FAMINE PREVENTION PLAN
PLAN
SUDAN

APRIL 2024

Through Accelerated Mitigative Actions to Halt Deterioration of Food Insecurity, Livelihood Impoverishment and Malnutrition

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER
4 July 2023. 9-months-old Nasra is screened for malnutrition during the weekly follow up visit to the health facility in Madani, Gezira state. "Since she started treatment two weeks ago, her condition has improved," said Hala. Photo: UNICEF/Awad

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The colour shades used in these maps do not represent boundaries recognized by the United Nations or OCHA.

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
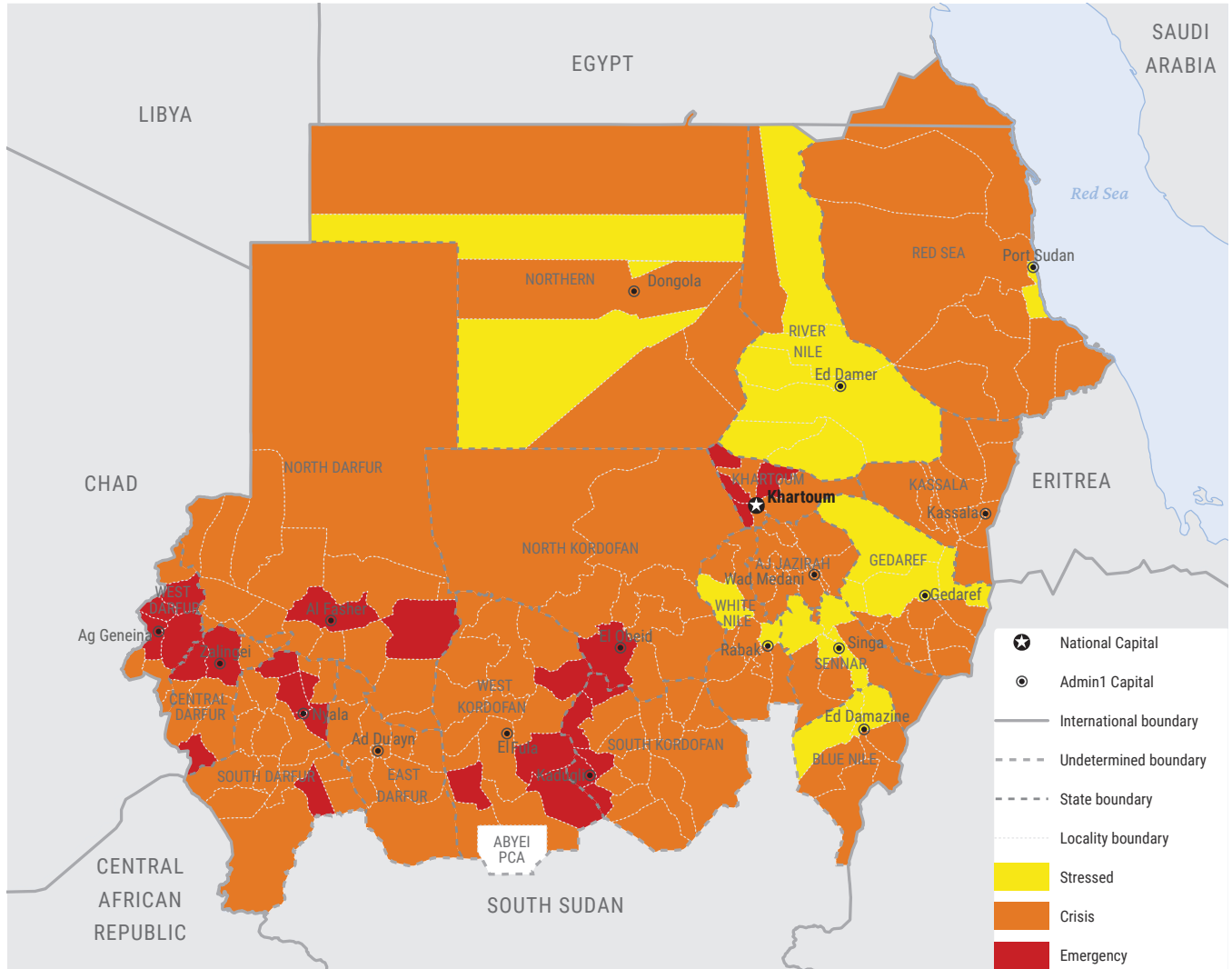fts.unocha.org/appeals/1188/summary

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PEOPLE TARGETED	IMMEDIATE ASK (US$)*	PRIORITY LOCALITIES	PLAN DURATION**
7.6M	**$400**M	**167**	**6** MONTHS

Sudan IPC Acute Food Insecurity Analysis (October 2023 - February 2024)

LIBYA

EGYPT

SAUDI ARABIA

Red Sea

NORTHERN

Dongola

RED SEA

Port Sudan

CHAD

NORTH DARFUR

RIVER NILE

Ed Damer

KASSALA

ERITREA

Al Fasher

KHARTOUM

Khartoum

Kassala

WEST DARFUR

Ag Geneina

Zalingei

NORTH KORDOFAN

El Obeid

AJ JAZIRAH

Wad Medani

GEDAREF

Gedaref

CENTRAL DARFUR

Nyala

WHITE NILE

Rabak

Singa

SENNAR

SOUTH DARFUR

Ad Du'ayn

WEST KORDOFAN

El Fula

Kadugli

SOUTH KORDOFAN

Ed Damazine

BLUE NILE

EAST DARFUR

ABYEI PCA

CENTRAL AFRICAN REPUBLIC

SOUTH SUDAN

Legend:
- ★ National Capital
- ◉ Admin1 Capital
- —— International boundary
- – – Undetermined boundary
- – – State boundary
- · · · Locality boundary
- Stressed
- Crisis
- Emergency

Source: Integrated Food Security Phase Classification (IPC)

People targeted by cluster

7.6M	Food Security & Livlihoods
5.6M	Water, Sanitation & Hygiene
3.0M	Health
1.9M	Multi-Purpose Cash Assistance
1.6M	General Protection
1.2M	Nutrition
953K	Education
856K	Shelter/ Non-Food Items
800K	Child Protection
638K	Gender-Based Violence
475K	Site Management
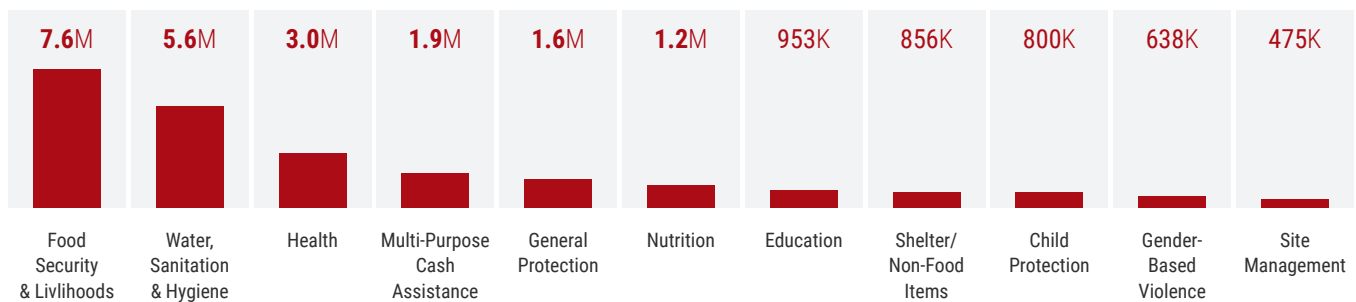
* $400M immediate injection for procuring prepositioning and increasing cash and vouchers; $700M required to sustain activities for famine prevention activities.
** This plan includes prioritized actions within the existent 2024 HNRP

Crisis Overview

The Integrated Food Security Phase Classification (IPC) results for Sudan delivered in late 2023 depicted a dire picture of increasing food insecurity and malnutrition across Sudan, particularly in areas hit by conflict and access constraints. Those concerns have been confirmed in various reports since the release of the December 2023 IPC, including the FAO Crop and Food Security Assessment Mission (CFSAM), which reported significant decreases in cereal production compared to 2022, the WFP Comprehensive Food Security and Vulnerability Assessment (CFSVA) and the release by FEWSNet of its Food Security Outlook from March to September 2024 that includes a famine warning for some areas of the country hardest hit by conflict. Given the current conflict dynamics, the situation is expected to worsen in the coming months, which would potentially lead to a more formal "Famine Likely" warning based on expedited IPC results.

On 29 March 2024, an IPC alert for Sudan was released outlining the dramatic situation of food insecurity in country: "This [alert] has been developed based on the review of the latest evidence available and issued to express major concern regarding the deteriorating situation; and advocate for stakeholders to act immediately to prevent famine." IPC outlined that since the results released in December 2023, "there has been a significant escalation of the conflict among armed factions and a rise in organized violence beyond the initial IPC assumptions made in previous analyses" (IPC March 2024).

On 4 April 2024, FEWSNET published a projection of the food insecurity situation until May whereby it stated: "Catastrophe (IPC 5) is expected among households in parts of West Darfur, Khartoum, and among the displaced population more broadly, particularly in hard-to-reach areas of Greater Darfur." immediate actions are key to "prevent widespread death and total collapse of livelihoods

and avert a catastrophic hunger crisis in Sudan" (IPC Alert, March 2024).

As a preparatory measure, this famine prevention operational plan responds to the strategic direction outlined by the HCT. It is a prioritization of the 2024 Humanitarian Needs and Response Plan and seeks to build on exiting and previous physical presence and recent efforts to align the coordination with realities on the ground. The approach is based on experience in other successful famine prevention operations adapted to the Sudan context. This plan is based on integrated responses led by Food Security and Livelihoods, Nutrition, Health and Water, Sanitation and Hygiene (WASH) clusters with important contributions by other clusters, all of which is underpinned by an emphasis on the Centrality of Protection guided by the Protection Cluster and emphasizes the importance of mainstreaming crosscutting themes such as accountability to affected populations (AAP), protection from sexual exploitation and abuse (PSEA) and gender-based violence (GBV) into the strategy.

The success of the plan, beyond the effectiveness of the geographic and coordination approaches, will depend on the ability of the operation to access hotspots and deliver the necessary quantity and quality of assistance, requiring the ongoing engagement efforts with the two main parties to the conflict and other armed groups. The implementation of this plan is linked to the IASC emergency scale up extension requested which focuses solely on Famine prevention. Additionally, the benchmarks and indicators outlined in the 3-month scale up will monitor its implementation. The success of the plan is contingent on the operation's ability to access hotspots and effectively deliver the necessary quantity and quality of assistance. Recognizing the potential issuance of a formal "Famine Likely" warning in 2024, the strategic

document aims to address immediate needs and mitigate the impending humanitarian crisis.

The rationales for developing this plan are:

- Urgency: The development of this plan is prompted by the dire situation of a looming famine catastrophe evidenced by the results of the late 2023 IPC assessment[1], revealing escalating food insecurity and malnutrition, particularly in conflict-affected regions, with subsequent field reports indicating an alarming increase in malnutrition-related deaths[2].

- Coordinated Approach: The plan is conceived as a proactive measure, drawing on past successful experiences, and adopts an operation-wide approach. It emphasizes integration across key clusters, including food security and livelihoods, nutrition, health, and WASH, guided by the centrality of protection, and incorporating crosscutting themes.

Photo: OCHA/Ala Khair, 2023

Situational Analysis

PRIORITIZED LOCALITIES[3]	POPULATION TARGETED CRITERIA	NUMBER OF PEOPLE TARGETED
Priority 1: • 29 Localities classified as IPC 4 (IPC Oct 2023 to Feb 2024) • 43 IPC 3 Localities projected to deteriorate to IPC 4 (FEWSNET May 2024) • Additional 45 Nutrition hotspot localities	All people estimated to be in IPC 4, 25% of IPC 3 population in hotspot states, 15% Aj Jazeera.	6,267,566
Priority 2: • 48 Localities classified as IPC 3 (IPC Oct 2023 to Feb 2024) • 2 IPC 2 Localities projected to deteriorate to IPC 4 (FEWSNET May 2024)	All people estimated to be in IPC 4, 5% of IPC 3 population.	1,317,696
TOTAL	**167 localities**	**7,585,262**

Photo: WFP/Ahmed Kowarty, 2024

## Sudan IPC Acute Food Insecurity Analysis (October 2023 - February 2024)
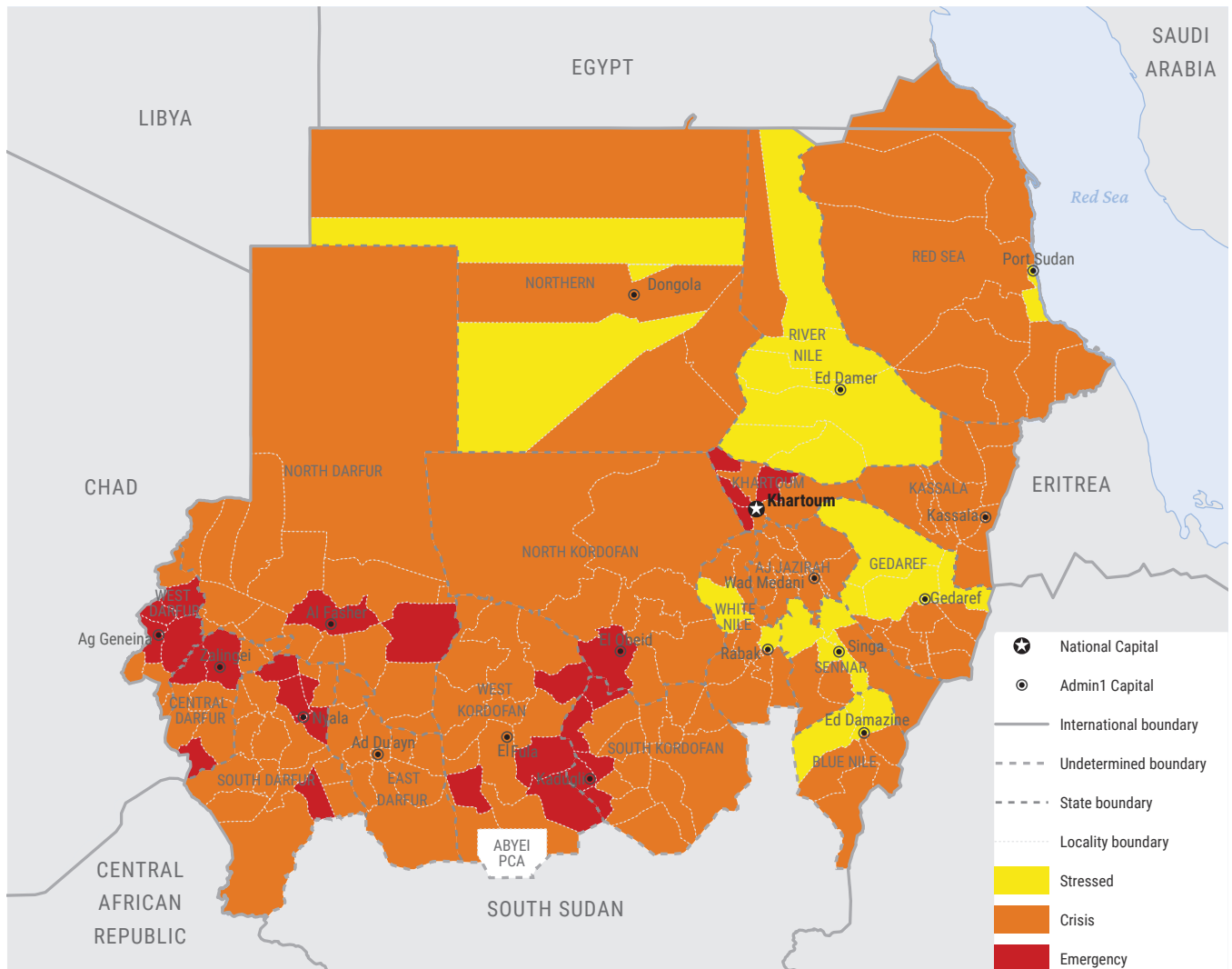
The IPC analysis remains the cornerstone of the FSL cluster's early warning and early action messages and response. This involves a robust monitoring tool of drivers and outcomes of food insecurity. FAO and WFP continue to assess and monitor the food and nutrition security and livelihoods situation through ongoing/completed assessments. This includes the agricultural performance of the recent harvest - Comprehensive Food Security & Vulnerability Analysis (CFSVA), the food security situation of the residents, IDPs and refugees (FSMS), nomadic groups and price monitoring of key food items. In addition, remote data collection is ongoing through the Vulnerability Assessment Monitoring (VAM, WFP) where households in access-constrained areas are surveyed on food security. Data from these assessments, feeds into the upcoming IPC analysis, which is planned for April/May 2024. FAO and

WFP are further monitoring the situation by conducting high resolution satellite imagery to investigate and verify reported cases of poor harvests, starvation and malnutrition. This information will be critical to (1) facilitate the identification of triggers for actions to be taken before the food security and malnutrition levels worsen; (2) the selection of the most appropriate immediate actions to prevent further deterioration of the food security situation.

In addition, given that the current IPC projection for the October 2023 to February 2024 is outdated, the IPC Technical Working Group (TWG) has conducted an analysis that aims to describe the current situation in Sudan. The analysis may be combined with a Risk of Famine analysis, which can be run for the extended projection period.

FEWS NET[1] Sudan Projected Food Security Outcomes (February – May 2024)
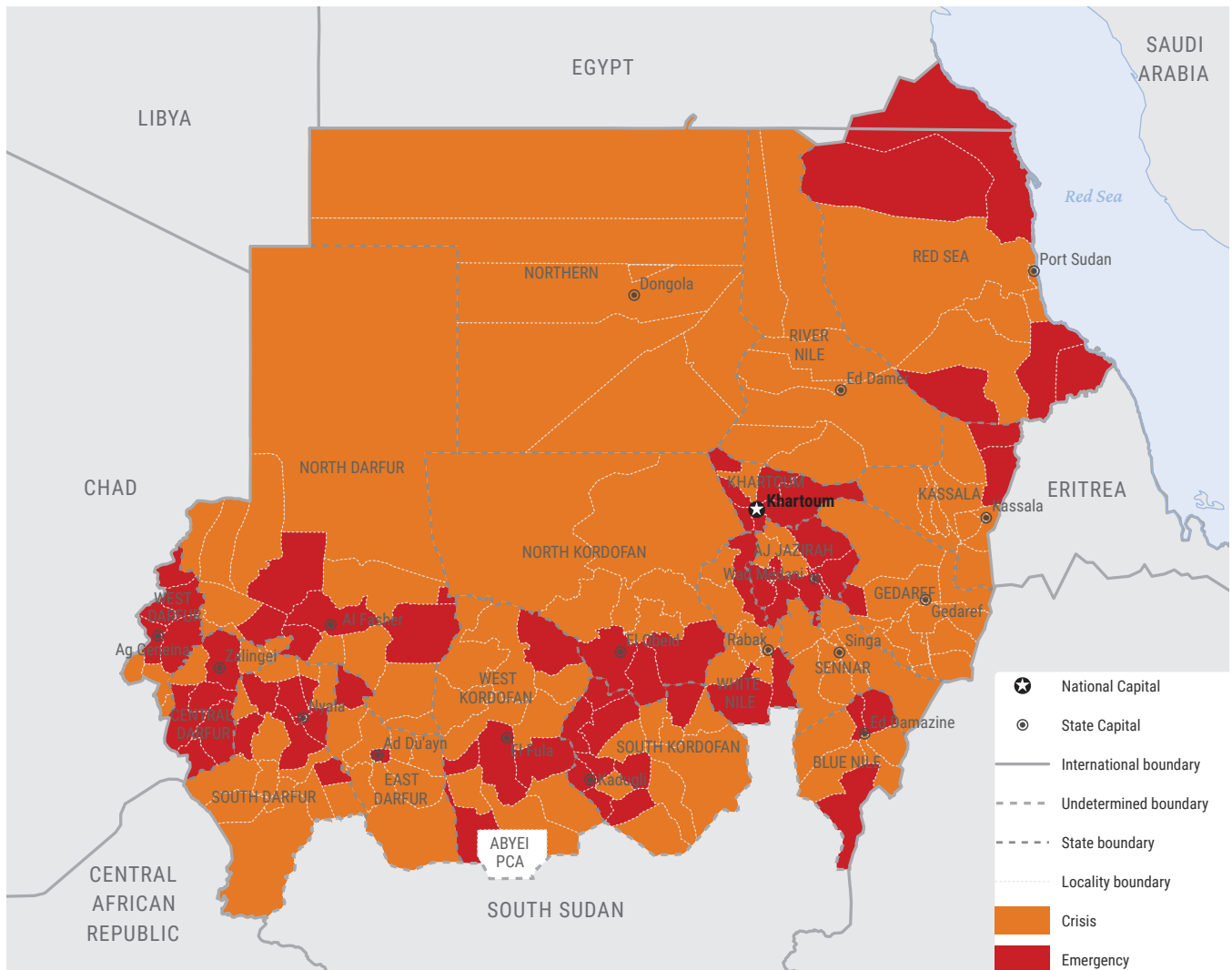
Given that the data cannot be exactly representative of each locality, the below procedures will be followed for this update:

- Only areas that require an update will be selected.

- Humanitarian food assistance, with forecasted assistance by locality factored into the projection, will be updated with actual delivery.

- Harvest prospects factored in the previous analysis will be updated with the most recent information from the preliminary CFSAM.

- Market functionality, access and affordability and its changes compared with the previous analysis will be documented.

- Conflict dynamics assumptions will be updated with occurred events. These will be projected into February-April and May-September and completed with the most likely and worst-case scenarios.

- Nutrition contributing factors and admissions will be compiled and analysed. All available mid-upper arm circumference (MUAC) data will be gathered.

- All SMART survey and rapid nutrition assessment data will be considered.

High levels of food insecurity will have disproportionate impact on the lives of women and girls. The gender gap stems from inequities between men and women that result in women having less power and access to food production, supplies, and other essential resources related to food which is exacerbated during humanitarian crises and emergencies. Just as these constraints frame food insecurity for women

[1] To project food security outcomes, FEWS NET develops a set of assumptions about likely events, their effects, and the probable responses of various actors. FEWS NET analyzes these assumptions in the context of current conditions and local livelihoods to arrive at a most likely scenario for the coming eight months. More here

and girls, they also frame the risk of gender-based violence (GBV), including sexual exploitation. This plan acknowledges the gender dimensions of food insecurity in emergency situations, noting that gender inequality not only exacerbates both food insecurity and gender-based violence independently, but also establishes a direct correlation between escalating food insecurity and heightened risks of gender-based violence, disproportionately affecting women and girls.

The negative effects of high food insecurity will also likely negatively impact on children's protection and psychosocial well-being as their families and communities often resort to negative copying mechanisms, including rape, intimate partner violence (IPV), child and forced marriage (CFM), trafficking, transactional sex as a survival mechanism, and sexual exploitation linked to efforts to access food. Parents prioritize access to food which diverts funds meant for other essential services, leading to involvement in other social activities including migrating to cities in search of work and increasing their exposure to risk of abuse, exploitation, violence, and neglect. The vulnerability of women and girls to these forms of violence could further intensify in the absence of appropriate interventions.

Absence of water exacerbates risks and vulnerability, forcing women and children to walk long distances in search for water, being preyed upon by armed men. In urban areas, child protection partners are witnessing increasing numbers of children begging, providing underpaid casual labor in and around markets. Displaced children are exposed to heightened risk of violence and abuse. Many become victims of human trafficking, sexual assault and forced recruitment by armed groups. Moreover, they are less likely to attend school and are heavily involved in household livelihoods through hazardous and potentially risky activities, including forced labour and carrying heavy loads while collecting firewood or fetching water.

Based on the information available from the IPC, Khartoum and Gezira States, as well as Greater Darfur and Greater Kordofan, could face catastrophic outcomes in case of further intensification of the conflict, sustained displacements, and limited to no humanitarian access to provide supplies and services to the population in need. Of highest concern are North Darfur and Khartoum States, including Omdurman locality, as well as areas in greater Darfur hosting IDPs in overcrowded camps. In Blue Nile and Gedaref, recent surveys reveal a deteriorating nutrition situation compared to previous assessments. Based on information published by IPC, in Baw and Geisan localities, Global Acute Malnutrition (GAM) prevalence has risen from 3.04 per cent to 9.6 per cent and from 3.91 per cent to 14 per cent, respectively. Severe Acute Malnutrition (SAM) prevalence in these states remains alarmingly high. Localized program screenings show very high prevalence, with some places reaching 50 per cent of the children acutely malnourished (UNICEF- IPC alert). In areas such as South Kordofan and Blue Nile situation is also extremely dire, particularly in the two areas where humanitarian access is greatly limited.

The already dire nutrition situation among Sudanese children is deteriorating further. Four out of the eight SMART surveys conducted between December 2023 and March 2024 indicated a worsening nutrition situation compared to survey results from the previous five years. In Blue Nile (Baw and Geisan localities) and Kassala (Telkok locality) acute malnutrition prevalence has either doubled or tripled. The prevalence of acute malnutrition in Central Darfur (Zalingei locality), where the survey was conducted in March 2024, has been estimated at 15.6 per cent, which is above World Health Organization (WHO) emergency thresholds.

The Nutrition cluster has prioritized localities for famine prevention based on the results of the recent assessments, previously available information, food security, and IDP displacement. Priority one localities are characterized with very high prevalence of acute malnutrition and food insecurity (IPC 4) or where food security is projected to deteriorate from IPC 3 to IPC 4.

Coordination and Geographic Approach

National Level

Essential to the plan's success is integrated coordination of clusters and working groups to ensure simultaneous delivery of services given the multiple contributing factors to mortality and morbidity where acute hunger exists. To that end, a Sudan Operations Coordination Center (SOCC), preferably physical, likely partially virtual[4], will be established with a default constituency of Cluster and Areas of Responsibility (AoR) coordination staff; cross-cutting thematic areas including, AAP, PSEA and Gender; Access/CMCoord and Information Management. The cluster coordinators will be part of the SOCC, which will enable a coordinated approach within the existing IASC structure in place. The SOCC will centralize the response coordination on the Famine Prevention Plan, while the regular response will continue to be coordinated through the ICCG.
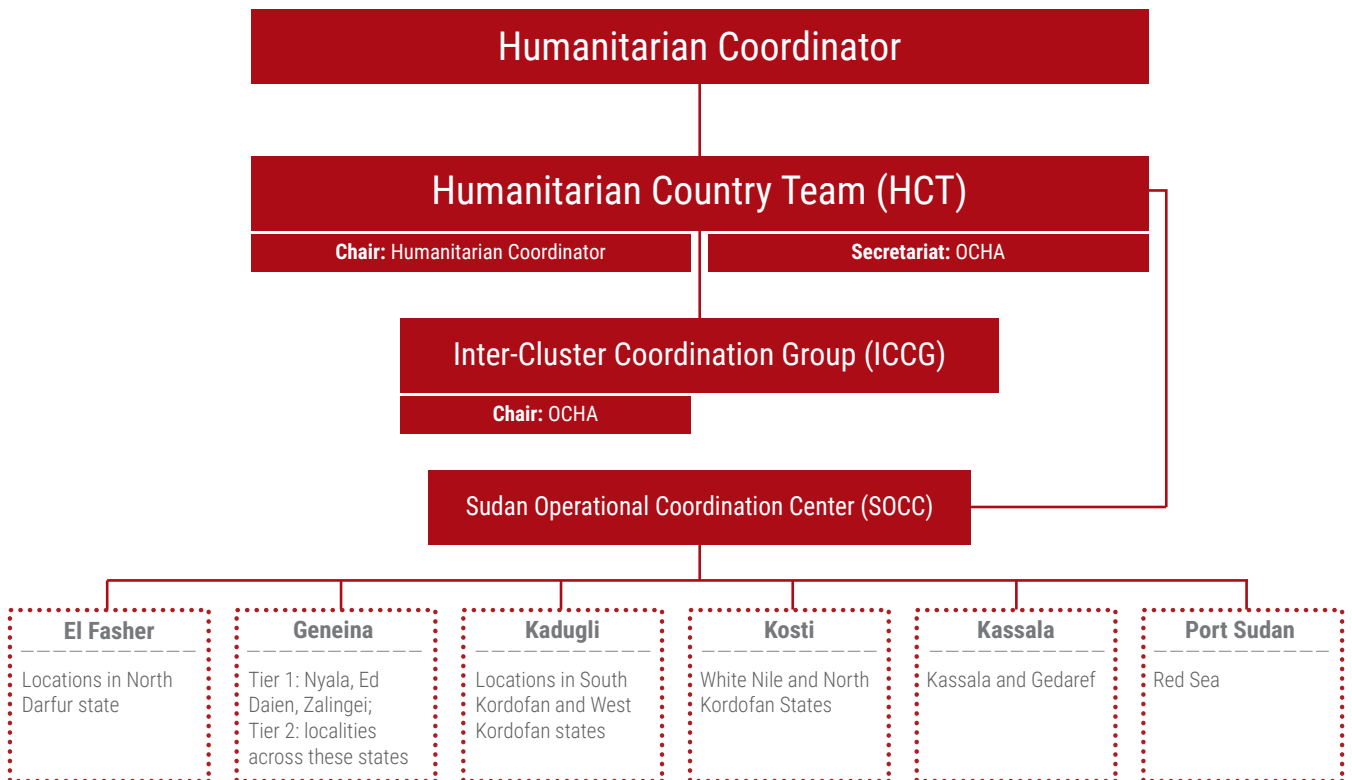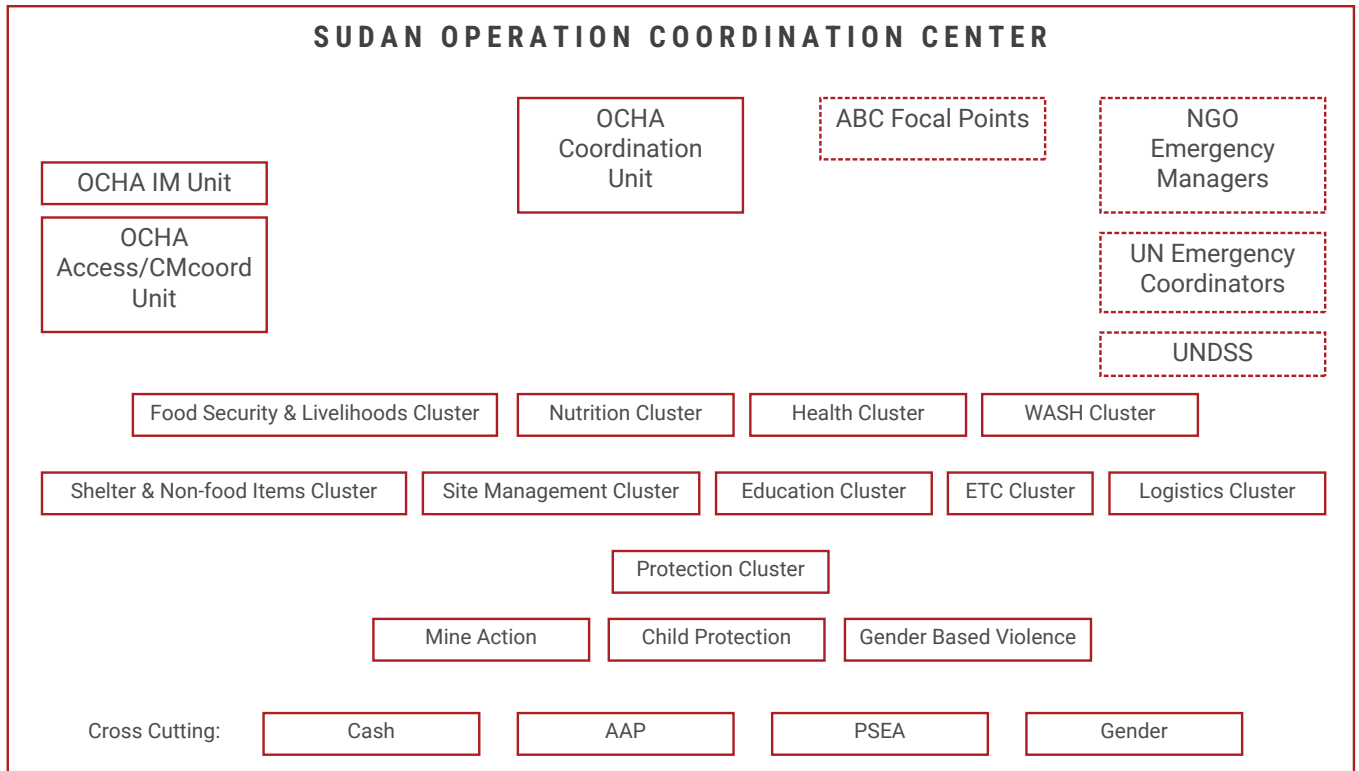
Central to the implementation is the integrated coordination facilitated by Area-based Coordination (ABC) arrangements at the sub-national level, as outlined in the Operation and Coordination Review (OCR). The recommendations outlined area-based approaches based on geographical areas, which align with the proposed hubs outlined in this plan, in line with IASC architecture or simplified configurations. ABC will ensure the provision of services and identify gaps that will be flagged as priorities to the national level for additional resources and interventions. The gaps and observations will be also communicated through technical channels directly to Cluster Coordinators at the national level. A key part of the approach will be the involvement and support of local organizations, other civil society/community-based organization and mutual aid groups where they have added value and are better placed to respond.

Focal Points of the subnational level arrangements will be part of the SOCC to ensure timely conveyance of operational requirements. The SOCC will include Emergency Coordinators and Managers from UN agencies and NGOs to facilitate timely adjustments in delivery as identified by ABC mechanisms. To the extent possible, members of the SOCC will undertake joint field missions to support ABC mechanisms and ensure realities on the ground are informing decision-making on resource allocation and advocacy.

Photo: IOM Sudan, 2024

SUDAN OPERATION COORDINATION CENTER

OCHA IM Unit	OCHA Coordination Unit
OCHA Access/CMcoord Unit	

ABC Focal Points

NGO Emergency Managers

UN Emergency Coordinators

UNDSS

- Food Security & Livelihoods Cluster
- Nutrition Cluster
- Health Cluster
- WASH Cluster
- Shelter & Non-food Items Cluster
- Site Management Cluster
- Education Cluster
- ETC Cluster
- Logistics Cluster
- Protection Cluster
- Mine Action
- Child Protection
- Gender Based Violence

Cross Cutting: Cash | AAP | PSEA | Gender

Humanitarian Coordinator

Humanitarian Country Team (HCT)

Chair: Humanitarian Coordinator | **Secretariat:** OCHA

Inter-Cluster Coordination Group (ICCG)

Chair: OCHA

Sudan Operational Coordination Center (SOCC)

| El Fasher	Geneina	Kadugli	Kosti	Kassala	Port Sudan
Locations in North Darfur state	Tier 1: Nyala, Ed Daien, Zalingei; Tier 2: localities across these states	Locations in South Kordofan and West Kordofan states	White Nile and North Kordofan States	Kassala and Gedaref	Red Sea

Sub-National Level

Hubs and spokes will be established as close as possible to people in the areas highest at risk. These are being determined based on the most recent IPC analysis and malnutrition data. Those areas will be targeted with operational locations where integrated assistance can be delivered at scale to limit displacement of people in search of assistance or, at least, minimize the distance. An essential part of the satellite system will be the involvement and support of local organizations and networks, including national NGOs, community-based organizations and Emergency Response Rooms (ERR) amongst others.

According to the latest revised and updated IPC projection, 17.7 million people (37% of the population) are acutely food insecure from Oct 2023 to Feb 2024; out of whom 4.9 million people are in IPC 4. In terms of worst affected hot-spot areas in IPC 4, 51 localities are in Greater Darfur, 27 in Greater Kordofan and 6 in Khartoum[5].

Based on the nutrition cluster prioritization, 70 out of the 93 priority 1 localities, are in the hotspot areas of Darfur, Kordofan and Khartoum States. The remaining 23 localities are in non-hotspot areas but have very high prevalence of acute malnutrition accounting to about 16 per cent of the total nutrition cluster people in need in 2024.
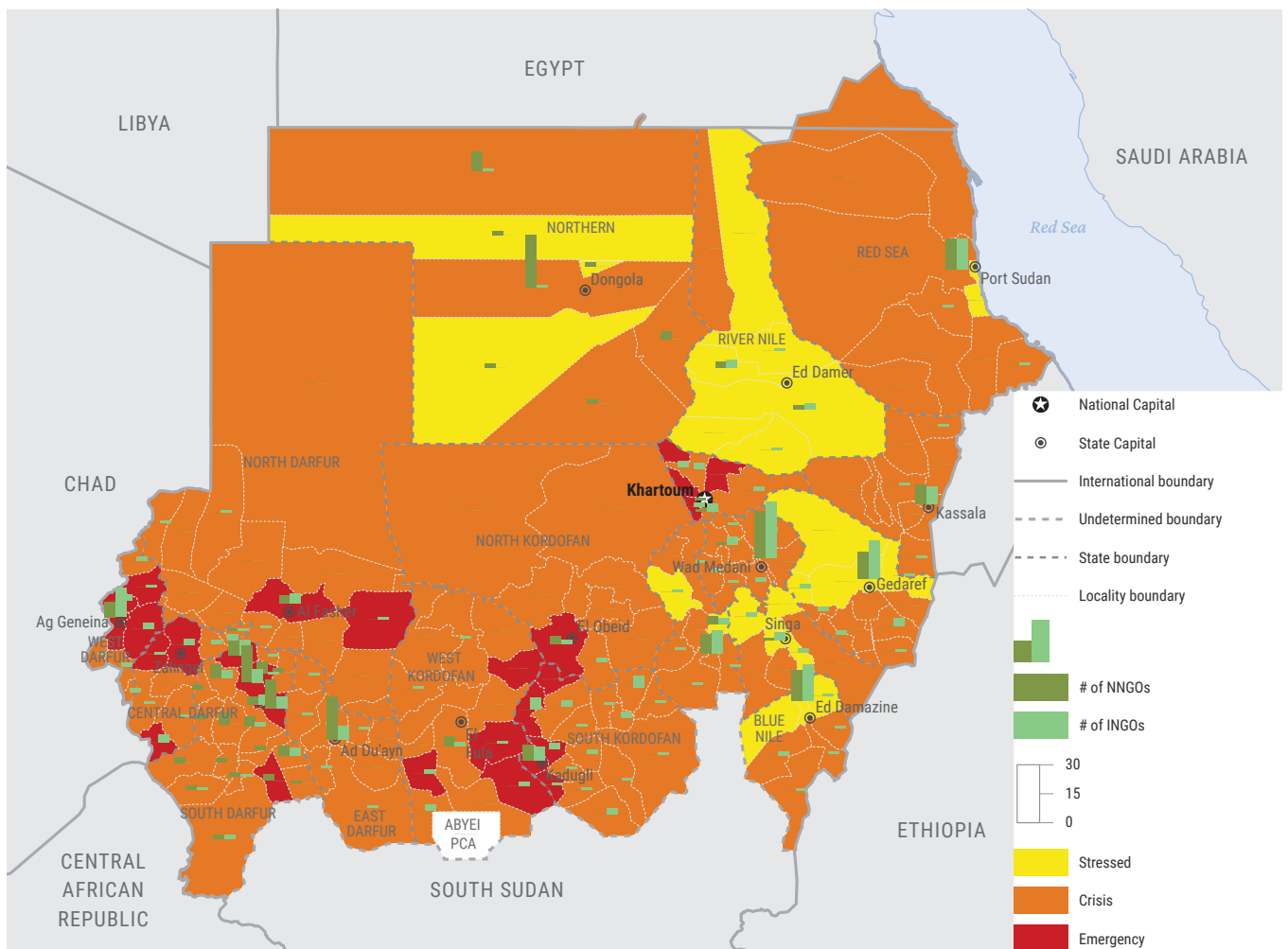
Hubs and Spokes proposed[6]

The proposed list of hubs built on pre-April 2023 presence of UN and INGOs in country. It is also aligned with the coordination mechanisms that were recommended at the OCR.

The hubs are meant to provide operational coordination set-ups for the areas they cover. They will be the first location to delivery at scale and to distribute to the identified spokes, closer to people in field locations. While hubs are mostly urban areas, the spokes will be first line of response in smaller towns and rural areas. Each Hub will be supported by 1 coordinator and 1 information management officer[7]. Humanitarian response in the areas covered by each hub will be coordinated at the hub level, and partners will commit to coordinate interventions to target the highest-at-risk locations through the spokes to ensure highest impact. Approximately 18 to 20 spokes will be established in total and will be mainly driven by INGO and NNGO presence[8].

Photo: OCHA/Alimbek, 2023

Hub Proposed Locations
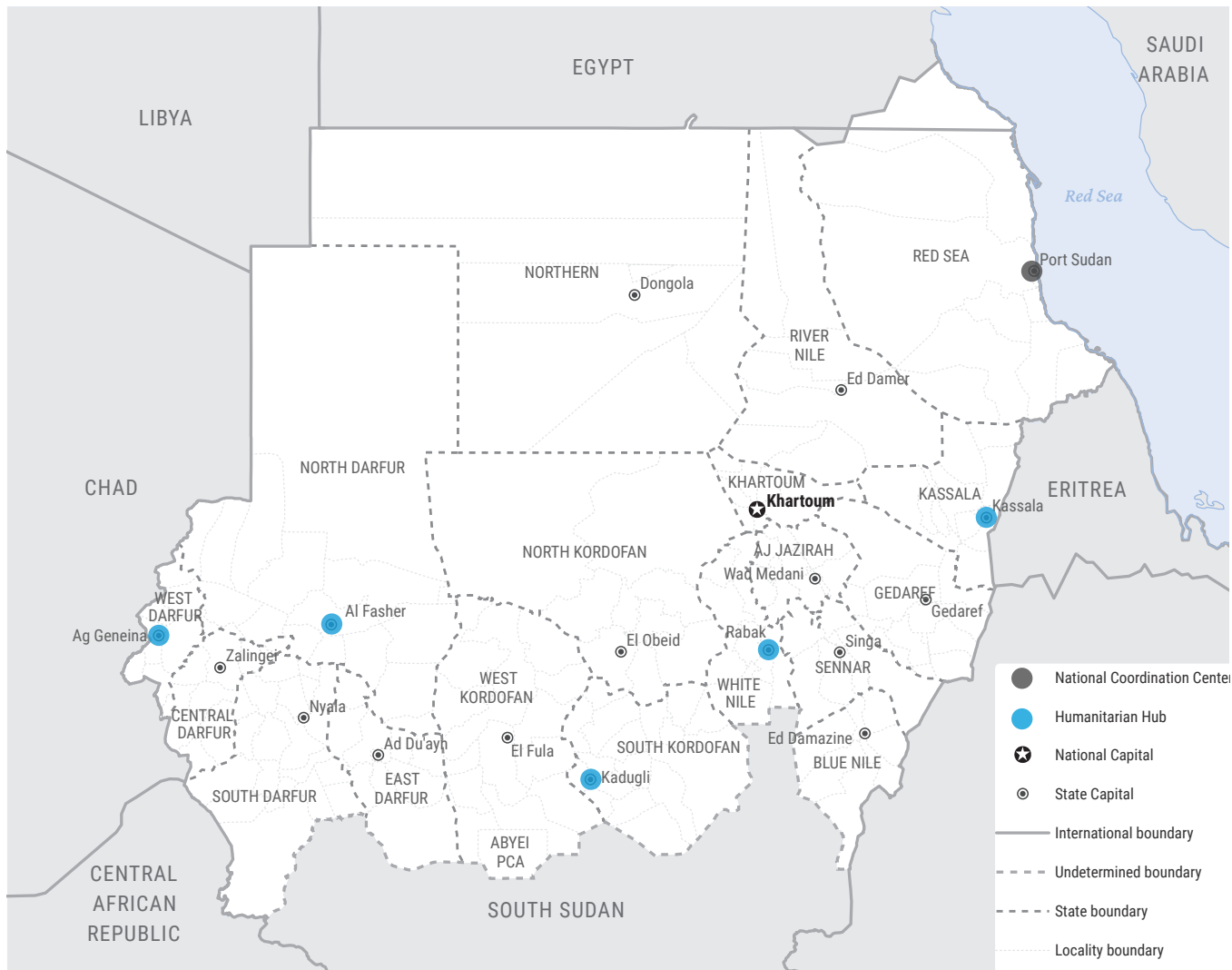
HUB	COVERAGE
El Fasher	Locations in North Darfur state
Geneina	Tier 1: Nyala, Ed Daien, Zalingei; Tier 2: localities across these states
Kadugli	Locations in South Kordofan and West Kordofan states
Kosti	White Nile and North Kordofan States; Jazirah
Ed Damazine	South of Blue Nile and Sennar
Kassala	Kassala and Gedaref
Port Sudan	Red Sea

Additionally, the below hubs are being proposed for scale up response in hard-to-reach areas:

HUB[9]	COVERAGE
Dongola / Atbara	North and parts of West of Khartoum
Rufaa (north Madani)	South and parts of West of Khartoum

Access and Civil Military Coordination

The access plan will act as an enabler of the famine prevention plan through two prongs: 1) political and advocacy levels on insecurity, the conflict and with other stakeholders; and 2) operational-level humanitarian access analysis, engagement and other services to enable the movement of supplies and personnel. Humanitarian access analysis will be strengthened by robust protection and gender analysis and as well as consultations with local community members, including women and girls. This holistic approach aims to ensure a comprehensive understanding of potential risks to the delivery of humanitarian services, early detection of security concerns, and identification of gender-related access barriers. The access plan identifies and reviews routes, stakeholders and access operational requirements to implement the famine prevention plan. Political and operational level access advocacy will be integral to this plan and will aim to unlock current and anticipated access bottlenecks. Denial of the severity of the situation in Sudan as well as de facto blockage of crossline and cross border movements impedes the scale and speed of humanitarian assistance.

Dynamics and Enablers

Famine prevention requires qualified emergency responders accessing hotspots in a predictable way, and bringing the quantity and quality of necessary assistance. It requires enabling from the parties to the conflict, who recognize the necessity of the famine prevention plan being implemented. Only through direct, sustained engagement efforts with the parties to the conflict, other armed groups and actors that have influence, can this be achieved. Therefore, the paramount first objective of this access plan is political engagement applied through all high-level channels available, guided by the joint operating principles (JOPs), which will be conducive to 7.6 million people having access to humanitarian assistance.

Humanitarian assistance remains reliant on the parties to the conflict fulfilling their commitments to the Jeddah negotiations and International Humanitarian Law (IHL). A second dynamic relates to security guarantees, and pauses to allow safe, sustained and unconditional humanitarian access, to and within all hubs and spokes by partners, notably in the Darfurs and Kordofans. A third dynamic relates to humanitarian organizations using routes to reach hubs and spokes that will take a conflict sensitive approach to the delivery of assistance, with consideration given to communities living alongside these routes, thereby mitigating potential tensions from escalating. Similar consideration is taken to the food and non-food items warehousing arrangements.

Humanitarian Hubs: Primary Routes and Alternate

The access routes to hard-to-reach areas the Humanitarian Access Working Group (HAWG) has analyzed - and humanitarian partners have used, learning important lessons along the way- were accepted as the ones that serve the hubs as part of the famine prevention plan. HAWG involved subnational actors in unpacking the dynamics, mapping stakeholders, and other factors, per hub and spokes across Sudan[10].
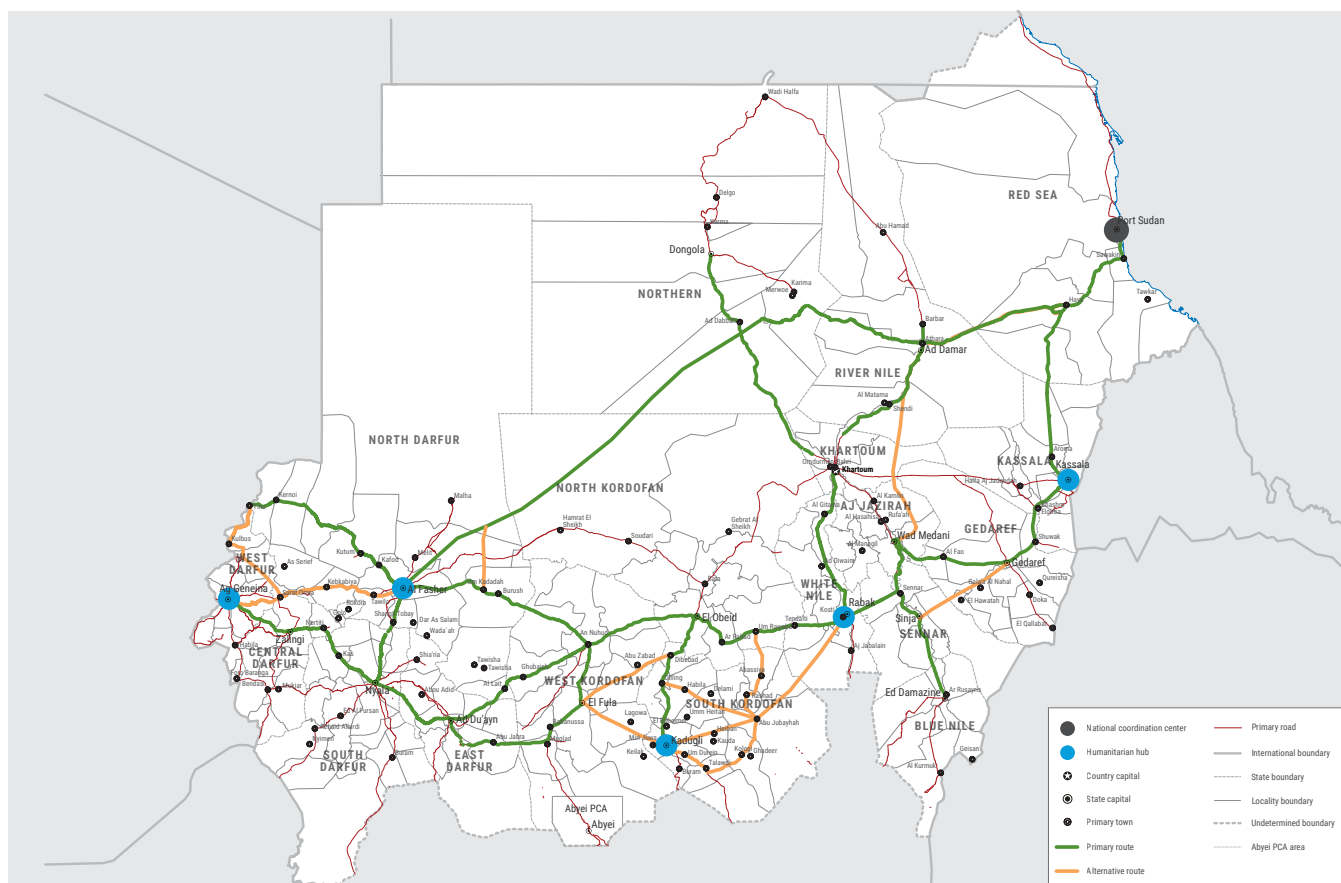
Access and Context Threats and Opportunities

The HAWG has developed an analysis of access constraints and stakeholder mapping, as well as a more detailed mitigation plan for each. A review process over time is built into this plan. The plan will be monitored by the HAWG and refined, allowing each organization that is responding as part of the famine prevention plan to tailor their operational approach and manage their mitigations according to their organizational strategies and procedures.

Access Actions: National and Federal Level

1. HAWG conducts bi-weekly anticipatory access sessions where the constraints and opportunities at the hub and spoke and national level are reviewed, and the mitigation measures aligned.

2. HAWG dedicates time and resources to the roll out the JOPs engagement plan with Humanitarian Aid Commission (HAC) and Sudan Agency for Relief and Humanitarian Operations (SARHO) and their affiliations on the importance of operational independence for the famine prevention and

supports the HCT develop relations of trust and proportionality.

3. HAWG conducts ad hoc access severity mapping focus groups with humanitarian partners to update the access picture in certain states so that scenarios are drafted ahead of the curve. This would enable partners to plan and set out a clear pathway of escalation and options, i.e. if this doesn't work, move to other options, etc.

Access Actions: Hub, Spoke and Locality Level

1. Establish a focal point for access/Civil Military Coordination in each hub, whether in situ or remote, full-time position or moderately double hatting. These focal points will have two functions:

   • Update the stakeholder mapping and engagement for that hub and spoke.

   • Create and monitor the access and context risks and opportunities matrix for their hub and spoke, following the example at national level.

2. OCHA CMCoord provides technical support and training to the focal points, as part of an informal

CMCoord network. HAWG provides technical support in collecting and analysing the access challenges at each hub.

3. OCHA CMCoord will use its existing resources to create the nimble access deployable (NADs). The NADs will be deployed at the request of the SOCC to spokes and hubs to engage with actors, address urgent concerns and build either capacities, competencies or awareness. CMCoord officers from other agencies should join a NADs roster.

4. Support the national HAWG with monitoring of access challenges, analysis and reports.

HAWG supports HC/HCT with humanitarian access incidents monitoring, analysis and reporting using Access Monitoring and Reporting Framework (AMRF) and other tools.

Photo: WFP/Mohamed Elamin, 2024

Response Strategy

To achieve the maximum impact of interventions, the response will encompass an integrated multi-sectoral approach that aims to alleviate the impact of the deteriorating food security situation, reduce needs, mitigate risks and enhance capacities and resilience. The multi-sectoral response will include the concurrent and timely delivery of food and livelihoods support, WASH, health and nutrition supplies; complemented by protection services -including child protection and gender-based violence - shelter NFIs, education, site management and multi-purpose cash assistance.

Humanitarian assistance will be delivered through static and mobile response modalities, reaching where the most at risk people in need are, through in-kind and cash modalities. The response will ensure the centrality of protection, and will be informed by gender and age considerations to ensure equitable and appropriate programming that effectively reduce protection risks, and address the needs. Considering the impact of conflict on people's mental health, psychosocial support (MHPSS) will be integrated into the response, ensuring it is adequately adjusted to gender and age. Furthermore, AAP and PSEA will be integrated into the response activities.

Integrated Multisectoral Response - Food Security and Livelihoods, Health, Nutrition, WASH

The four key clusters have engaged in discussions focused on multi-sectoral approaches and interoperability of their interventions under this plan.

The combined nutrition, food assistance and food production support can contribute greatly to enabling the households to achieve food security and improved nutritional status. In localities where FSL and Nutrition interventions are planned, efforts will be exerted to create linkages and complementarity to maximize outcomes. Households targeted with nutrition support would equally be targeted with general food assistance (GFA). Equally, the same households could be targeted

with emergency agricultural inputs to produce local nutritious food depending on their access to cultivable land; with livestock support services, including restocking support in milking cows, milking goats and/or egg-laying hens to enable them to benefit from dairy products and nutritious eggs. In collaboration with Education cluster, the nutrition partners will raise awareness to the teachers and school children on the importance of immunization, MUAC screening, early detection and referrals and treatment of acute malnutrition.

FSL and WASH interventions will work to align and complement interventions. WASH is an important component of the "Food Utilization Pillar" under Food Security. Food, either provided through food assistance or made available from own local production or accessed through income generated can only be utilized properly through water for cooking, drinking, and sanitation/hygiene. Depending on assessed varying contextual needs, households -or even communities- targeted with WASH interventions would equally be supported with provision of General Food Assistance (GFA); with emergency agricultural inputs to produce local nutritious food if they have access to cultivable land and with livestock support services, including restocking support.

Well managed potable water points can be used for livestock watering and for establishing small vegetable gardens, which in turn also contribute to the production and consumption of nutritious local food basket. The combined WASH and food assistance and food production, under FSL, will contribute to enabling households to achieve food security, improved nutritional status and good health in the immediate, medium and long-term.

FSL and Health interventions will strengthen impact by benefiting from each-other' interventions. Communities accessing proper health services contribute to the households' production and productivity and improved

food security and livelihoods, which address both the immediate and beyond in improving the overall growth and development of the households and communities. Households provided with the necessary FSL support through food assistance and/or local food production shall have adequate access to proper food intake, which would improve their health and well-being. When it comes to Nutrition, immunization services and health care for pregnant and lactating mothers will reinforce the impact of nutrition assistance. Communities targeted with health care services would equally be supported with nutrition supplies where needed, to target high levels of malnutrition, and GFD.

The health cluster has integrated several activities within the WASH and nutrition cluster response framework to ensure that a comprehensive package of services is delivered at both facility and community levels. The health cluster partners will implement joint health and nutrition activities in supported health facilities, in addition to an active community engagement approach to raise awareness on prevention of malnutrition, early detection of malnutrition and water-borne and vaccine-preventable diseases that may affect the population with limited access to food; and referral pathways to stabilization centres for complicated acute malnutrition cases. In addition, water quality monitoring will be conducted in targeted areas to identify high-risk sites exposed to waterborne diseases and provide early warning to WASH partners to address the issue and prevent disease outbreaks. Activities will be monitored against the agreed set of priority activities to address gaps at an early stage.

Specific protection services will complement food security, WASH, Health and Nutrition interventions, ensuring a response that safeguard the most vulnerable from resorting to negative coping mechanisms like child labor and transactional/survival sex where protection risk mitigation is required to be devised at the onset of response.

These combined interventions can contribute greatly addressing the immediate emergency food security, livelihoods and nutrition needs plus stretch beyond in achieving sustained resilience building. Overall, the combined FSL, WASH, Health and Nutrition support,

complemented by other clusters' interventions, will contribute to enabling households and communities to achieve food security, improved health and nutritional status, resulting in saving lives.

Centrality of Protection

Aligned with the Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action, the Famine Prevention Plan (FPP) aims to ensure that the Centrality of Protection is fully integrated into the humanitarian response. This integration is based on a thorough analysis and prioritization of protection risks, including violence, coercion, and deliberate deprivation. The goal is to address and mitigate these risks and vulnerabilities, ultimately reducing the overall level of need. Protection considerations will play a key role in humanitarian decision-making, guiding adjustments to planned responses across all clusters as necessary. Moreover, protection will be a core focus in both famine prevention preparedness and advocacy efforts.

Humanitarian partners are committed to elevating protection issues and concerns affecting civilians through concerted action by humanitarian leadership. The Protection Cluster and Areas of Responsibility (AoRs) will play a crucial role in supporting other sectors in integrating protection principles including risk mitigation into their activities. This includes ensuring that interventions are delivered safely and accountably, fostering meaningful and equitable access to services, and empowering affected communities. The protection principles will also be mainstreamed across the programmatic interventions of all clusters.

Furthermore, clusters will prioritize the full inclusion and respect of the rights of minorities, women, children, people with disabilities, and older individuals. Equitable access to assistance will be ensured for all affected populations. Immediate protection needs of individuals with specific vulnerabilities—such as children, survivors of gender-based violence (GBV), older people, people with disabilities, and those at risk of exclusion will be addressed through targeted protection programming. These efforts will be part of an integrated multisectoral response aimed at

providing inclusive support that reduces vulnerabilities and enhances capacities.

The following activities shall be implemented to ensure the integration of protection mainstreaming principles into the humanitarian response:

• Protection Mainstreaming sessions are conducted with all partners in respective clusters focused on famine prevention response strategies.

• Clusters have minimum standards in place in protection mainstreaming, gender, and disability inclusion for the famine prevention response supported by the Protection cluster

• Multi-sectoral needs assessments questionnaires are reviewed to ensure the different needs are captured and reflected in the needs analysis (including age, gender, and disability)

Cross Cutting Issues

This plan integrates key cross-cutting themes to ensure a comprehensive and effective approach. Accountability to Affected Populations (AAP), Protection from Sexual Exploitation and Abuse (PSEA), and gender mainstreaming, are essential pillars that prioritize and strengthen the dignity of affected communities. By prioritizing these cross-cutting themes, we strive to deliver humanitarian assistance that is responsive, inclusive, and respectful of the diverse needs and rights of all individuals, ultimately working towards a sustainable and equitable recovery for Sudan.

Accountability to Affected Populations (AAP):

Central to the famine response plan for Sudan is a commitment to accountability to affected populations. which uphold their rights and dignity, fostering a sense of ownership and partnership in the famine response efforts. This entails coordinated community consultations, listening to their concerns, involving them in decision-making processes and designing dignified community-based response. Tailored, needs-based and contextual communication channels should be established to ensure that affected populations are informed about programmatic aspects such as available assistance and eligibility criteria, while

ensuring access to implementing partners and coordination structures as per their communication preferences. Moreover, effective communication with communities will ensure they have access to timely, accurate, and relevant information in languages, formats and via the relevant channels that are culturally appropriate, gender-sensitive and accessible for different groups. The planned Interagency Complaints and Feedback Mechanism will aim to safeguard the provision of two-ways communications with the communities for their accessible, inclusive, safe and confidential disclosure of queries, complaints and feedback. Inter-agency and cluster coordination for referrals will be developed resulting in effective case management and resolution of received queries, along with coordinated approach for disability inclusion and mainstreaming. Evidence based information will be feeding into the adaptation and improvement of programmes and response. Furthermore, accountability mechanisms should hold humanitarian actors accountable for their actions, ensuring adherence to ethical standards, humanitarian principles, and local laws through monitoring and quality assurance.

Protection from Sexual Exploitation and Abuse (PSEA):

Sexual exploitation and abuse (SEA) remain deeply entrenched in imbalanced power relations, frequently linked to social, age and gender-related inequalities exacerbated in humanitarian settings in which communities receive aid they depend on for vital provisions, and aid workers often control access to valued commodities and services[11]. Risks of SEA remains high in Sudan as economic hardship is rampant due to increasing prices of basic goods including food, water, and fuel[12]. Lack of suitable shelter, hunger and food could heighten women', girls' and boys' risk to all forms of GBV and SEA in exchange for humanitarian aid, including engaging in survival/transactional sex[13].

Addressing SEA will require a particular attention for vulnerable groups, including women and children, adolescent girls, and those most at risk of discrimination based on age, disability, race, ethnicity, or religion[14]. Therefore, robust measures for protection

from sexual exploitation and abuse (PSEA) will be integrated to safeguard vulnerable populations from harm. Humanitarian actors will engage in integrating SEA prevention, risk mitigation and response into their interventions. This includes stringent vetting procedures for humanitarian staff and partners, comprehensive training on codes of conduct and standards of behavior, and the establishment of confidential reporting mechanisms. Humanitarian partners will ensure their requisite capacity with respect to PSEA, which will include[15] adequate preventive and risk mitigation measures from SEA and ability to investigate allegations of SEA against its personnel or sub-contractors[16].

Additionally, community awareness programs should be implemented to educate individuals about their rights and how to identify and report incidents of sexual exploitation and abuse. Gender-responsive, disability inclusive and culturally PSEA referral mechanisms will be set up. Survivors of such abuse should have access to survivor-centered support services such as clinical management of rape (CMR), psychosocial support (PSS), and legal assistance wherever possible. By prioritizing PSEA, we uphold the values of dignity, respect, and integrity, and always display the highest standards of ethical and professional conduct in all circumstances. Thus, humanitarian assistance will not exacerbate vulnerabilities or perpetuate harm within already affected, marginalized communities.

Gender equality integration:

Gender equality integration is essential in the famine prevention plan for Sudan to address the distinct needs and risks of women, men, girls, and boys. This involves integrating gender perspectives into all stages of the response, from needs assessments to program design, implementation, monitoring, and evaluation. Women and girls only focus group discussions and ongoing feedback consultations must be conducted at all stages of the response. Gender analysis should inform decision-making processes to ensure that interventions are inclusive, equitable, and responsive to diverse gender dynamics. Special attention should be given to addressing the specific challenges faced by women and girls, including access to essential services, protection from gender-based violence, and participation in decision-making forums. Moreover, promoting women's leadership and empowerment strengthens community resilience and fosters sustainable development outcomes. By mainstreaming gender considerations, we enhance the effectiveness, efficiency, and impact of famine response efforts, ultimately contributing to more equitable and sustainable outcomes for all affected populations in Sudan.

Photo: OCHA/Claudine, 2024

Monitoring

The monitoring plan will evaluate the effectiveness of the plan in mitigating and preventing famine. It will encompass various facets of the response including situational/contextual, outcome, output, and financial levels. The monitoring will provide valuable insights into the response plan's impact, facilitating timely adjustments and interventions to address famine risks effectively. The feedback from the affected population will be monitored through community and feedback response mechanisms.

Food security monitoring will continue. The Q1 CFSVA data collection has been finalised and analysis is ongoing for the report to be released in April. Depending on the evolving food security context, it will be assessed whether to undertake an additional survey round in Q3 2024.

This plan is linked to the IASC scale up request for extension for three months. A set of outcomes and benchmarks, defined and endorsed by the HCT are in place and will be monitored to measure the HCT strategy and coordinated approach on the implementation of this plan.

Nutrition situation monitoring will be strengthened including mass MUAC screening campaigns for early detection and enrolling of children into treatment programs. Partners have been mobilized to conduct SMART surveys in both, hotspot and non-hotspot areas, including in the IDPs sites; to support advocacy, decision making and review of planned responses.

Situational/Contextual

A list of indicators impacting the response will be monitored. These include protection incidents, access situations, displacement patterns, the functionality of markets, hospitals, and nutrition centers and their implications on the response plan.

Outcome Level

Monitoring will occur at the outcome level through existing and planned food security assessments and analyses. Baseline, mid-line and end-line assessments will measure the collective outcomes of the response plan. The Food Security, Nutrition, Health and WASH clusters as well as Cash Working Group in the country and at the global level will lead this effort by investing in appropriate systems for outcome measurement. Targets will be established at the plan level to reduce food and nutrition-related mortalities and morbidities to an agreed-upon threshold of mitigating famine risks.

Output Level

At the operational level, each cluster and relevant working groups will identify indicators to prioritize when measuring implemented activities. These indicators should contribute to achieving the outcome targets. They may be selected from the 2024 Humanitarian Needs and Response Plan (HNRP) monitoring framework or by defining new indicators. At cluster and inter-cluster levels, the tracking of the indicators will differentiate between famine response and conventional HNRP response. The response modality whether in kind or through cash will be monitored.

To ensure the inclusion of all vulnerable groups, the monitoring will be disaggregated by population groups, utilizing sex, age and disability data (SADD). Subnational hubs will coordinate with implementing partners for data collection and use it to make immediate life-saving decisions, including covering gaps and providing immediate assistance. Aggregated data will be shared with the national-level SOCC at agreed-upon intervals for comprehensive cluster-level response monitoring.

Funding

The financial tracking system will monitor the overall funding of the Sudan 2024 HNRP. In addition, funding received through CERF and SHF will be monitored using the fund's monitoring systems.

Safety and Security

A robust safety and security strategy embedded with the do-no-harm principle is imperative to safeguard the well-being of both the affected population and humanitarian personnel. It is particularly critical to ensure effective implementation of the famine prevention plan.

In support of both the Saving Lives Together (SLT) Framework and the famine prevention plan, UNDSS Sudan is structuring its presence in country in accordance to the hub and spokes model. The UNDSS presence will provide security risk analysis, mission planning, contingency preparedness and evacuation/relocation support to UN Agencies and NGOs delivering into hubs and down to individual spokes.

To achieve this UNDSS will place international and national staff in each hub and national staff in individual spokes as required. At the hub level, UNDSS will develop Joint Humanitarian Operations Centres (JHOC). JHOCs will provide hub and spoke level analysis on evolving conflict and criminal trends that may inhibit humanitarian partner ability to deliver. Additionally, JHOCs will provide security monitoring and support to humanitarian delivery programmes. UNDSS JHOCs will coordinate the execution of security contingency plans in the hub and spoke area and will provide space for programme/implementation officers to coordinate assistance delivery to individual spokes, incorporating security risk analysis upfront.

In coordination with CMCoord personnel, UNDSS will establish relationships with relevant counterparts across various stakeholder groups, including parties to the conflict, local communities and other entities. This engagement will increase understanding of the security environment and socio-political landscape. It will also serve as a risk management strategy by building trust and supporting access.

Recognizing the fragility of communications' networks in Sudan, UNDSS will work with the Emergency Telecommunications Cluster (ETC), to establish communications infrastructure to support humanitarian operations.

Both emergency response and regular humanitarian operations will be underpinned by a range of plans and standard operating procedures (SOPs). These will include casualty and medical evacuation (CASEVAC/MEDEVAC) plans that will involve coordination with local health facilities and movement to points of exit for international medical evacuation. Furthermore, UNDSS is standing up a mobile training team who will provide security training, including tabletop exercises to the humanitarian community. The UNDSS training team is reaching out to the INGO community to begin a training needs assessment.

Planning Assumptions and Risks

The key planning assumptions in which this operational plan is based are:

- Physical access enables partners to reach high priority locations. A fluid security environment is possible, while with real-time adjustments where operations are ongoing.

- Markets continue to function across most targeted locations; even though affordability remains a primary barrier for households to access food and non-food items due to inflation.

- Cash based interventions are feasible as a modality in areas where liquidity is available and financial providers can deliver.

- Access of qualified international emergency responders to priority areas is facilitated by the authorities.

- Partnerships with national actors on the ground allow to undertake delivery from hubs to spokes.

- Financial resources meet the needs to respond at scale.

- Cluster and response coordination at the national and sub-national levels is supported and strengthened with full-time dedicated coordinators and information management staff across all hubs.

- Area-based coordination at spoke level is available and functional.

- Availability of food and non-food supplies including nutrition supplies, are available and prepositioned in strategic locations for supply dispatch.

- Needs assessments and communications network enable additional data collection and fluid communication respectively to assess and adjust response throughout the response.

Risks associated with Sudan Famine Prevention Plans include:

- **Resource Availability:** Sufficient human and other resources, such as food aid, funding, and logistical support, will be available to implement the plan effectively. Risks arise if these resources become scarce or are delayed.

- **Accessibility and Delivery:** accessing affected populations and delivering aid efficiently. Risks emerge if conflict, natural disasters (floods), or logistical challenges obstruct access or delivery.

- **Early Warning Systems:** The Famine Prevention Plans rely on early warning systems to promptly identify and respond to food security threats. Risks involve the failure of these systems to predict and signal impending crises accurately mainly if reporting and assessments are hindered due to the conflict.

- **Coordination and Collaboration:** Effective coordination among humanitarian partners, authorities and other stakeholders is critical. Risks arise if coordination mechanisms break down due to competing priorities or conflicts.

- **Conflict Implications:** The plan relies on the assumption of a gradual improvement in the political and conflict situation. Ceasefires, humanitarian corridors, and deconfliction efforts are envisioned to facilitate the implementation of interventions. Risks are heightened in scenarios marked by persistent fighting, ongoing conflict, or other disruptions that impede response efforts.

- **Data Accuracy and Timeliness:** The accuracy and timeliness of data on food security indicators are essential for decision-making in famine prevention.

Risks include incomplete or unreliable data leading to inadequate responses or misallocation of resources.

• **Climate and Environmental Factors:** Weather patterns, agricultural yields, and environmental conditions can impact food security projections. Risks include erratic weather patterns, droughts, floods, or other environmental shocks that affect food production and access.

• **Community Engagement and Acceptance:** The Famine Prevention Plan assumes the active engagement and acceptance of affected communities in response efforts. Risks exist if communities are not adequately consulted or if there are trust issues between aid providers and beneficiaries.

Photo: OCHA/Pierre Peron, 2024

Cluster Response

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Response to famine-like conditions requires an operation-wide approach that goes beyond food security and nutrition. This operational plan is predicated on integrated responses led by food security, nutrition, health, WASH with important contributions by other clusters, all of which is underpinned by an emphasis on the Centrality of Protection[17].

Photo: OCHA/Anne-Judith Ndombasi K. N., 2024

Food Security and Livelihoods[18]

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
19.3M	**11.4**M	**7.6**M

Immediate Actions

- Provision of life-saving food or cash assistance to populations facing crisis and emergency levels of food insecurity, including residents, newly displaced and protracted IDPs, refugees, nomadic groups and migrants[19].

- Provision of cash and voucher assistance in areas where markets and supply chains are functional to increase access to cash which remains at low disposal, thereby improving market access.

- Support critical emergency production of key local staple cereals (sorghum, millet) during the planting season starting in June 2024.

- Support provision of time-critical emergency livestock and fishery supplies and veterinary services.

- Provision of emergency livelihood and social protection support through cash and in-kind transfers.

- Ensure prevention and recovery situations through an integrated package of nutrition-specific and nutrition-sensitive activities to immediately contribute to improving food security and nutritional well-being, with the integration of behavioral change capacity programmes,

sanitation, clean water, and health services developments.

- Build synergies around local household food production and direct food distribution and cash transfers.

- Provision of school feeding to learning centres.

- Improve agricultural production and productivity by supporting the availability of financial services (through the Agricultural Bank of Sudan) and agricultural inputs (such as training, tools, seeds, fertilizers etc.) to small-scale producers, promoting productivity, generating new employment as well as strengthening food availability, mitigating the impact of below-average harvests on food insecurity and malnutrition.

- Provide essential life-sustaining agricultural livelihood support, including a broad range of agriculture and livelihood restoring and safeguarding support packages to vulnerable people according to the seasonal calendar of interventions.

- Prioritize lifesaving food assistance and livelihood interventions in localities with very high food Insecurity and high prevalence of

acute malnutrition to mitigate the impact of food insecurity on nutrition situation.

Medium/Longer-Term

- Create sustainable and stable livelihood opportunities through schemes that promote the creation, building or rehabilitation of assets that

improve long-term resilience and, thus, contribute to food security and nutrition.

- Supporting off-farm livelihood strategies including income generation and employment creation – temporal and permanent.

Photo: OCHA/Ala Khair, 2023

Nutrition

PEOPLE IN NEED (HNRP)

4.7M

PEOPLE TARGETED (HNRP)

1.9M

FAMINE PREVENTION TARGET

1.2M

The nutrition component of this strategy will be part of the multisectoral response including humanitarian response involving UN agencies, nutrition cluster partners from INGOs and NNGOs.

In line with the Humanitarian Needs and Response Plan (HNRP) of 2024, the Nutrition cluster will work to ensure timely scale up of curative and preventive nutrition intervention with more focus on the localities with very high prevalence of Global Acute Malnutrition (GAM) and those that are most affected by the deteriorating food security.

Immediate Actions

Increased both geographical and treatment coverage rates across the country with focus on the most vulnerable localities. This include supporting various activities such as:

- Increase active case finding and referral activities for both SAM and MAM through campaigns, community nutrition workforce and outreaches. At least 85 per cent of the children under five need to be reached every 6 months.

- Increase treatment coverage for SAM in OTP to 80 per cent of primary health care (PHC) facilities in a 93-hotspot priority 1 localities, and to 50 per cent of PHC facilities in 46 priority 2 facilities [20].

- Increase supplementation of MAM cases in TSFP to 60 per cent in priority 1; 50 per cent in priority 2 and 30 per cent in priority 3.

- Maintain and scale up the treatment and supplementation sites for MAM from 654 currently to 1,400 by the end of the year.

Maintain and scale up the treatment sites for SAM without complications from 1,772 currently to 3,222 by the end of the year, with more focus on priority 1. Whereases possible, the geographical coverage will be increased to the maximum possible in the functional health facilities. Additionally, the mobile OTPs will be increased by 50 to reach 100 MTs to cover the IDPs and hard to reach areas.

- Ensure the adequate coverage of the IDPs sites with the minimum nutrition services, including screening, referrals, and treatment.

- Maintain and scale up the treatment sites for SAM with complication from 129 currently to 171.

- Improve the referral pathways between the various treatment programs. Implement find and treat campaigns where the referral to the treatment program is not feasible.

- Ensure adequate supplies prepositioning at the national and subnational levels to ensure the availability of a minimum buffer stock at any given time, and timely delivery and replenishment of nutrition supplies. Key focus will be placed at strategic commodities like RUTF and therapeutic milk products to ensure uninterrupted pipeline for severe acute malnutrition; RUSF for moderately malnourished children and plumpy doze for pregnant and breastfeeding women.

- Improve quality of care through additional capacity building and monitoring activities, etc.

- Ensure regular monitoring and timely reporting on the nutrition situation/evidence generation

using household surveys and analysis of the programmatic data of admission and screening, in addition to strengthening of the nutrition surveillance.

Increased services to prevent acute malnutrition though multisectoral response that includes the nutrition related activities:

- Scale up of preventive supplementary blanket feeding programs with focus on the priority localities. Blanket supplementary feeding (BSFP) will be implemented at community level alongside with general food assistance (GFA) targeting refugees, IDPs and host community in all conflict active areas where it is accessible and for new IDPs in the eastern part of the country.

- Expand nutrition and health surveillance systems at the fixed health facilities and community platforms.

- Provision of infant and young child feeding (IYCF) counseling and support for pregnant and lactating women though IYCF corners, BFHI, mother support groups, and community health and nutrition workers and volunteers. Furthermore, enhancement of the monitoring and reporting on BMS code violation.

- Scale up the complementary feeding initiative including the home-grown solutions, home gardening, bowel feeding, etc.

- Scale up the micronutrient services for under five children, adolescent, and pregnant and lactating women. This includes biannual vitamin A supplementation and deworming, in addition to quarterly multiple micronutrient powder (MNP) supplementation for under five children, iron

and folic acid for adolescents and pregnant and lactating women (PLWs).

- Expand community platforms to deliver preventive packages of services through community volunteers, workers, and midwives.

- Ensure growth monitoring and promotion is implemented at scale in the health facilities and community platforms.

- Deworming for under five children, PLWs, and adolescents

- Scaling up food-based interventions for preventing acute malnutrition.

Increase attention on nutrition-sensitive programming among nutrition and non-nutrition stakeholders.

- Delivery of integrated health and nutrition services through health facilities and community platforms that include mobile teams, outreaches, and campaigns.

- Link the nutrition interventions with food response and food system actions by relevant stakeholders.

- Link nutrition intervention with WASH services that include improving WASH in health facilities, hygiene promotion, distribution of soap and cholerine tablets to families of malnourished children.

- Strengthening Social and Behavioral Changes for nutrition impact.

- Link nutrition with the existing and planned cash transfer interventions such as mother and child cash transfer plus (MCCT+).

- Link nutrition programming with multi-purpose cash assistance (MPCA) for prevention of acute malnutrition.

Water, Sanitation and Hygiene

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
18.9M	**8.9**M	**5.6**M

Recent IPC data and FEWSNET projections indicate 7.6 million people at risk of famine. As per the WASH sector analysis, out of these 7.6 million, about 5.6 million are also in extreme need of WASH. Most of these localities fall in semi-arid to arid climate regions where the failure of rains is a common phenomenon, at the same time, unavailable potable water facilities, limited to no WASH supplies due to poor accessibility, insecurity, logistical challenges, failing banking systems, poor cash and buying capacity, and no revenue to maintain the existing infrastructure are also quite evident here. Poor sanitation and unhygienic practices are other reasons for disease outbreaks, diarrheal diseases, and undernutrition, which contribute to famine. Over 90 IPC3 and IPC4 localities show high GAM and SAM and will also be targeted by WASH partners.

The WASH response will focus on OTPs, Health Care Facilities (HCF) and catchment populations in the areas at the highest risk of famine through a coordinated effort of partners. Specifically, the WASH contribution will be on nutrition-sensitive interventions that will have a component of improving the WASH service in institutions and communities by promoting both supply (e.g., drilling boreholes, installation of hand pumps and solar pumps, extending/rehabilitating existing water supplies, O&M support, water treatment chemicals and essential supplies provision and community-based rainwater harvesting if possible, etc.) and demand management (e.g., promote water conservation through awareness raising, enforcement of local acts/laws, reduce water leakages/ unaccounted for water, promote more resilient and less water-intensive technologies and farming practices etc.) interventions and reinforcing key hygiene behaviors with a focus on handwashing and child feeding practices.

Immediate Actions

- **Enhanced assessment and identification of sustainable water sources as part of preventive measures**. To better predict and manage the impact of extreme weather/climate conditions on water supply and its contribution to the looming food crisis, there is a need for mapping and identifying strategic water sources that are least affected. Such water sources will serve as shock absorbers during extended dry spells and serve communities and livestock with the required minimum water supply. Ensuring the inclusion of status updates of such strategic water sources (boreholes, hafirs, reservoirs, rivers, etc) as part of the situation monitoring/assessment should be a standard practice.

- **Ensuring quantity and quality of water in affected areas:** one immediate effect that communities/ households would face in any climate-induced food crisis is the water shortage for domestic and livelihood needs. Increasing the availability (quantity) and safety (quality) of water would be part of the prevention/mitigation measures as this will have a dividend in the health, social and economic well-being of the affected community.

- **Operating and maintaining existing water supply systems**. Groundwater-based systems, drawing water from deeper aquifers, often remain

productive unless drought conditions linger for years. These groundwater-based systems often become last resort options and remain in operation for longer hours. Maintenance of such systems (e.g. regular provision of disinfection chemicals, and supply of mechanical, electrical, and other spare parts) becomes a critical lifesaving intervention. Drought affected communities and key institutions like schools, OTPs, and HCF will depend on such water supply systems. Water must be supplied through a direct connection or via water trucking.

- **Hygiene promotion, water quality monitoring and provision of essential supplies:** owning the risk of communicable disease due to poor hygiene and feeding practices, promotion of handwashing and safe disposal of human excreta for children (particularly for malnutrition affected child) would

be part of the critical nutrition-sensitive WASH interventions. To augment the hygiene promotion, targeted distribution of soap to affected mothers and children will be needed. Similarly, to avoid outbreak of water borne diseases, like cholera, it will be critical to routinely monitor quality of supplied water, not only at the source but also at key points of distribution pipeline/transit (like donkey carts/water vendors) and at point of use at the household level. This will also require providing households, especially those at the farther end of the water distribution system with essential water treatment products to ensure safety of the supplied water.

- **WASH in schools** support such as hygiene promotion interventions, safe drinking water, awareness on risks of acute watery diarrhea (AWD) / cholera, WASH facilities.

Photo: OCHA/Ala Khair, 2023

Health

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PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
14.7M	**4.9**M	**3.0**M

Ongoing conflict, protracted displacement, and climatic events in Sudan have disrupted livelihood activities and impeded access to basic health services. The health system in Sudan is on the verge of collapse, with continued reduction in the health indicators and the disparity among the different states, between urban and rural, and between rich and poor is wide. Over 70 per cent of health facilities have been shut down in conflict areas[21]. Moreover, limited access to services and looming disease outbreaks are compounding threats for the highly vulnerable groups[22].

Within the famine prevention strategy, the health response focuses on two main elements: i) preventing the collapse of the health system and ii) ensuring surveillance and timely response to epidemic-prone diseases.

Immediate Actions

Support the health system through:

- Ensure continuity of lifesaving interventions at community and primary healthcare levels focusing on pregnant and lactating women and children under five.

- Support the deployment of mobile clinics to deliver integrated services to IDPs and refugee settlements and hard-to-reach villages who are far from the PHC facilities.

- Provision of incentives to frontline workers to ensure continued availability of life-saving health services.

- Ensure the health system maintains essential life-saving commodities including cold chain for vaccines.

- Support referral system for life-saving services among different levels of health care delivery.

- Maintain the health management information system for timely decision making.

Ensure prevention and early response to epidemic prone diseases through:

- Ensure the delivery of routine immunization services for children and women to reduce the incidence of the vaccine preventable diseases.

- Strengthen outbreak preparedness and response interventions at PHC/community level with early warning on risks of communicable diseases (Cholera, Measles, Malaria, Dengue) and training on detection and case management of an infections among children and pregnant women.

- Procure and preposition essential health supplies, equipment, IMCI, PHC, midwifery and obstetric kits, AWD kits, inter-agency health

kits and consumables, including vaccines with maintaining cold chain.

- Ensure provision of PPE supply along with training on Infection Prevention and Control (IPC) in health facilities/community health level

- Risk communication and community engagement: RCCE, use of PPE and washing hands while

caring for the sick, cooking all animal products before eating etc.

- Integrate SBC for delivery of life-saving messages, raising awareness of available services to boost demand and proper utilization, and community engagement for inclusion and feedback (in close collaboration with AAP efforts).

Photo: OCHA/Ala Khair, 2023

Shelter/Non-Food Items

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
8.6M	**2.1**M	**856**K

The Shelter & NFI cluster occupies a pivotal yet indirect role in the framework of famine prevention, particularly as it navigates the multifaceted landscape of humanitarian crises in Sudan. The context is marked by the confluence of armed conflict, which disrupts agricultural productivity and exacerbates displacement; the escalating impact of climate change, which intensifies competition for dwindling natural resources; and the recurrent interplay of floods and droughts, further limiting livelihoods and housing stability. Additionally, intricate Housing, Land, and Property issues not only challenge the shelter response from a conflict-sensitive lens, but also obstruct access to and use of agricultural lands, critical for food security. While the Shelter/NFI Cluster's primary focus is not directly on food production or distribution, its contributions are essential for creating the conditions that allow affected communities to recover, access food, and rebuild their livelihoods. In this complex scenario, the Shelter and NFI Cluster will undertake the following actions:

Immediate Actions

- **Deploy essential NFI assistance for immediate relief**, especially as it includes critical items necessary for food preparation and consumption, such as kitchen sets and jerry cans. It also features shelter materials like plastic sheets that provide physical protection and assist in food preservation. The assistance incorporates items to sustain health —mosquito nets, blankets, and sleeping mats— and enhance safety and security, such as solar lamps. By addressing basic health, safety, and nutrition needs simultaneously, NFI assistance is pivotal in improving overall nutritional outcomes.

- **Deliver essential shelter assistance**, as part of a broader strategy of famine prevention, acting as more than just means to securely store food and personal belongings. Access to safe shelter plays a significant role in gender equitable shelter assistance that considers physical protection and GBV risk mitigation and prevention, offering a sanctuary that preserves health by safeguarding families from environmental elements, pests, and security threats. Shelter provides stability, and with it an enabling environment for self-reliance. Healthy communities are better able to engage in agricultural activities and other forms of livelihood that contribute to food security.

- **Diversify assistance delivery mechanisms with:**

  a. **In-kind assistance** will be emphasized in rural, hard-to-reach areas with disrupted markets. This approach not only aligns with the realities on the ground but also leverages economies of scale recognized through robust international framework agreements. In–kind assistance, including the provision of NFI kits and tents, is crucial in supporting mobility, a key factor in famine prevention. The ability to quickly pack and transport these essential items enables affected populations to move to areas where food is available or where they can access

agricultural activities, fundamental during times of scarcity.

b. **Cash assistance** will be prioritized for a more urban-centric response in areas with resilient markets, enabling communities to meet their specific NFI needs efficiently. This approach supports a community-based strategy for shelter, allowing IDPs, refugees and communities hosting them to use flexible cash aid for customized housing solutions and rent. This method leverages the capacity and solidarity of host communities, building on top of what is already there, offering more permanent, sustainable, and cost-effective housing alternatives compared to constructing emergency shelters from the ground up. Moreover, it fosters quicker integration and self-reliance and bolsters the local economy, contributing to the community's overall resilience.

- **Mainstream protection** to ensure a conflict-sensitive Shelter and NFI response, incorporating HLP due diligence, as well as legal assistance to enhance tenure security, with continuous protection monitoring to prevent commodification of IDPs and refugees, abuse by landlords, and such.

Photo: OCHA/Ala Khair, 2023

Site Management

PEOPLE IN NEED (HNRP)

3.2M

PEOPLE TARGETED (HNRP)

1.6M

FAMINE PREVENTION TARGET

475K

Displaced people in sites and site-like settings are amongst the most exposed to famine and protection risks. Having limited access to services and often relying on humanitarian aid limit survival choices. More specifically, self-settled, unplanned IDP sites are the least visible and most underserved. Often, people live in overcrowded, dire conditions, placing the most vulnerable IDP population at an even higher risk of exclusion from access to basic services. This situation puts at heightened risk for those most exposed and vulnerable, such as women, children, older people, and those with special needs.

Moreover, protection risks increase exponentially without adequate services to manage such locations, engage with the community, and coordinate assistance. For this reason, Site Management remains essential in famine prevention by enabling a multi-cluster integrated response in the displacement sites. Site Management partners can target these sites with mobile modalities, including through an area-based approach in assessment and response that also necessitates close collaboration with the other sectors to effectively mainstream protection in site management activities, support service delivery and foster durable solutions.

Immediate Actions

Strengthen safe, equal, dignified, and coordinated access by IDPs in sites and site-like settings and those living in surrounding communities to multi-sectorial integrated services (Food, Protection, WASH, Health, Education, Livelihoods).

- Deploy Camp Coordination and Camp Management (CCCM) teams (static or mobile) per site/locality that will coordinate partners, provision and access to services and protection in accordance with agreed standards to safeguard the dignity of people and their equitable access to basic services and fundamental rights.

- Deploy a site multi-sectoral assessment tool to map site's locations, identify population demographics, multi-sectoral gaps and share the assessment findings regularly with services providers to inform multi-sectoral response.

- Establish a site-level service and assistance mapping. These will be shared in the regular site-level coordination meetings with all site management entities, partners working in the site, other clusters/ humanitarian actors, and stakeholders to facilitate targeted assistance, mitigate duplications, and ensure the most in need are reached with the required assistance.

- Enhance coordination structures at the site level in coordination with locality-level stakeholders to ensure that the displaced have equitable access to humanitarian assistance while mitigating risks at sites that are a pull factor.

Strengthen individual and community resilience through enhanced community participation in decision-making processes; foster communication

and social cohesion between IDPs living in sites, site-like settings, and surrounding neighborhoods.

- Work with the local authorities and communities to map and assess the capacities of existing community governance structures and establish such structures including Site Management Committees (SMCs) through consultative processes- aimed at fostering community engagement in decision-making, community mobilization, information dissemination, early warning messaging on famine and protection risks and referrals at the site-level.

- Facilitate inclusive and representative site governance systems representative following an age, gender and diversity approach (AGD) and empower members to manage their community needs effectively. This includes establishing sectoral committees that represent the diverse community groups and act as links between the respective sectors and the community at-large.

- Enhance capacity to attain self-management and self-governance through capacity-sharing initiatives on site management best practices and protection mainstreaming targeting community representatives and community-led associations. The cluster will aim to deliver CCCM training to local authorities and communities to create awareness on minimum standards and protection mainstreaming in site management.

- Work closely with the AAP Working Group and Protection cluster in strengthening communication with communities (CwC) at the site level. This will include but not limited to establishing functional Complaint and Feedback mechanisms (CFM), site-level referral mechanisms, community resource centres where feasible and which aim to provide a central safe space for information, community engagement and coordination of site-level activities.

Enhance the sites protective environment, addressing protection gaps and strengthening the predictability and effectiveness of multi-sector interventions at the site-level through small-scale site care and maintenance. Key immediate-to-longer-term actions include:

- Work closely with Shelter and Settlement Planning teams to have designated spaces at the site level for service centres, including distribution points, and community centres to facilitate multi-sectoral assistance, including food distribution. SMS will equip Site Management Committees (SMCs) with tools required in site cleaning and maintenance activities; wheelbarrows, rakes, hoes, gloves, liquid soap, and face masks to foster improved site conditions.

- Through coordination with protection actors (GBV-AoR) and local authorities, periodic safety audits of the gathering sites are conducted to inform the multi-sector response.

- Work with Protection cluster and Housing Land and Property (HLP) task force partners from the on-set to facilitate community participation and representation to address HLP issues in sites and site-like settings, ensuring non-interruption in multi-sectoral service delivery in the affected locations.

Education

—

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
9.1M	**4.2**M	**950**K

The ongoing conflict continues to undermine access to education for school-going age children in Sudan. Access to education is at historic low levels, with almost 19 million children out of school since the war started a year ago. The persistent absence of responses to deliver quality education in crisis settings exposes children and youth to risks of psychologic trauma, gender-based violence, child trafficking, forced recruitment and child marriage. Schools serve as an entry point to provide life-saving services and ensure protection of children as one of the most vulnerable groups. While some schools are reopening in a few states such as River Nile, West Darfur, North Darfur; and safe learning spaces are already operating, these learning centres will serve as integrated service platforms for service delivery in education, child protection, WASH, nutrition and health.

Education response will ensure provision of a safe and protective learning environment and access to life-saving services for children through an integrated approach targeting children in the worst affected areas and displaced children. The Education Cluster will scale up the current response and adopt a two-pronged approach where the first priority ensures school going children are retained in their current locations where they live, and its second priority is to support children where they move to provide access to education and life-saving services.

In coordination with the WASH Cluster, the response will ensure provision of protective learning environment through provision of access to safe drinking water, WASH in school (such as hygiene promotion interventions to prevent the AWD/Cholera, WASH facilities), emergency school feeding, provision of essential teaching and learning materials -including recreational materials, psychosocial support to learners and teachers, teacher trainings on school safety, life skills and psychosocial support, rehabilitation and construction of learning spaces and support to teachers with emergency teacher incentives.

This strategy will mitigate and prevent children from dropping out from school and will ensure continued access to education and protection for affected children. Integrated response will ensure managing and minimizing risks; using and protecting local assets; fostering school-community support; and aligning education services through the response, in complementarity of the ongoing education services in the learning centres.

Immediate Actions

- Continue emergency education interventions for girls and boys at risk, including IDPs, in the hotspot areas affected by food insecurity in Sudan. This will ensure that children affected by acute emergencies have inclusive access to quality life-saving education. In addition to reducing risks, especially to the most vulnerable, enabling mental health and psychosocial support to help children cope with and recover from crises. As a protection tool, education will safeguard children from risks such as child labor, trafficking and exploitation, recruitment to armed groups, child marriage, and sexual violence, among other abuses.

Protection

—

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
7.7M	**3.6**M	**1.6**M

A main driver towards famine situation in Sudan stemmed from fragile insecurity due to the current conflict which increasingly complicates with a few non-state armed actors and the involvement of communities. In Sudan, land is inherent conflict which leads to intercommunal conflict and impedes the use and access to agriculture. Insecurity negatively impacts on the population's access to farmlands and the production of food, consequently decreases. Inadequate resources is often worsening the most vulnerable population in society. The Protection Cluster and Areas of Responsibility (AoRs) teams will work to address the acute protection needs of individuals, including persons with disabilities and chronic diseases, children, women and older persons facing life-threatening risks of abuse, violence, exploitation, injury, and severe distress.

In amid of resource constraints leading to famine-like situations, the vulnerable people is likely to resort to negative coping mechanisms like child labor and transactional/survival sex where such protection risk mitigation is required to be devised at the onset of response.

Against the backdrop of the current Sudan context, the Protection Cluster and AoRs intend to contribute to the broader famine prevention plan in the following key activities.

Immediate Actions

- **Mainstream protection:** to ensure the do no harm principle and conflict sensitivity is upheld within the multi-sectoral integrated response. The Protection Cluster and AoRs will work with relevant national clusters to train their partners on protection mainstreaming (including child protection and GBV mainstreaming). After the training sessions, potential risks are identified with actionable mitigation/risk reduction action plans developed by respective clusters with the support of the Protection cluster and AoRs.

- **Establish vulnerability criteria for the response.** Having clear and streamlined vulnerability criteria across respective clusters, based on a Protection Risk Analysis, will ensure that the most vulnerables are served and prevent the loss of lives. Protection cluster and AoRs will work with other clusters in establishing the vulnerability criteria for the response which is adopted for implementing famine prevention response.

- **Conduct Protection monitoring. Monitoring protection on the ground is an integral part of protection work.** With the roll-out protection monitoring key informant tool this year, this can act as an early warning in respective of famine prevention effort. The information that we receive on the ground can help triangulate the geographical prioritization. In the instance that the protection actors come across the most vulnerable individuals through monitoring missions, the referral also can be made.

- **Mobilize community-based protection networks for identification and referrals:** In view of famine prevention, community committees are instrumental for the implementation of the famine response by raising awareness of the established

vulnerability criteria and referral of most vulnerable individuals to receive services.

- **Pivot multi-purpose community centers as service hubs:** establishing multi-purpose community centers to ensure the entry points for displaced population living within the host community and the vulnerable host communities to access protection services has been one of the core protection activities. Multi-purpose community centers are equipped for the response by having protection actors who manned the centers take part in the identification of the most vulnerable through their respective protection activities and where other clusters can use the centers as the response hubs.

- **Protection desk as a point of referral.** A protection desk manned by protection actors can be the point of identification for the most vulnerable and referral to relevant services.

- **Case management.** The vulnerable population is likely to resort to negative coping mechanisms, such as extreme forms of child labor, family separation, child marriage, and transactional / survival sex. Apart from risk reduction it is important to work on the case management process, including the follow up on the most vulnerable individuals and work with the relevant individuals to find solutions.

- **Working with FSL Cluster and Housing Land Property (HLP) Working Group to address HLP related issues.** The land issue is inherent to conflict which leads to intercommunal conflict and impede the use and access to agriculture lands. The Protection Cluster will work with HLP WG and FSL Cluster to identify the cause of land disputes and address them in consultation with the community.

- **Working with Shelter/NFI Cluster, Site Management Cluster and Housing Land Property (HLP) Working Group to address the site-based settings.** The more displaced population is hosted in the sites the more vulnerable they become. To reduce vulnerability and promote durable solutions for the site-based population, the Protection Cluster will work with the Shelter/NFI Cluster, Site Management Cluster, the HLP Working Group and the community to explore alternative options.

Photo: UNICEF Sudan, 2024

Child Protection

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
6.2M	**3.0**M	**800**K

The Child Protection Area of Responsibility (CP AoR) will aim to prevent, mitigate risks and respond to any abuse, exploitation, or neglect (including GBV) triggered by the worsening food insecurity. The CP AoR will provide ongoing support for community surveillance systems to detect any instances of protection violations and provide urgent, timely support to children at risk. Effective monitoring prevention and response to protection risks children face in the hardest-hit areas.

Immediate Actions

- Child Protection services, including psychosocial support, case management, and other support services, will be strengthened and better coordinated under the framework of the national case management system, including identification of unaccompanied and separated children, family tracing, reunification and provision of alternatives to children that may be separated or neglected by their families.

- Partners will provide capacity building of community-based child protection networks, psychosocial support service providers as well as providers of alternative care to children without parental care.

- Partners will provide support to service providers to ensure quality case management and strengthen referral pathways to respond to cases of violence, exploitation, and abuse of children and women. This will include systematic and active school drop-out referrals to community child protection networks for follow-up interventions.

- The CP AoR will support vulnerable families to address the "push factors" that cause family separation/disintegration referrals to existing social services and through cash/in-kind transfers programs. High-burden/risk families, including child-headed households and families with children with disability, will be given special attention, which will include among others psychosocial support.

- The CP AoR will coordinate and promote child safeguarding, mainstreaming of protection, and mitigation of risks faced by children within the food security, nutrition, education, and WASH cluster responses.

Gender-Based Violence

PEOPLE IN NEED (HNRP)	PEOPLE TARGETED (HNRP)	FAMINE PREVENTION TARGET
6.7M	**1.8**M	**638**K

GBV Area of Responsibility aims to prevent and mitigate GBV risks, as well as exploitation and abuse associated with food insecurity, by Safety Audit, promoting GBV Risk Mitigation, and linking women, girls and the vulnerable population to services.

Immediate Actions

- Safety Audit: Conduct Safety Audits to ensure potential risks are identified and incorporated into the FSL cluster's risk mitigation plan/strategy.

- Information sharing: Coordinate mainly – but not only – with the FSL, Nutrition, WASH and Health clusters to ensure that key information and assessment reports on GBV risks are shared to support timely decision-making and planning, to mitigate GBV risks linked to escalating food insecurity conditions.

- GBV Risk Mitigation: Promote the uptake of the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, to incorporate GBV Risk mitigation measures in famine response.

- Availability and accessibility to GBV services: Making safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors accessible and ensure the staff engaged in famine response have the basic skills to provide them with information on where they can obtain support for GBV survivors.

- CASH for GBV risk mitigation: Design commodity and cash-based interventions in ways that minimize the risk of GBV.

- Safe access to food: Design strategies that increase safety in and around food security interventions.

- Community-based GBV Risk mitigation: Linking GBV Community-based Protection Networks to work with food security actors to raise awareness of GBV and SEA risks and support the referral.

- Linkage with Safe Spaces: Ensure linkage with Women and Girls Safe Spaces and Women Centers to ensure that beneficiaries are linked to multi-sectoral integrated services.

- Addressing the vulnerable population: Ensure vulnerable women and girls, as Persons living with Disabilities are supported to mitigate GBV/SEA risks they are facing.

- Linkage with mental health and psychosocial support (MHPSS) : The GBV AoR will work closely with the Health cluster to ensure availability and access to MHPSS services at the target localities. A regular mapping should be conducted to assess the availability of comprehensive

clinical management of rape (CMR) services and commodities.

Medium/Long Term Actions

- Addressing Social Norms and negative coping mechanisms to reduce the gender food gap and GBV risks: Social Norm progammes to address household power dynamics to reduce the Intimate Partner Violence (IPV) which will also lead women and gilrs to eating with their male family members as equals, as well as reducing girls' vulnerability to child marriage.

Photo: UNFPA/Sufian Kayali, 2023

Multi-Purpose Cash Assistance

FAMINE PREVENTION TARGET

1.9M

In addressing the deteriorating situation in Sudan, the implementation of Cash and Voucher Assistance (CVA) should be prioritized due to its relative impact and cost-efficiency, even in hard-to-reach areas where physical access may be limited. This includes both Multi-Purpose Cash Assistance (MPCA) as a standalone response activity, coordinated through the Cash Working Group (CWG), as well as cash plus services and sectoral CVA (such as Cash for Food, Vouchers for Nutritious Foods, Vouchers for Hygiene NFIs, etc). MPCA provides affected populations with the greatest degree of flexibility to allocate resources according to their most pressing needs, be it food, shelter, healthcare, or education. It also fosters accountability to affected populations and dignity. All CVA initiatives support localization by working with and through local market actors and injecting money directly into local markets which stimulate economic activity, supporting livelihoods and enhancing community resilience. Transparent distribution mechanisms are imperative to prevent fraud and exploitation, reinforcing accountability and trust within affected communities.

Immediate Actions

- Expansion of the Joint Market Monitoring Initiative (JMMI) to provide regular analysis on market functionality and prices across hot spots.

- Provision of life-saving Multi-Purpose Cash Assistance (MPCA) to populations facing crisis and emergency levels of food insecurity, including residents, newly displaced and protracted IDPs, refugees, nomadic groups and other migrants.

- Activation of referrals pathways, to/from relevant clusters to MPCA (prioritization of referrals from Nutrition and Health actors to MPCA, and from MPCA to FSL, WASH, Nutrition, Health, Shelter/NFI, etc)

- raise awareness of GBV and SEA risks and support the referral.

- Ensure linkage with Women and Girls Safe Spaces and Women Centers to ensure that beneficiaries are linked to multi-sectoral integrated services.

- Ensure vulnerable women and girls are supported to mitigate GBV/SEA risks they are facing.

- The GBV AoR will work closely with the Health cluster to ensure availability and access to mental health and psychosocial support (MHPSS) services at the target localities. A regular mapping should be conducted to assess the availability of comprehensive clinical management of rape (CMR) services and commodities.

Annexes

Photo: WFP/Abubakar Garelnabei, 2023

1. Famine Prevention Planning Figures

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
Aj Jazirah	Al Hasahisa		116,508	116,508
	Al Kamlin		124,914	124,914
	Al Manaqil	81,236		81,236
	Al Qurashi	86,159		86,159
	Janub Aj Jazirah	45,657		45,657
	Medani Al Kubra	62,492		62,492
	Sharg Aj Jazirah	38,061		38,061
	Um Algura	55,525		55,525
Aj Jazirah Total		**369,130**	**241,422**	**610,552**
Blue Nile	Al Kurmuk	22,446		22,446
	Ar Rusayris		16,029	16,029
	Baw		11,858	11,858
	Ed Damazine		20,184	20,184
	Geisan		9,296	9,296
	Wad Al Mahi		7,398	7,398
Blue Nile Total		**22,446**	**64,765**	**87,211**
Central Darfur	Azum	71,884		71,884
	Bendasi	32,379		32,379
	Gharb Jabal Marrah		46,803	46,803
	Mukjar	42,058		42,058
	Shamal Jabal Marrah	56,408		56,408
	Um Dukhun	56,014		56,014
	Wadi Salih	66,261		66,261
	Wasat Jabal Marrah		28,942	28,942
	Zalingi	148,753		148,753
Central Darfur Total		**473,757**	**75,745**	**549,502**

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
East Darfur	Abu Jabrah		12,079	12,079
	Abu Karinka	37,443		37,443
	Ad Du'ayn	46,370		46,370
	Adila	31,993		31,993
	Al Firdous	22,240		22,240
	Assalaya	26,212		26,212
	Bahr Al Arab	53,334		53,334
	Shia'ria	21,318		21,318
	Yassin	20,257		20,257
East Darfur Total		**259,167**	**12,079**	**271,246**
Gedaref	Al Galabat Al Gharbyah - Kassab	1,968		1,968
	Al Mafaza		8,249	8,249
	Madeinat Al Gedaref	4,573		4,573
Gedaref Total		**6,541**	**8,249**	**14,790**
Kassala	Halfa Aj Jadeedah		23,682	23,682
	Madeinat Kassala	35,164		35,164
	Reifi Aroma	28,425		28,425
	Reifi Gharb Kassala		17,266	17,266
	Reifi Hamashkureib	70,527		70,527
	Reifi Kassla		8,798	8,798
	Reifi Khashm Elgirba		11,456	11,456
	Reifi Nahr Atbara		16,283	16,283
	Reifi Shamal Ad Delta		18,361	18,361
	Reifi Telkok	53,176		53,176
	Reifi Wad Elhilaiw		9,358	9,358
Kassala Total		**187,292**	**105,204**	**292,496**

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
Khartoum	Bahri	162,187		162,187
	Jebel Awlia	375,441		375,441
	Karrari		231,364	231,364
	Khartoum	187,720		187,720
	Sharg An Neel	254,779		254,779
	Um Bada	415,798		415,798
	Um Durman	130,516		130,516
Khartoum Total		**1,526,441**	**231,364**	**1,757,805**
North Darfur	Al Fasher	246,138		246,138
	Al Koma	6,919		6,919
	Al Lait	18,467		18,467
	Al Malha	18,373		18,373
	As Serief	6,666		6,666
	At Tawisha	8,692		8,692
	At Tina	7,410		7,410
	Dar As Salam	14,922		14,922
	Kebkabiya	42,066		42,066
	Kelemando	12,654		12,654
	Kernoi	10,534		10,534
	Kutum	127,591		127,591
	Melit	24,157		24,157
	Saraf Omra	17,046		17,046
	Tawila	92,776		92,776
	Um Baru		7,172	7,172
	Um Kadadah	27,546		27,546
North Darfur Total		**681,957**	**7,172**	**689,129**
North Kordofan	Ar Rahad-NK	49,782		49,782
	Bara		12,829	12,829
	Gebrat Al Sheikh		16,234	16,234
	Gharb Bara	24,933		24,933

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
	Sheikan	118,740		118,740
	Soudari		29,243	29,243
	Um Dam Haj Ahmed	19,891		19,891
	Um Rawaba	64,262		64,262
North Kordofan Total		**277,608**	**58,306**	**335,914**
Northern	Ad Dabbah	17,164		17,164
	Al Burgaig	9,776		9,776
	Delgo	6,167		6,167
	Dongola	16,402		16,402
	Halfa		5,987	5,987
	Merwoe		17,511	17,511
Northern Total		**49,509**	**23,498**	**73,007**
Red Sea	Agig	5,954		5,954
	Al Ganab	8,570		8,570
	Dordieb	4,184		4,184
	Hala'ib	2,041		2,041
	Haya	22,152		22,152
	Jubayt Elma'aadin	7,353		7,353
	Sawakin	5,428		5,428
	Sinkat		12,408	12,408
	Tawkar	11,721		11,721
Red Sea Total		**67,403**	**12,408**	**79,811**
River Nile	Abu Hamad	686		686
	Al Buhaira	5,670		5,670
	Al Matama	1,578		1,578
	Barbar	1,321		1,321
	Shendi	28,705		28,705
River Nile Total		**37,960**		**37,960**
Sennar	Abu Hujar		15,263	15,263
	Ad Dali		16,957	16,957

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
	Ad Dinder		20,903	20,903
Sennar Total			**53,123**	**53,123**
South Darfur	Al Radoum		10,746	10,746
	Al Wihda		8,311	8,311
	As Salam - SD	30,025		30,025
	As Sunta	36,324		36,324
	Beliel	186,627		186,627
	Buram	59,332		59,332
	Damso	33,480		33,480
	Ed Al Fursan		17,720	17,720
	Gereida	27,123		27,123
	Kas	86,025		86,025
	Kateila	19,453		19,453
	Kubum	48,364		48,364
	Mershing	39,179		39,179
	Nitega	33,372		33,372
	Nyala Janoub	117,639		117,639
	Nyala Shimal	156,119		156,119
	Rehaid Albirdi		28,844	28,844
	Sharg Aj Jabal	12,236		12,236
	Shattaya	11,408		11,408
	Tulus		39,020	39,020
	Um Dafoug		8,947	8,947
South Darfur Total		**896,706**	**113,588**	**1,010,294**
South Kordofan	Abassiya	33,541		33,541
	Abu Jubayhah	41,410		41,410

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
	Abu Kershola		13,931	13,931
	Al Buram	35,316		35,316
	Al Leri		5,689	5,689
	Al Quoz	40,255		40,255
	Ar Rashad		8,890	8,890
	Ar Reif Ash Shargi	28,456		28,456
	At Tadamon - SK	17,800		17,800
	Delami		6,829	6,829
	Dilling	60,879		60,879
	Ghadeer	8,712		8,712
	Habila - SK	20,485		20,485
	Heiban	37,540		37,540
	Kadugli	56,231		56,231
	Talawdi	6,810		6,810
	Um Durein		22,741	22,741
South Kordofan Total		**387,435**	**58,080**	**445,515**
West Darfur	Ag Geneina	322,644		322,644
	Beida		41,918	41,918
	Foro Baranga		15,857	15,857
	Habila - WD		16,651	16,651
	Jebel Moon	53,114		53,114
	Kereneik	90,014		90,014
	Kulbus	49,891		49,891
	Sirba	54,405		54,405
West Darfur Total		**570,068**	**74,426**	**644,494**

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
West Kordofan	Abu Zabad	24,000		24,000
	Abyei (Muglad)	37,202		37,202
	Al Dibab	22,831		22,831
	Al Idia		24,904	24,904
	Al Khiwai	23,700		23,700
	Al Lagowa	33,527		33,527
	Al Meiram	14,697		14,697
	An Nuhud		47,376	47,376
	As Salam - WK	32,742		32,742
	As Sunut		24,711	24,711
	Babanusa	32,719		32,719
	Ghubaish		26,711	26,711
	Keilak	25,633		25,633
	Wad Bandah	26,608		26,608
West Kordofan Total		**273,659**	**123,702**	**397,361**
White Nile	Aj Jabalain	108,694		108,694
	Al Gitaina	21,133		21,133
	As Salam / Ar Rawat	50,660		50,660
	Kosti		27,221	27,221
	Tendalti		14,899	14,899
	Um Rimta		12,445	12,445
White Nile Total		**180,487**	**54,565**	**235,052**
Total		**6,267,566**	**1,317,696**	**7,585,262**

2. Cluster Activity Indicator

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
Education	School-aged children supported to access formal and non-formal education	Number of children including children with disabilities supported to access formal and non-formal Education
Education	Provision of recreational materials	Number of girls and boys supported with recreational materials
Education	Provision of dignity kits and MHM Education	Number of girls provided with sanitary/dignity kits & MHM Education
Education	Establishment or rehabilitation of Temporary learning space (TLS) and alternate learning modalities	Number of temporary learning spaces rehabilitated or constructed and furnished
Education	Rehabilitation of damaged classrooms	Number of classrooms rehabilitated
Education	Provision of Emergency feeding	Number of girls and boys supported with school feeding program
Education	Installation or rehabilitation of hand washing stations	Number of hand washing stations rehabilitated/ installed temporary in schools
Education	Provision of safe drinking water	Number of girls and boys have access to safe drinking water in schools
Education	Rehabilitate or construct gender and disability-responsive WASH facilities on schools/ learning spaces	Number of gender and disability responsive WASH facilities rehabilitated or constructed
Education	Provision of psychosocial support	Number of children benefiting from structured, school-based psychosocial support (6-18 years)
Education	Establishment of referral pathways between schools and child protection services	Number of children benefiting with referral pathways between schools and child protection services
Education	Training of teachers & PTAs members on MHPSS safe schools, GBV etc.	Number of Teachers & Parent Teachers Association members with increased knowledge on MHPSS skills, safe schools, GBV etc.
Education	Provision of teaching & learning materials	Number of girls and boys supported with teaching & learning materials
Education	Provide emergency incentives for teachers	Number of teachers /facilitators supported with monthly incentives
ESNFI	NFI kit distribution	Number of Pregnant and Lactating Women at risk of acute malnutrition reached with FBPM
ESNFI	Provision of cash/vouchers for NFIs	Number of training sessions conducted on nutrition surveillance
ESNFI	Establishment of communal shelters	Number of SMART surveys conducted
ESNFI	Rehabilitation of collective centers	Number of households that received construction materials
ESNFI	Tent distribution	Number of households that received tents

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
ESNFI	Emergency Shelter Kit (ESK) distribution	Number of households that received Emergency Shelter Kit
ESNFI	Provision of cash/vouchers for shelter repair or emergency shelter	Number of households that received cash/vouchers for transitional/ durable shelter
ESNFI	Provision of cash for rent	Number of households that received cash for rent
ESNFI	General site development/ site maintenance	Number of site maintenance activities
FSL	General Food Distribution (Full Ration)	Number of individuals receiving in-kind food assistance [Full Ration]
FSL	General Food Distribution (Half Ration)	Number of individuals receiving in-kind food assistance [Half Ration]
FSL	Cash/Vouchers Based Transfer (Full Ration)	Number of individuals receiving Cash/Vouchers food assistance [Full Ration]
FSL	Cash/Vouchers Based Transfer (Half Ration)	Number of individuals receiving Cash/Vouchers food assistance [Half Ration]
FSL	Provide time critical emergency agricultural inputs [Crops, vegetables, and legume seeds; tools & equipment; plant pest and disease protection support; and associated extension support services	Number of individuals benefiting from seeds/tools as agriculture inputs
FSL	Provide emergency livestock and fishery supplies [provision of restocking animals [including goat distribution], feed supplies; fishing gears; and cold chain, water; destocking, and shelter	Number of individuals receiving livestock and fishery supplies
FSL	Provide emergency veterinary services [vaccination, deworming/treatment, and animal disease surveillance] for the control of zoonotic and trans-boundary animal diseases	Number of individuals benefiting from veterinary support
FSL	Provide emergency livelihood and social protection support through cash and in-kind transfers, food processing, fuel efficient stoves, micro on- & off income generating schemes	Number of individuals that receiving vouchers/cash assistance for livelihoods support
FSL	FSL Assessment under SO1	Number of Assessment which measures the food security and vulnerability
GBV	Rehabilitate Women Centers (permanent/semi-permanent)	Number of centers rehabilitated
GBV	Support the operational costs of Women Centers (operational costs)	Number of centers supported
GBV	Support Community Based Protection Networks (operational costs)	Number of CBPNs supported

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
GBV	Support women & girls with startup capital for Income Generating Activities and vocational skills	Number of people trained or supported with start-up capital
GBV	CB - Conduct trainings for community members involved in GBV prevention and response	Number of community members (women and men) trained on GBV prevention, risk mitigation and/or response.
GBV	CB - Conduct trainings on GBV for Non-GBV service providers	Number of non-GBV service providers (women or men) trained on GBV prevention, risk mitigation, and/or response
GBV	Conduct community-based awareness raising sessions	Number of people reached by community-based awareness sessions
GBV	Conduct large scale public community awareness raising campaigns on GBV	Number of awareness campaigns conducted on GBV
GBV	Provide dignity kits	Number of people (women and girls) who received dignity kits
GBV	Provide life skills and recreational activities	Number of people who participated in life skills and recreational activities
General Protection	Strengthening individual protection assistance to response to protection needs	Number of persons at risk supported with targeted individual protection assistance (IPA)/ Cash Grants/ in kind to prevent, mitigate or response to protection needs.to protection needs.
General Protection	Cash assistance provided for protection outcomes	Number of households with specific needs who received cash assistance to prevent, mitigate or respond to protection needs to achieve protection outcome.
General Protection	Persons with specific needs referred to specialized services	Number of persons with specific needs supported with referral to specialized services
General Protection	Community activity/support projects completed for protection outcomes	Number of community support activities/projects completed
General Protection	Establish and support dedicated facilities like community centers	Number of multi-purpose community centers/facilities established or supported.
General Protection	Protection monitoring conducted using key informant method	Number of key informants conducted for protection monitoring
General Protection	Protection monitoring conducted using focused group discussion	Number of focused group discussion conducted for protection monitoring
General Protection	Provision of case management to address legal protection concerns and persons with specific needs needs	Number of persons receiving case management (persons at risk requiring legal protection such as forced eviction and person with specific needs)
Health	Support essential public health functions (including trauma) with focus on strong primary health care.	Number of people reached by outpatient consultations.

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
Health	Strengthen emergency preparedness, response, and all-hazards emergency risk management.	Per cent of health facilities supported submitting weekly surveillance reports on time
Health	Address the needs of vulnerable groups who are disproportionally affected by health emergencies.	Number of SRH, MHPPS, and physical rehabilitation services provided
Health	Strengthen the medical supply chain in targeted areas.	Number of people benefiting from medicines
Health	Support the immunization programs and cold chain.	Number of children vaccinated against vaccine preventable diseases.
Multi-Purpose Cash (MPC)	Deliver emergency MPC to the most vulnerable to cover their most urgent needs immediately following a shock	Number of houeholds assisted with emergency MPC to cover their most urgent needs immediately following a shock
MPC	Distribute regular MPC to the most vulnerable individuals without access to GFA to meet a variety of basic needs and reduce reliance on negative coping strategies	Number of HHs assisted with regular MPC to meet a variety of basic needs and reduce reliance on negative coping strategies
MPC	Distribute regular MPC to the most vulnerable individuals without access to GFA to meet a variety of basic needs and reduce reliance on negative coping strategies	Per cent of HHs who reported that the MPC contributed to improving their living conditions
Nutrition	Infant and young child feeding (IYCF) practices counseling at facilities and community levels	Number of PLW and care takers counselled on IYCF
Nutrition	Early detection of malnutrition among under 5 through MUAC mass screenings/ referral and regular at household level) per locality	Number of under-fives children screened and referred to treatment/ counselling, through mass MUAC screening
Nutrition	e-BSFP for children 6-59 month	Number of boys and girls aged 6-59 months supplemented with emergency blanket supplementary feeding program (e-BSFP)
Nutrition	e-BSFP for PLW	Number of pregnant and Lactating women supplemented with emergency blanket supplementary feeding program (e-BSFP)
Nutrition	GAM Treatment in PLW	Number of pregnant and lactating women with global acute malnutrition newly admitted for treatment in targeted supplementary feeding program
Nutrition	MAM treatment for children 6-59m	Number of children under five years boys and girls with moderate acute malnutrition newly admitted for treatment in targeted Supplementary Feeding program (TSFP)
Nutrition	SAM treatment for children 6-59m (without complication)	Number of boys and girls under five years with severe acute malnutrition without complication newly admitted for treatment in OTPs

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
Nutrition	SAM with complication treatment in SCs (0-59m)	Number of boys and girls under five years with severe acute malnutrition with complication newly admitted for treatment in SC
Site Management (SM)	Ensure access to basic services is facilitated at the site level and in surrounding areas through an area-based approach	Number of IDP households covered by site management activities
SM	Ensure access to basic services is facilitated at the site level and in surrounding areas through an area-based approach	Number of CCCM capacity development trainings for staff, authorities, and IDP community in site management
SM	Ensure access to basic services is facilitated at the site level and in surrounding areas through an area-based approach	Number of referrals tracked and addressed using the Area Based Approach
SM	People have access to functional complaints and feedback mechanisms and actions to remedy are taken by relevant actors	Number of mass information campaigns conducted
SM	People have access to functional complaints and feedback mechanisms and actions to remedy are taken by relevant actors	Number of functional Complaints and Feedback Mechanisms established
SM	People live in conditions less prone to life threatening hazards such as communicable diseases, flooding, etc.	Number of site tool kits and material for maintenance, safety and hazard prevention
SM	People's lives are at reduced risk due to adequate care and maintenance of sites' infrastructure and services	Number of people incentivized through CfW for site maintenance
SM	Sites are organized by community-led structures based on the gender, age, diversity and ethnic equality principle	Number of functional community self-organizing committees with inclusive participation
SM	The community is empowered to conduct awareness-raising activities to strengthen individuals' and community's resilience	Number of community-based projects aimed at site management and community ownership
WASH	Drill and install new hand pumps	Number of new hand pumps installed
WASH	Install new mini water yard (includes solar 5000 ben)	Number of water yard includes solar ben installed
WASH	Install new water yard (BIG SIZE 40 M3/HR 20K BEN)	Number of new yard BIG SIZE M HR 20K BEN installed
WASH	Construction of water treatment plants 30M3/HR FILTERATION UNITS in Urban areas	Number of new treatment plants M HR FILTERATION UNITS in Urban areas installed

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
WASH	Construct new protected hand dug wells	Number of new hand dug protected hand-dug wells constructed
WASH	Construction of new hafirs 200 M3/PD	Number of new hafirs M PD constructed
WASH	Installation of new/upgrading of water supply systems by extension of network (only new population to be added)	Number of new water supply systems installed or upgraded (existing)
WASH	Rehabilitation of water treatment plants 30M3/HR FILTERATION UNITS in Urban areas	Number of new treatment plants M HR FILTERATION UNITS in Urban areas installed
WASH	Treatment of surface water by TEMPORARY WATER TREATMENT 6M3/PD >1000 BEN/PD (SWOT)	Quantity of treated water
WASH	Rehabilitate hand pump or and its platform	Number of existing protected wells rehabilitated
WASH	Rehabilitate water yards (includes solarization)	Number of existing water yards (includes solarization) rehabilitated
WASH	Rehabilitation protected wells	Number of existing protected wells rehabilitated
WASH	Rehabilitate existing hafirs 200 M3/PD	Number of existing hafirs rehabilitated
WASH	Rehabilitate water distribution points of various sources	Number of water distribution points rehabilitated
WASH	Water supply by water trucking (10KLTRS) =30 days x6 months; 1 truck @5000/month which covers 10 locations at an average =500USD/location/month	Number of locations supported by water trucking (IDPs gathering, hotspot areas etc.)
WASH	Operate and maintain existing water supply schemes, water yards or/and water quality treatment - large and small (average)	Number of water yards operated and maintained
WASH	Distribute water quality supplies at HH (at point of use - Aqua tabs, or PUR)	Number of households benefited from water quality supplies
WASH	Water quality monitoring (hand pumps, water yards, protected well)	Number of water sources tested
WASH	Trainings and capacity building (care takers and mechanics for hand pumps, operation and maintenance of water yards, governance of water infrastructure including hand pumps, water quality monitoring, infection prevention and control in communities, etc.)	Number of training conducted
WASH	Construct/install Emergency latrines which are shared between two households+ hand washing facilities with soap and water	Number of new emergency latrines constructed (shared)
WASH	Construct/install latrines for individual households+ hand washing facilities with soap and water (PC2 in some and PC3 in other)	Number of new latrines for households+ individual households and install latrines for individual households+ hand washing facilities with soap and water (PC2 in some and PC3 in other constructed

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
WASH	Construction of communal latrines in camps and other communal locations (4 stances @30 person/latrine) + hand washing facilities with soap and water	Number of new communal latrines in with latrine constructed
WASH	Construction of institutional (Health/nutrition/schools) centers latrines (4 stances per latrine) @30 person/latrine (semi-permanent to permanent)	Number of Nutrition/Health/schools latrine (semi permanent to permanent) constructed
WASH	Rehabilitate or upgrade (including desludging) emergency household latrines (include bucket with tap for handwashing with soap and water)	Number of existing emergency household latrines rehabilitated/upgraded
WASH	Rehabilitate or upgrade (including desludging) of institutional (Health/nutrition/schools) centers latrines (4 stances per latrine) @30 person/latrine	Number of existing institutional emergency household latrines rehabilitated/upgraded
WASH	Rehabilitate or upgrade (including desludging) shared between two households plus bucket with tap or any other hand washing facilities with this activity (one stance shared between 2 HH).	Number of existing household shared latrines rehabilitated/upgraded
WASH	Operation and Maintenance (including disinfection and desludging) of existing latrines (communal) + bucket with tap for handwashing with soap and water (per stance of a latrine)	Number of existing latrines operated/maintained (including disinfection and desludging)
WASH	Vector control and vector control campaigns (equipment, chemicals, labor)	Number of vector control campaigns conducted
WASH	Solid waste management and campaigns. Support Medical waste management in health facilities.	Number of locations supported by waste management campaigns
WASH	Construction or upgradation or rehabilitation of wastewater drainage channel	Number of waste water drainage channels/sites constructed
WASH	Build capacities, provide training, to enhance knowledge and promote practices of community operation and maintenance, management of latrines, solid waste management at community etc.	Number of capacity building trainings conducted

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
WASH	Provision of multipurpose soap (@250gm/person/month at least for 6 months)	Number of individuals benefited from soap distribution for 6 months
WASH	Distribution of laundry soap/powder	Number of individuals benefited from laundry soap distribution
WASH	Provision of 2 Jerrycans, 2 buckets with cover and 2 ibrig per Household	Number of households supported by 2 Jerrycans, 2 buckets with cover and 2 ibrig
WASH	Provision of Menstrual Hygiene Materials (Reusable sanitary pads)	Number of women/girl supported by Hygiene Materials Reusable sanitary pads
WASH	Provision of Hygiene Kit (Family)/ dignity kit, at least once during humanitarian emergency (conflicts etc.	Number of Families provided dignity kit, at least once during humanitarian emergency (conflicts, etc.)
WASH	Distribute standard family hygiene Kit to households with severely acute malnourished (SAM) children under-fives (in Outpatient Therapeutic programs, Stabilization Centers, etc. This includes feeding bottles and cups for the affected children and others.	Number of households with SAM cases benefited from standard family hygiene kit
WASH	Provision of cleaning tools, PPE, disinfection, and operational support for environmental cleaning at health/nutrition care facilities (6 labor plus cleaning kit includes PPEs) in communal set ups	Number of health/nutrition/education facilities supported by cleaning tools, PPEs/disinfection and Operational environmental support.
WASH	Distribution of laundry wash basin	Number of household benefited from laundry wash basin
WASH	Construction of hand washing facilities in communal set ups (communal toilets in camps, schools, markets, public places, and HEALTH/NUTRITION facilities)	Number of new handwashing washing facilities constructed in communal set ups.
WASH	Construction of bathing facilities	Number of new bathing facilities constructed
WASH	Rehabilitation of communal hand washing facilities	Number of existing communal hand washing facilities rehabilitated
WASH	Rehabilitation of bathing facilities	Number of existing bathing facilities rehabilitated
WASH	Mass media campaign/ Radio/ audio visual campaigns	Number of Radio audio visual campaigns conducted
WASH	Do household hygiene messaging includes HH of severely acute malnutrition (SAM) children (1 community mobiliser on 500 people @250$/month	Number of households benefited from hygiene messaging

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
WASH	Do hygiene campaigns in communal setups (Include Nutrition and Health facilities, schools, or other communal setups) cover 1000 plus people per campaign	Number of hygiene campaigns conducted
WASH	Formation/ strengthening of hygiene clubs in the schools (50 children/club)	Number of hygiene clubs strengthened/formed at school level
WASH	Build capacities, provide training, to enhance hygiene promotion and proper usage of hygiene supplies for affected communities (state/ locality level - covers cross cutting health, nutrition, education operations)	Number of training sessions conducted

Photo: UNICEF Sudan, 2024

3. Access Enablers and Stakeholder Mapping

HUB\LOCALITY	ACCESS CONSTRAINTS	STAKEHOLDERS/ DOMINATORS	ENABLERS
Kadugli	El Obeid town and surrounding areas active conflict zone; Communication network blackout; very poor road conditions; increased activity by the SPLM-N led to expansion of area of influence; many areas impassible May/June- November (rain season);	**1-SAF** (represents the government), the governors/ states Walis and line ministries. HAC process humanitarian work. security units and military intelligence; communities' leaders. **2-RSF** present in Um Rawaba, Ar Rahad (eastern part of El Obeid town) and Bara in north Kordofan, An-Nuhud in West Kordofan, Al Goz locality, 10km to Dilling town. **3- SPLM N**, present & controlling areas in South Kordofan; increased area of influence, including the main road between Kadugli and Dilling. SPLM-N influence parts of Keilak, Lagawa, and As Sunut in West Kordofan.	
El Fasher	Active violence, criminal groups, land mines, and multiple armed groups Current conflict between RSF and SAF supported by SLA/MM and JEM who control large parts of the town while RSF is in control of the areas/ neighborhoods at the north and eastern parts of town; sporadic mortar shelling and aerial bombardments. April 2024, the expansion of the conflict in Melit, Umkadada and West of Alfasher cut off the main supply line into North Darfur from Atbara and Kosti. RSF demands all convoys entering the town or moving onward to SD, WD and CD pass through Boursa area to be checked. Significant RSF cross state movement along roads into Fasher; build up for a potential Fasher's assault.	SAF (confined in their garrison in town), SLA/MM, JEM (located in the market, Abushouk and Zamzam IDP camps and neighborhoods south and west El Fasher town) and other faction of SLA in pocket areas across North Darfur. RSF has a presence in the eastern and northern parts of the El Fasher as well as they control all the roads leading to the town from Deba/Millet, Nyala, Tine and Kebkabya.	Opportunities include the flexibility showed by all parties to facilitate the movement of the humanitarian convoys, the dire humanitarian situation in the camps made the leaders to put pressure on HAC / MI to simplify the access procedures.
Geneina	Fluidity of the security situation and lack of rule of law; Arab militia who are allied with RSF are scattered, establishing check points; looting of commercial convoys; arbitrary arresting civilians. WD is linked with CD by tarmac road, difficult for the heavy trucks to move on during the wet season (July- September); Genina -Kerenk and Geneina -Saraf Omra (ND) are dust roads with thick sands in some parts that are useable all year round. Community leaders and HAC in WD report road Tine-Kulbus currently unsafe for vehicular movement due to presence of opportunistic criminals.	RSF, Arab Militias, Jebel moon Militia and Gimair militia who are localized in Jebel moon and Kulbus. All actors welcome the humanitarian operations,	Humanitarian agencies can build on the current good relations between RSF/ de facto authorities and the humanitarian agencies in Geneina town to expand the humanitarian assistance delivery and improve protection in deep field locations.

HUB\ LOCALITY	ACCESS CONSTRAINTS	STAKEHOLDERS/ DOMINATORS	ENABLERS
Kosti	The overall security situation in Kosti and Rabak is reportedly calm and remains unpredictable - however since Feb 2024 - RSF frequently – attacked some cities in White Nile state including Al Gutina – armed banditries reported in some villages close to Jabel Awlyia- Khartoum state including Al Gutina- after the attack of Wad Madani on 15 December; access to White Nile state capital has sever being affected and jeopardized – road to White Nile is only possible through Sennar- Singa – Dinder- Abu Rakham - Gedaref state which is not possible when rains start (June – September)- the insecurity in Jabel Mawya it may affect movement of humanitarian supplies to Kosti and Rabak as the last clashes between SAF and RSF was reported on 26 April 2024. The cross-border operation has suggested a humanitarian corridor from South Sudan – through Al Rank. After RSF took control of Wad Madani; the prices of fuel supplies in the main cities of White Nile state – Kosti and Rabak has significantly increased in the black market; prices of one gallon of fuel have reached 40,000 SDG compare it to 12,000 before conflict; the internet services has significantly interrupted- on and off. After the attack of Wad Madani and Based on UNDSS advisory UN agencies has relocated all International staff UN are currently operates with a limited capacity – INGOs including MSF- Spain – ADRA, Plan International , DRC , NRC and Medair as well suspended all development activities and works with a limited staffing.	SAF includes HAC - MI - GIS and RSF.	Access Negotiation with SAF and RSF to continue to allow movement of humanitrian supplies and personnel; humanitarian partners has to take notes insecurity at Jabel Mwayia by finding other alternative roads if security situation deteriorates in Jabel Mwyia. Continued engagement with local community and HAC for access negotiation and trust building - continues disseminating JOPs to all actors on the ground. The Humantrian agencies to continue advocating for cross border operation via South Sudan – Al Rank
Damazine	Port Sudan-Damazine possible via the Gedaref-Dinder-Sinja Road during dry season. Following RSF's takeover of Aj Jazirah state in mid-December 2023, the main highway (Gedaref-Medani/Aj Jazirah-Sennar) not available. Fighting continues to be reported, including around the border areas of Gedaref (Al Fao locality) and Aj Jazirah states and west of Sennar (Sennar Sugar Factory). SAF announced its intention to retake Aj Jazirah statel SAF and RSF deployed reinforcements, and the situation remains fluid. During the rainy season, the Gedaref-Dinder-Sinjaroad is impassable. Physical access within Blue Nile during the rainy season is a challenge as many roads become impassable. The Damazine airport is functional, but its use is limited to military purposes as the Sudan airspace is closed since April 2023. Supplies from Port Sudan (and from Renk/ South Sudan) to Senner State do not need to pass through the Damazine hub; storage capacity in Damazine is limited. **Access through Renk cross border (and other South Sudan XBO) revised based on the potential developments in South Sudan in relation to the elections in the last quarter of 2024.** The south of Blue Nile state (Southern Kurmuk locality and two pockets in Geisan locality) under the control of the SPLM-N Al Hilu faction. Access to the Al Hilu areas is limited. Clashes between SAF and the SPLM-N Al Hilu faction were reported in Kurmuk town and surrounding villages in mid-2023. Some partners operate from South Sudan to have access to Southern Kurmuk.	SAF including MI, and GIS, SPLM-N Malik Agar (The BN governor is from the MA faction based on the Juba Peace Agreement) SPLM-N Al Hilu faction Native administration/ tribal leaders (Note: There is no known presence of RSF in Blue Nile at present.) Routes to the humanitarian hubs cross areas controlled by various forces; therefore, negotiating with all these groups is crucial (not a new approach—OCHA has been engaging in such negotiations since the conflict began on 15 April 2023) .	Humanitarians must negotiate with local organizations and community leaders to build trust while mitigating the risk of looting of supplies by communities along the way. Matters for entry in and out of proposed hubs; SK priority areas, you have an access and distribution plan that targets IPC 4 and IPC 4 + communities along the route to Kadugli. Communication key to consider, climate and weather impact in areas where rainy season affects the transportation and the movement of the staff and the items.

End notes

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[1] At the time of writing, an update of the IPC is being implemented expected to be available in May 2024.

[2] A flood preparedness plan will outline preparedness and response for the flood risk across Sudan.

[3] The prioritized localities have been selected based on food insecurity and malnutrition indicators; have been agreed at the InterCluster and endorsed by the HCT.

[4] OCHA is exploring interactive platforms that will facilitate the exchange of information, interaction and alerts.

[5] The "Rest of Sudan" nine states include: Al Jazirah, Sennar, White Nile, Blue Nile, Gedaref, Kassala, Red Sea, River Nile and Northern.

[6] The hubs and spokes approach has been proposed by the ICCG and endorsed by the HCT.

[7] For locations where physical presence is not possible, this will be provided remotely while partners on the ground will be identified to support delivery in each hub and spoke.

[8] The final list of spokes will be included as an annex to the plan once finalized and endorsed

[9] Due to current access conditions, the ICCG recommends hubs the closest possible to people in need in these locations to enable delivery into Khartoum.

[10] The HAWG has developed detailed access plans for each hub. These are available upon request.

[11] USAID. 2020. U.S. Agency for International Development's Protection From Sexual Exploitation and Abuse (PSEA) Policy. USAID. p. 4

[12] OCHA Sudan. 2023. Sudan Humanitarian Needs and Response Plan 2024. OCHA Sudan. p. 39.

[13] IASC. 2017. The Gender Handbook for Humanitarian Action. IASC. pp. 24 and 25.

14 USAID. Op. Cit ().

[15] IASC. 2020. (Interim) Harmonized Implementation Tool : United Nations Implementing Partner PSEA Capacity Assessment. IASC.

[16] See the Secretary-General's bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13, 9 October 2003, paras 6.1 and 6.2); UN Protocol on Allegations of SEA Involving Implementing Partners, 21 March 2018 (hereinafter; UN Protocol), para. 3 reaffirming that "the UN does not partner with entities that fail to address sexual exploitation and abuse through appropriate preventive measures, investigation and corrective action". Both the 2003 SG Bulletin and UN Protocol are considered binding. The UN Protocol notes that implementing partners may include government institutions, intergovernmental organizations, and civil society organizations, including NGOs.

[17] WFP's scale up programmatic plan is aligned with the FSL cluster interventions outlined in this plan.

[18] Details on food assistance by type of beneficiary and modality are outlined in the WFP Famine scale up plan (WFP).

[19] WFP has been providing 50% rations to all demographics. Recognising the deteriorating food insecurity and potential additional contributions to WFP Sudan forthcoming, WFP is considering resource-based options that would increase rations for the most acutely food insecure demographics. (WFP Famine Scale up Plan 2024).

[20] This included the prioritized locations under priority 1 and 2 of this plan.

[21] UNICEF Sudan. 2024. Factsheet: Children in Crisis – Sudan, Nutrition Situation at a Glance. UNICEF Sudan.

[22] Sudan INGO Forum. 2024. BEFORE IT IS TOO LATE: Call to Action to prevent further suffering in Sudan and wider region as the country sits on verge of becoming one of the world's worst hunger crises. Sudan INGO Forum. p.1.

FAMINE PREVENTION PLAN
SUDAN