	12,000
	Number of branches supported with repair and rebuilding activities.	8	18
	Number of branches supported with warehousing	3	18
	Number of branches supported with fleet	3	18
	Number of branches supported with information technology and communications	7	18
	Number of emergency hubs established	5	5

With millions displaced, the demand for assistance has greatly increased, stretching the capabilities of the SRCS. Operational challenges such as limited storage space, connectivity issues, and security concerns have hindered efficient operations. However, through strategic interventions and collaborative efforts, there have been strides in strengthening the organisation's capacity to manage the crisis.

Continued support and resource mobilisation have been essential and ongoing for the SRCS to meet the growing demands and effectively aid those affected by the humanitarian crisis in Sudan. Supporting SRCS continues to be a key priority for IFRC and its partners to strengthen the work of SRCS further so they can continue to operate and support the response across the country and their collaboration with other agencies such as the UN. To lead this, a National Society Development Working Group (WG) has been set up. Following initiatives and work that were set in motion before the crisis, this WG is working on Business Continuity Plan which all Movement partners are supporting.

Business Continuity: The SRCS has focused on maintaining operational continuity amid the crisis. The IFRC and Movement partners have supported SRCS with financial, technical and operational resources to ensure the National Society can continue operating. As part of this, the IFRC allocated part of the DREF loan to support the Business Continuity of the National Society and cover areas such

as salaries, accommodation, logistics among others. IFRC pledged to continue this support through the Emergency Appeal and the Unified Plan for Sudan. The SRCS technical NSD WG has also been keen in raising the key issues faced by the SRCS and coordinating support in response.

The Saudi Red Crescent support via the IFRC covered remuneration costs for **51 SRCS staff** over a three-month period (April, May, June) in 2023. The support also included leasing accommodation for **51 SRCS staff** displaced from Khartoum to Port Sudan during the same period. Additionally, business continuity support extended to ICT, with the support of four laptops procured by the Saudi Red Crescent through the IFRC to facilitate daily operations.

National Society Human Resources, Processes, and Systems: The SRCS has worked on strengthening its human resource capabilities, systems, and processes. This includes reactivating and refining reporting systems and enhancing participation in Technical Working Groups (TWGs) but also enhancing coordination mechanisms at the regional level with counterparts like the Ethiopian Red Cross and South Sudan Red Cross. These efforts are crucial for effective resource management and cross-border collaboration. In addition, SRCS has been working to adapt to the new situation the SRCS is in, particularly with its temporary HQ, as most staff have been displaced and are working from various areas across Sudan and neighbouring countries.

National Society Infrastructure: The SRCS Headquarter is no longer accessible, so SRCS management and key staff members had moved to Port Sudan. The Red Sea branch office in Port Sudan has allocated a space for HQ to operate. As a way of addressing the new challenges brought upon by the crisis and further strengthening the HQ support to branches, the SRCS is also now working on implementing a new decentralised structure model where new hubs will be set to accommodate almost 100 HQ staff who have been displaced but also to provide more direct support to branches. The objectives of these hubs include:

- Enhancing strategic decisions.
- Providing technical guidance and support to SRCS.
- Supporting service delivery by providing direction and guidance on approaches and strategies while avoiding duplication.

The hub model is meant to be an internal HQ alternative coping structure to address the current situation without changing or affecting the branch structure and its roles and responsibilities. As part of this, 5 hubs will be set up in Red Sea, White Nile, Northern State, Darfur (North) and Gedaref.

The shortage of storage space has also been identified as a critical issue, necessitating the improvement of existing facilities to facilitate efficient aid delivery. Enhancements in communication channels for better connectivity and security are also being prioritised to ensure the safety of personnel and resources.

Volunteer Management: The SRCS has effectively mobilised 11,934 volunteers across all 18 states, demonstrating robust volunteer management. This widespread volunteer engagement has been instrumental in extending the reach and impact of the SRCS’s activities, especially in remote and heavily impacted areas.

Table 4. SRCS volunteers’ mobilisation across Sudan

State	Volunteers	State	Volunteers	State	Volunteers
North Kordofan	1,615	Northern	1,613	River Nile	422
West Kordofan	900	Khartoum	1,154	Gedaref	279
South Kordofan	1,250	Kassala	532	Sinnar	530
Red sea	338	East Darfur	86	Blue Nile	808

State	Volunteers	State	Volunteers	State	Volunteers
El Gezira	445	South Darfur	575	White Nile	378
North Darfur	115	Central Darfur	324	West Darfur	570
Total 11,934					

Support SRCS' Preparedness for Effective Response (PER): The SRCS's preparedness for effective response has been enhanced through strategic logistics, operations, and volunteer mobilisation interventions. Collaboration with regional counterparts and active participation in TWGs has bolstered the National Society's capacity to manage population movements and share experiences across borders, ensuring a more coordinated and effective response to the humanitarian crisis.

Truck Procurement Support and Vehicle Rent Program (VRP)

SRCS, with support from the American Red Cross through the IFRC, procured a truck to transport humanitarian goods and items across various states within Sudan. Considering Sudan's high transportation (leasing) costs, the support enables SRCS to deliver much-needed support to SRCS in their efforts to deliver humanitarian aid.



Truck procured with support from the American Red Cross ©IFRC, Port Sudan

The support extended to enabling SRCS to lease **four** Toyota Land Cruisers meant to facilitate SRCS operations such as field assessments and distribution activities under the vehicle rent program (VRP).



One of the Toyota Land cruisers under lease ©IFRC, Port Sudan



Coordination and Partnerships

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

	Indicator	Actual	Target
	Number of Mini-Summits	1	2
Key indicators:	Sudan coordination meeting for the first two months	Weekly	Daily
	Number of Movement Technical Working Groups established	7	7
	Operational Movement plan for Sudan approved	On-going	1

The SRCS Master plan was developed in 2023 and reformulated/updated in March 2024 based on the humanitarian needs in the different regions in the region. The Master Plan provides the operational response plan of SRCS and provides a guiding document for all Movement partners for supporting SRCS's operation.

The ongoing coordination and partnerships have been actively and consistently working towards strengthening the SRCS and IFRC network and maximising the impact of its collaborations. The progress can be categorised into the following areas:

Laying the groundwork for more robust collaborations: Since the inception of the operational strategy, IFRC has been actively engaging with various stakeholders to establish a strong foundation for partnerships. The team has been continuously liaising with potential partners, ensuring that objectives are aligned and that mutual benefits are clearly understood. Movement partners came together since the beginning of the crisis to coordinate the response and support to SRCS. As part of this, the IFRC, SRCS, and ICRC held a mini summit at the onset of the crisis and put together key Movement documents which gave a vision to the Movement response but also set up the coordination mechanisms moving forward. In addition, SRCS, IFRC, ICRC, and Partnering National Societies meet every week to coordinate and discuss the situation and response.

Humanitarian Diplomacy: The IFRC humanitarian diplomacy team has been working closely with the CCD and the National Society to engage key stakeholders through various forums and events, such as partner engagement meetings with the diplomatic community, governments, and international organisations. The aim is to advance the SRCS agenda and better position the National Society as a preferred partner.

Strengthening ties: IFRC has further developed relationships with existing partners while expanding the collaborative network. The focus has been on nurturing the partnerships through regular interactions and joint initiatives. These efforts have been crucial in solidifying the SRCS position and enhancing the effectiveness of collaborative endeavours.

Expanding Horizons: Over the past 24 months, IFRC have been steadily broadening the scope of the partnerships. The team has been consistently working towards integrating new ideas and perspectives from diverse partners into the strategy. As a result, there is a growing network of

partnerships. In preparation for the incoming flood season, the SRCS established a partnership with the Sudan Meteorological Agency for information sharing forecasts for incoming floods, to support the preparedness actions of SRCS.

Continuous Efforts: Throughout the operation, the IFRC has been persistently monitoring and evaluating progress and effectiveness. The feedback gathered has continuously refined the approach (es), ensuring that actions remain aligned with core objectives thus fostering sustainable and mutually beneficial partnerships.

 Secretariat Services			
Objective: <i>Effective and coordinated international disaster response is ensured.</i>			
	Indicator	Actual	Target
	Number of global and regional surges deployed.	22	25
	Minimum security regulations updated against the changing situation.	On-going	Monthly
Key indicators	Resource Mobilization strategy completed and operationalized	On-going	1
	Risk matrix is established and updated regularly.	1	1
	Logistics assessment carried out and operationalized.	1	1
	Communication strategy updated.	1	1
	% of reports issued on time and to the standard quality.	50%	100%

IFRC Secretariat has been actively providing operational support to the SRCS in the response. This includes IFRC membership coordination, record-keeping, and dissemination of information. As well, IFRC has support, in coordination with other partners, in logistical coordination, ensuring that resources are mobilised and distributed efficiently to the areas of greatest need. Handling and processing large volumes of data and information have been a critical part of the IFRC secretariat's support in the response.

Security

The operational environment remains volatile, unpredictable, with the frontlines shifting, thus requiring constant monitoring and quick response to security challenges. The security unit has been key in assessing security risks and devising strategies to manage these risks effectively, which includes developing, implementing and updating safety and security procedures, including contingency planning.

All minimum-security requirement (MSR) documents have been updated. IFRC security plans and minimum-security requirements apply to all IFRC personnel throughout the operation. Based on the findings of the security risk assessments, the existing security management framework, which includes policies, procedures, and guidelines, has been revised where necessary to mitigate the

identified risks and threats. These cover staff safety and security, asset protection, communications security, and travel safety. Clearance for travel in high-risk areas (Security red Phase) has been implemented since the beginning of the conflict. The Security Delegate, with the technical support of the Regional Security Manager, monitors the situation, updates plans, and coordinates security activities for IFRC in Port Sudan. Information sharing with SRCS, ICRC, UNDSS, and other INGOs, as well as real-time monitoring and regular communication with all teams on the ground, is constantly conducted. During this reporting period, the Security Delegate was able to conduct an assessment mission in Atbara, River Nile State, in close coordination with SRCS, ICRC and UNDSS. Other assessment missions have been planned in the coming period.

Risk management. The role of risk management for SRCS and IFRC during the Sudan crisis was multifaceted, involving proactive identification, analysis, and mitigation of a range of organisational risks to ensure the safety and effectiveness of the operation, safeguarding both personnel and resources, and maintaining the integrity and reputation of SRCS and IFRC in this operation. Risk management in the operation involved:

- Risk assessment and analysis: Conduct regular and thorough risk assessments to understand the nature and extent of risks associated with the operation.
- Development of risk mitigation strategies: Creating and implementing strategies to reduce or manage identified risks, including security protocols, contingency plans, and financial safeguards.
- Training and capacity building: Providing training and resources to staff and volunteers to ensure they are prepared to manage and respond to risks effectively.
- Monitoring and reporting: Continuously monitoring the situation on the ground, updating risk assessments, and reporting to leadership and stakeholders about the risk landscape.

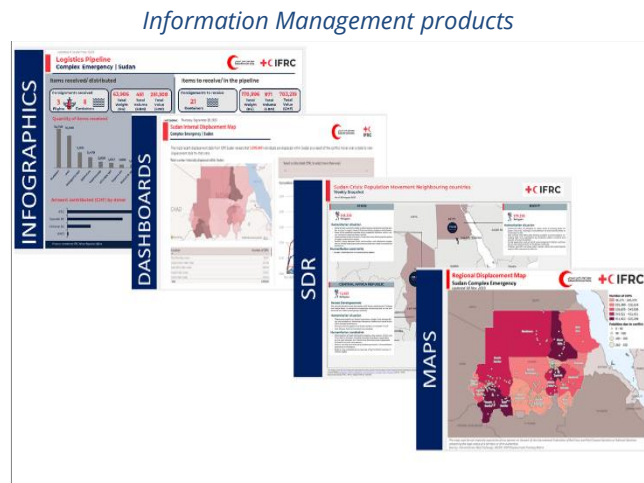
Key categories of risks considered have been programme delivery, operational, contextual, safeguarding, fiduciary, reputational, and strategic risks, with continuous collaboration in addressing and mitigating risks identified amongst all key parties involved in the operation – SRCS, IFRC Sudan CCD, IFRC regional office, and partner National Societies.

Communications. The crisis created a dynamic and chaotic information landscape, with rapidly changing situations and the need for accurate, timely information dissemination, often faced with the challenge of countering misinformation and rumours that could potentially hinder relief efforts and cause panic or confusion. In some conflict-affected areas, there were issues with communication infrastructure, making it difficult to source and disseminate information effectively.

Despite this challenging information environment, the communications team managed to consistently highlight the crisis with over 10 articles and press releases, numerous international and media interviews and robust social media engagement. Available communication channels were used to advocate for the needs of affected populations and to raise awareness about the humanitarian situation and the response efforts. To support this, the comms team developed Federation-wide key messages and info messages. The comms team also collaborated with the ICRC comms teams to develop Movement key messages in the lead-up to the one-year mark of the conflict. The IFRC comms team is also using IFRC social media channels to amplify the visibility of the situation in Sudan; this includes live interviews on X Spaces, posts on X, LinkedIn, Instagram and other IFRC accounts.

PMER/IM. The SRCS, with support from the Netherlands Red Cross, is working on strengthening and streamlining PMER, data and reporting systems in SRCS, a process which was ongoing before the conflict erupted. Weekly coordination meetings are held to track progress. In addition, the IFRC Africa Region PMER Team supported the SRCS in understanding the indicators, developing data collection tools (Kobo), and the M&E Framework. In terms of emergency data, SRCS formed a Movement

Information Management/PMER Working Group with the main support from IFRC, Netherlands Red Cross and Danish Red Cross. The main agenda is to enhance data quality and timeliness from the branches to the headquarters to support evidence-based and timely decisions, actions and accountability. Three Movement Pictures were finalised, one showcasing the Movement's response between April and June 2023, another showcasing the response between April and October 2023 and the last one reflecting the response from April 2023 till April 2024.



Three remote surge SIMs coordinators and two surge IM coordinators were deployed during the beginning of the response. Various information products were shared to show evolution of the context and the RCRC response. While secondary qualitative data reviews were sent weekly.

Logistics. Due to conflict, natural barriers, and damaged infrastructure, accessing affected areas is a major challenge, complicating delivery, and distribution efforts. The conflict causes disruptions in local and international supply chains, impacting the availability and cost of essential supplies. The logistics role in the Sudan crisis is crucial in ensuring that essential supplies reach those in need despite numerous challenges. They are instrumental in managing supply chains, navigating access issues, and coordinating with various stakeholders. Their success hinges on enhanced security measures, real-time information, adequate funding, advanced technology, skilled personnel, flexible supply chains, and strong local partnerships. Their efforts are vital in maintaining the continuity and effectiveness of the response in a complex and challenging environment.

The team aims at timely procurement and delivery of essential supplies to affected populations and works to overcome geographical and infrastructural challenges to transport and distribute aid effectively. As well, logistics relies on efficiently managing resources, including vehicles, warehouses, and other logistics assets, to maximise their contribution. The team collaborates with local authorities, international agencies, and other partners to streamline logistics operations and leverage resources. Customs clearance remains a challenge with ever-changing rules. Ambulances now require justification from the Ministry of Health before importing.

However, to ensure the continued effectiveness of the logistics function, enhanced security measures, real-time information, advanced technology, skilled workforce, flexible and resilient supply chains and local Partnerships need to be sustained. The logistics team has developed an online tool, now shared with partners, to enable real-time updates. Additionally, a Logistics Working Group has been constituted to ensure that partners are kept informed about planned activities, challenges, and unforeseen issues, and to facilitate regular feedback.

Resource mobilisation. The escalating crisis significantly increased the demand for humanitarian assistance, necessitating additional resources while at the same time straining local and international economies, making fundraising more challenging. With multiple global crises, there was stiff competition for attention and funding from donors. The prolonged crises also contributed to donor fatigue, impacting the willingness of individuals and organizations to contribute. As well, the team had to intricately navigate the complex donor requirements and ensure compliance with various regulations and stipulations. The IFRC SPRM teams continue to work with major and partners on the resource mobilization front. The IFRC is also working closely with the ICRC and other partners on a

pilot joint fundraising campaign, aiming to show the value added of the whole Movement in support of SRCS and leverage additional funds that are greatly needed for the response.

Finance. The team ensured careful management of the budget and provided accurate and timely financial reports thus enhancing transparency and trust. Strong cost-control measures and regular expenditure monitoring against the budget, preceded by financial planning and analysis to anticipate future funding needs and potential shortfalls, contributed to timely procurement and payments which has been crucial for uninterrupted operations. The IFRC regional finance team deployed a regional staff member to support the CCD and SRCS on the follow-up with financial clearance and reporting. Finance strengthening and support to SRCS remains a key area of focus.

Human Resources/Surge. To support the response and SRCS, the IFRC, through its Surge mechanism, rapidly mobilised a skilled and diverse team based on key needs identified at the onset of the emergency.

Role	Mission duration	Location	Deploying Entity
Operations Manager	3 Months	Sudan	Jordan RC
SIMS Coordinator	1 Month	Remote	American Red Cross
SIMS Coordinator 2nd rotation	1 Month	Remote	American Red Cross
SIMS Coordinator 3rd rotation	1 Month	Remote	Netherlands RC
Supply Chain Coordinator	2 Months	Sudan	Swiss RC
Supply Chain Coordinator 2 nd Rotation	3 Months	Sudan	Spanish RC
Finance and Admin Coordinator	3 Months	Nairobi/Sudan	IFRC
Security Coordinator	1 Month	Sudan/Nairobi	Canadian RC
Security Coordinator, 2nd rotation	1 month	Nairobi	IFRC Americas
Security Coordinator, 3rd rotation	2 Months	Sudan	Canadian RC
Communications Coordinator	2 Months	Nairobi	Australia RC
Communications Coordinator, 2nd rotation	2 Months	Nairobi	Zimbabwe RC
IM Coordinator	6 Weeks	Nairobi	Netherlands RC
IM Coordinator 2nd Rotation	3 Months	Nairobi	Syria Arab RC

Some additional roles were also deployed to support this Emergency Appeal, and the one launched to support with Population Movement into neighbouring countries. These roles included: Migration, Staff Health, Risk and Communications. The surge window ended on 31st October 2023, and some roles were assigned to regional and CCD staff. Following the closing of the surge window, a long-term Operations Manager was also hired as part of the delegation to support with the implementation of the Emergency Appeal. As mentioned above, the recruitment of the security delegate and NSD delegate is in process.

D. Funding Update

Through this Emergency Appeal, IFRC is supporting the SRCS to increase its reach, which has translated into reaching more beneficiaries than initially planned when launching this Emergency Appeal, thanks to the continuous business continuity plan put in place to ensure SRCS remains active.

Nonetheless, needs are increasing in the country, and additional resources are required to continue to support the SRCS response,

The Emergency Appeal supports the assistance provided by SRCS in areas of livelihoods, health, cash, wash and protection to people on the move (IDPs, refugees and host communities), reinforcing the preparedness and strengthened capacities, and risk reduction of SRCS and the communities. Despite the continuous efforts of SRCS, Movement partners, and other organisations, humanitarian needs in Sudan continue to evolve and escalate, in various areas, resulting in damaged infrastructure and services, widespread displacement, flooding, epidemics, and severe food insecurity.

As of 30 April 2025 (and the timeframe of this report), IFRC had received CHF 12M in cash pledges as part of the CHF 50M Secretariat ask of the EA, leading to a 25% funding coverage. In addition, CHF 11.4M have also been bilaterally contributed to SRCS, bringing the overall Federation-wide financial coverage of this Emergency Appeal to CHF 23.4M or 29.2% coverage of the CHF 80M Federation-Wide ask. The Federation-wide coverage reported here excludes in-kind contributions, covering only cash or financial funding provided bilaterally by RCRC partners and other external actors to SRCS.

Financial Coverage of the EA			
Funding Ask	Funding Ask (CHF)	Amount Received (CHF)	Coverage (%)
IFRC Secretariat	50,000,000	11,986,396	24%
Federation-Wide Funding <i>(including the secretariat ask)</i>	80,000,000	23,386,396	29.2%

Additional in-kind contributions have been made to this Emergency Appeal, as part of the Mobilization Table but also towards other needs noted by SRCS for this response. It is estimated that the overall donation of in-kind items to SRCS (as of April 30, 2025) as part of the IFRC EA MobTable and other bilateral donations, comes to approximately a value of CHF 2,717,719. More details on these contributions and others that have been received by SRCS will be provided in the next reports.

A summary as of cash pledges received as of 30 April 2025 can be found below.

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Express Company (AMEX)	670				670	
American Red Cross	285 851				285 851	
Austrian Red Cross	23 414				23 414	
Austrian Red Cross (from Austrian Government*)	1 445 401				1 445 401	
Bahrain Red Crescent Society	89 720				89 720	
Belgian Red Cross (Flanders)	144 270				144 270	
British Red Cross	184 389				184 389	
Danish Red Cross	16 800				16 800	
DREF Response Pillar				1 600 000	1 600 000	
European Commission - DG ECHO	187 123				187 123	
Finnish Red Cross		100 752			100 752	
French Government	9 600				9 600	
German Government	9 600				9 600	
German Red Cross	25 200				25 200	
Irish Red Cross Society	19 109				19 109	
Japanese Red Cross Society	73 835				73 835	
Luxembourg Government	575 275				575 275	
Malaysian Red Crescent Society	-19 200				-19 200	
On Line donations	4 622				4 622	
Red Cross of Monaco	19 501				19 501	
Red Cross Society of China		34 500			34 500	
Saudi Red Crescent Authority (from Saudi Arabia Govt	1 500 000				1 500 000	
Spanish Government	460 831				460 831	3 429 670
Spanish Red Cross	23 400	100 369			123 769	
Swedish Red Cross	1 137 776				1 137 776	
Swiss Red Cross	164 400	162 726			327 126	
Switzerland - Private Donors	42				42	
The Canadian Red Cross Society	445 606				445 606	
The Muslim World League	9 600				9 600	
The Netherlands Red Cross	771 617				771 617	
The Netherlands Red Cross (from Netherlands Govern	948 251				948 251	
United States - Private Donors	22				22	
Total Contributions and Other Income	8 556 726	398 346	0	1 600 000	10 555 072	3 429 670
Total Income and Deferred Income					10 555 072	3 429 670

Contact information

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For In -Kind donations and Mobilisation table support:

- **IFRC Africa Regional Office for Logistics Unit:** Allan Masavah, Head of Africa Regional Logistics Unit; email: allan.masavah@ifrc.org; Tel: +254 113 834921

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

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Reference documents

Click here for:

- [Revised Emergency Appeal](#)
- [Revised Operational Strategy](#)
- [6-month ops update](#)
- [12-month Ops update](#)

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, thereby contributing to the maintenance and promotion of human dignity and peace in the world.