

SUDAN

FAMINE PREVENTION PLAN 2024

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



Table of Contents

03	I. Rationale
04	II. Situational Analysis
08	III. Coordination and Geographic Approach
09	IV. Cluster and Crosscutting Response
11	Food Security and Livelihoods
12	Nutrition
14	Water, Sanitation and Hygiene (WASH)
15	Health
16	Emergency Shelter/Non-Food Items
17	Site Management
18	Education
19	Protection
21	Child Protection
22	Gender-based Violence
23	Crosscutting Issues
25	V. Access and CMCoord
26	VI. Safety and Security
27	VII. Monitoring
28	VIII. Planning Assumptions and Risks
29	IX. Annexes

Cover Photo 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.

CREDIT: UNICEF/AWAD

I. Rationale

KEY NUMBERS

 **7.6M**
PEOPLE TARGETED

 **400M**
REQUIREMENTS (US\$)*

 **167**
PRIORITY LOCALITIES

 **6 MONTHS**
PLAN DURATION**

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 - 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). IPC outlined that since the IPC 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).

As the IPC alert published in March 2024 states: “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 mitigation 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 existing 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 predicated on integrated responses led by Food Security, 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 Plan does not resolve access impediments, but is reliant on the parties to the conflict to fulfill their commitments per the Jeddah negotiations and International Humanitarian Law. 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.

* \$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.

The rationale 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 assessment¹, revealing escalating food insecurity and malnutrition, particularly in conflict-affected regions, with subsequent field reports indicating an alarming increase in malnutrition-related deaths².
- **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, nutrition, health, and WASH, guided by the centrality of protection, and incorporating cross-cutting themes.

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.

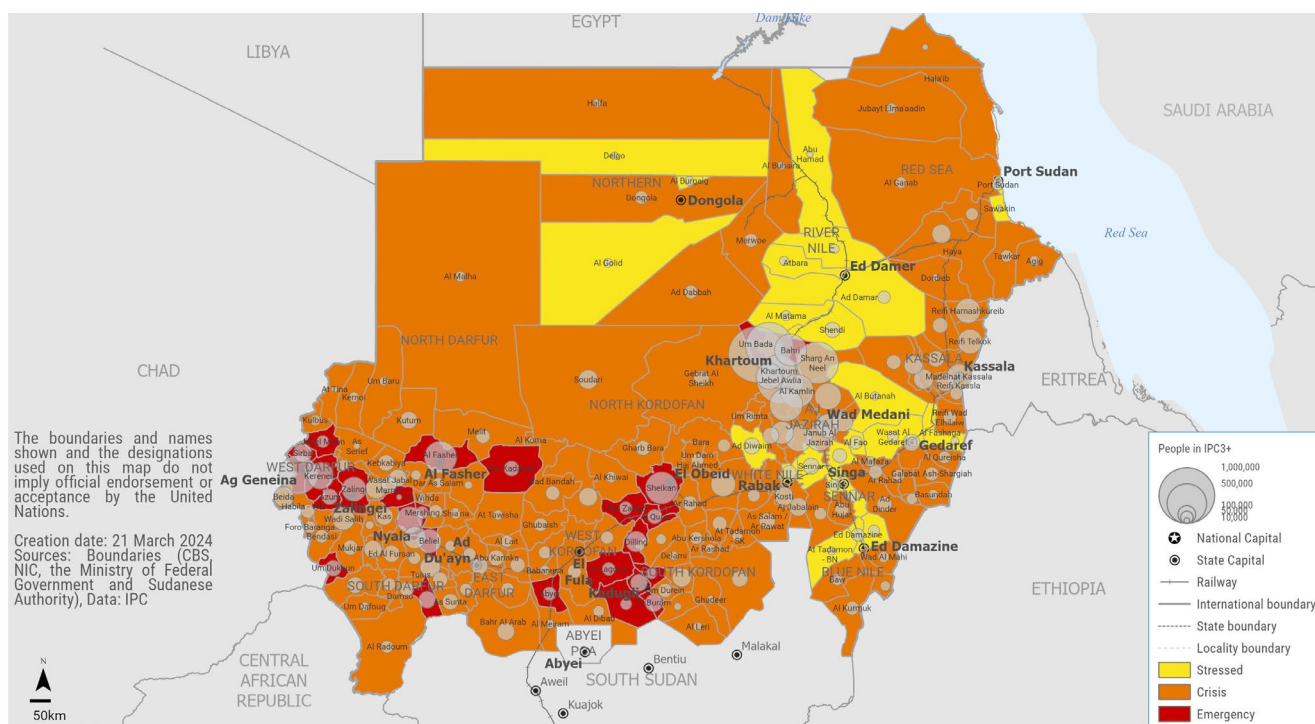
II. Situation Analysis

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 - CFSVA (Crop and Food Supply Assessment Mission), 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.

PRIORITIZED LOCALITIES ³	POPULATION TARGETED CRITERIA	NUMBER OF PEOPLE TARGETED
Priority 1: All people estimated to be in IPC 4, 25% of IPC 3 population in hotspot states, 15% Aj Jazeera.	<ul style="list-style-type: none"> • 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 	6,267,566
Priority 2: All people estimated to be in IPC 4, 5% of IPC 3 population.	<ul style="list-style-type: none"> • 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) 	1,317,696
Total	167 Localities	7,585,262

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

Acute Food Insecurity Analysis (October 2023 - February 2024) Source: Integrated Food Security Phase Classification (IPC)



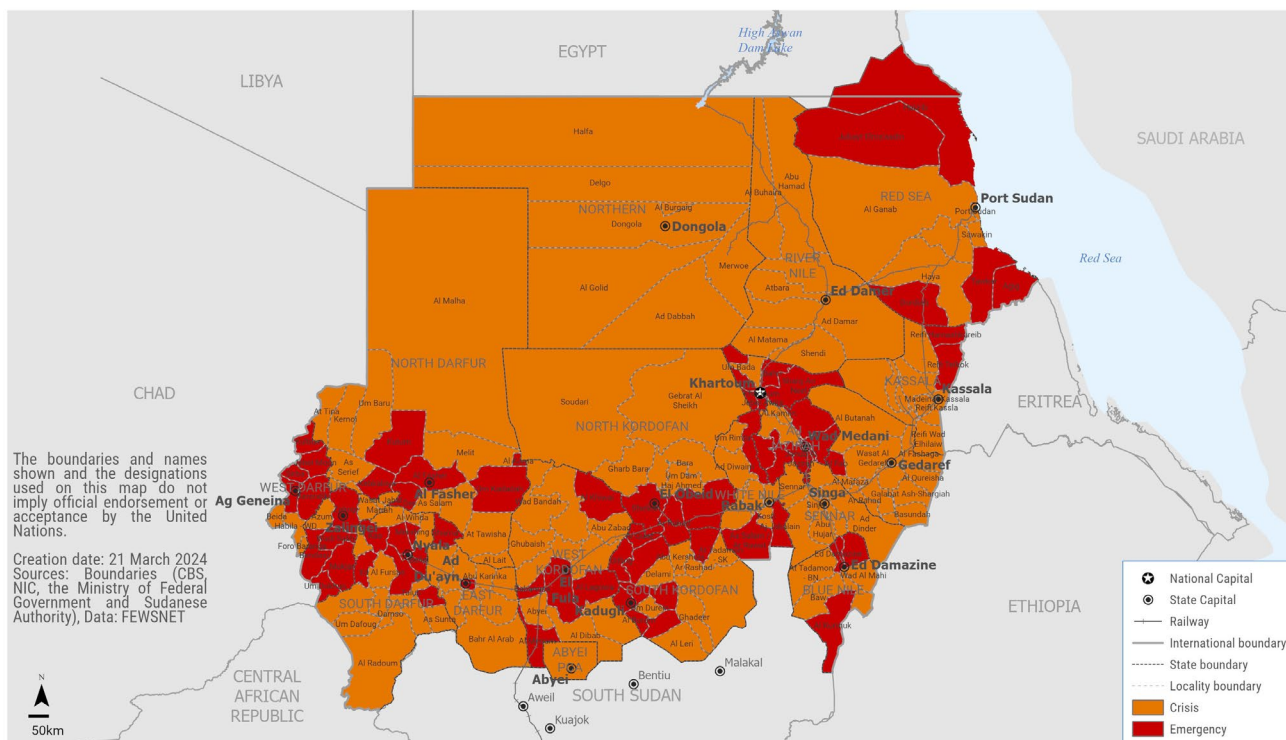
This information will be critical to (1) facilitate the identification of triggers for actions to be taken before the food security and malnutrition levels worsen and the situation gets out of hand; (2) the selection of the most appropriate immediate actions to prevent further deterioration of the food 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 portray 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.

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.

FEWS NET⁴ Sudan Projected Food Security Outcomes, February - May 2024



High levels of food insecurity will have disproportionate impact on the lives of women and girls. The foundation of gender gap is gender inequities between males and females that give women less power over and access to food production, supplies, and other food-related resources than men. Just as these constraints frame food insecurity for women and girls, they also frame the risk of gender-based violence (GBV). Conditions of inequitable gender norms not only contribute to both food insecurity and GBV, they also link the problems of GBV and food insecurity.

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 coping mechanisms, including rape, intimate partner violence (IPV), child and forced marriage (CFM), trafficking, and 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 are at risk of abuse, exploitation, violence, and neglect. The vulnerability of women and girls to these forms of violence are at risk of further intensifying in the absence of appropriate interventions.

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



Photo: OCHA/Claudine, 2024

⁴ 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 month.

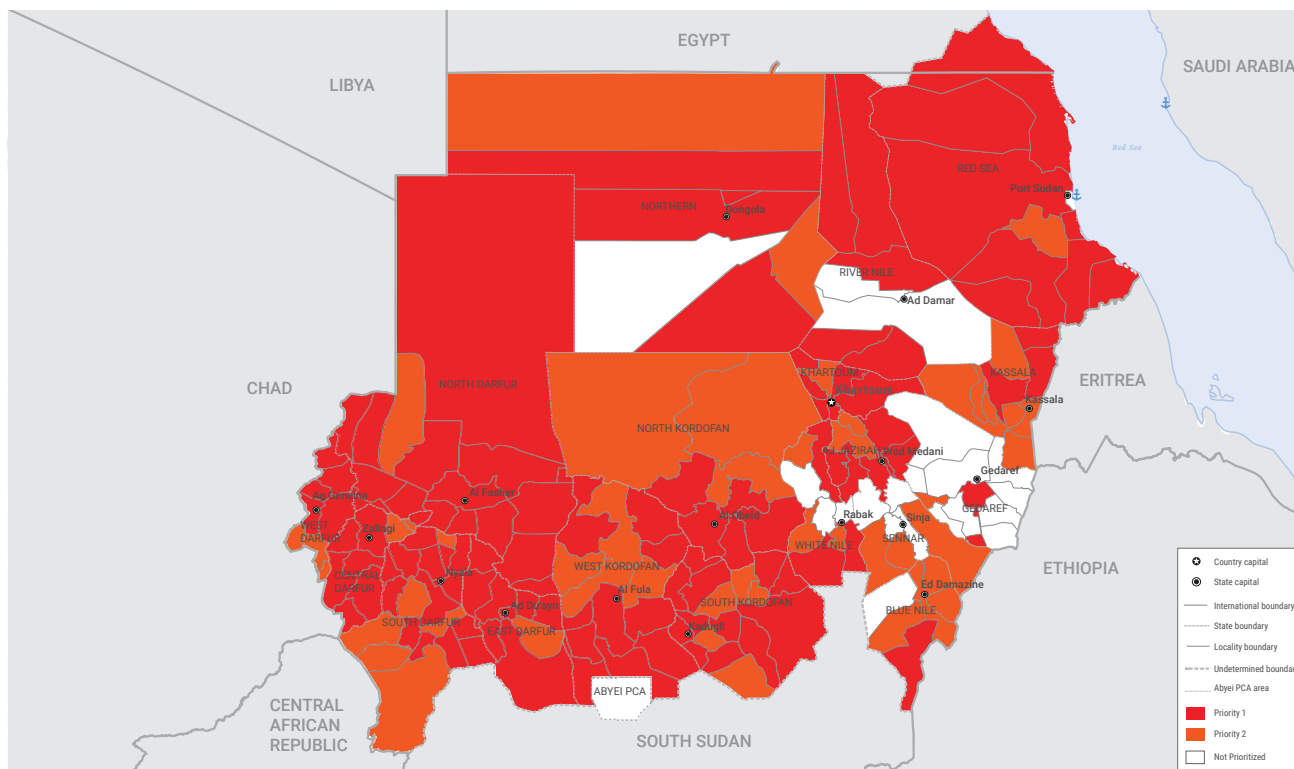
[More here](#)

disparity among the different states, between urban and rural and between rich and poor is wide. Over 70% of health facilities have been shut down in conflict areas⁵. Moreover, limited access to services and looming disease outbreaks are compounding threats for the highly vulnerable groups⁶.

Absence of water exacerbates risk and vulnerability, forcing women and children to walk long distances in search for water, women and children are systematically preyed upon by armed men, especially when they are on the move in search for water and fuelwood. In urban areas, child protection partners are witnessing increasing numbers of children begging; providing cheap casual labor in and around markets. Displaced children are exposed to heightened risk of violence 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, 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 State 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 Geissan localities, Global Acute Malnutrition (GAM) prevalence has risen from 3.04% to 9.6% and from 3.91% to 14.0%, respectively. Severe Acute Malnutrition (SAM) prevalence in these states remains alarmingly high. Localized programme screenings show very high prevalence, in some places 50% of children were found to be acutely malnourished (UNICEF- IPC alert). In areas such as South Kordofan and Blue Nile, the situation is also extremely dire particularly in the two areas, where humanitarian access is greatly limited.

Famine Prevention Plan Prioritized Localities



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

6 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.

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%, which is above World Health Organization (WHO) emergency thresholds.

Severe Acute Malnutrition (SAM) prevalence in these states remains alarmingly high. Localized programme screenings show very high prevalence, with up to 50% of children in some areas found to be acutely malnourished (UNICEF- IPC alert). 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.

III. Coordination and Geographic Approach

Sub-National Level

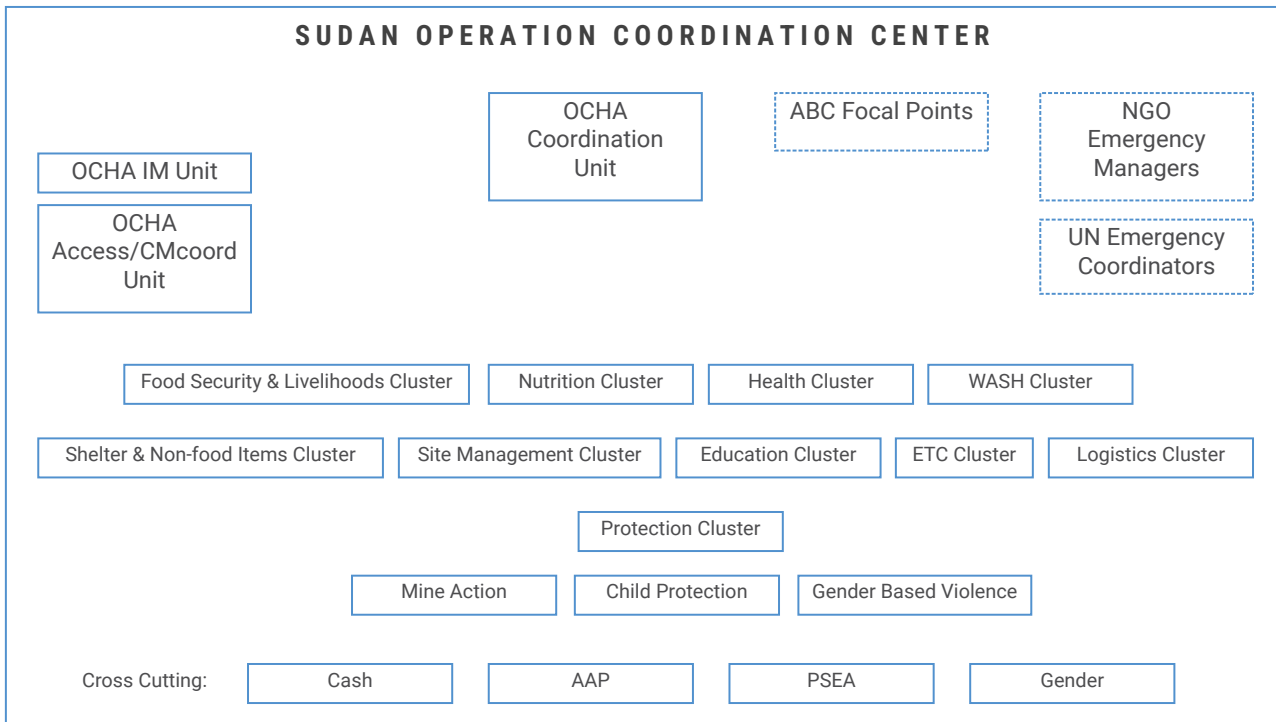
Central to the implementation is the integrated coordination facilitated by area-based coordination (ABC) arrangements at the sub-national level, as outlined in the Operation and Coordination Review (OCR). The recommendations outlined area-based approaches based on geographical areas, which align with the proposed hubs outlined in this plan.

Hubs and spokes –the closest possible to people in the areas "highest at risk" – will be established. These are being determined based on the most recent IPC analysis and malnutrition data. Those areas will be targeted with operational delivery locations where integrated assistance can be delivered at scale to limit displacement of people in search of assistance or at least minimize the distance populations need to travel to obtain assistance. 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 second projection, 17.7 million people [37%] of population are acutely food insecure during the Oct 2023 – Feb 2024 period out of whom 4.9 million people are in IPC Phase 4. In terms of worst affected hot-spot areas which are in IPC 4 - 51 localities in Greater Darfur, 27 localities are in Greater Kordofan and 6 localities are in Khartoum⁷.

Based on the nutrition cluster prioritization, 70 out of the 93 priority one localities are in the hotspot areas of Darfur, Kordofan and Khartoum States. The remaining 23 localities located in non-hotspot areas have very high prevalence of acute malnutrition accounting to about 16% of the total nutrition cluster people in need in 2024 HNRP.

⁷ The "Rest of Sudan" nine states include: *Al Jazirah, Sennar, White Nile, Blue Nile, Gedaref, Kassala, Red Sea, River Nile and Northern.*



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, will be constituted with a default constituency of cluster and Areas of Responsibility (AoR) coordination staff and staff from cross-cutting areas, including, AAP, PSEA and Gender, and inclusive of 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.

The SOCC involves coordination, information management, access/CMCoord, technical and thematic support provided by OCHA, national-level clusters, and cross-cutting thematic areas. These efforts aim to ensure coordinated delivery of services, considering the various factors contributing to mortality and morbidity in situations of acute hunger and malnutrition. ABC, in line with IASC architecture or simplified configurations, as determined by the OCR, 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.

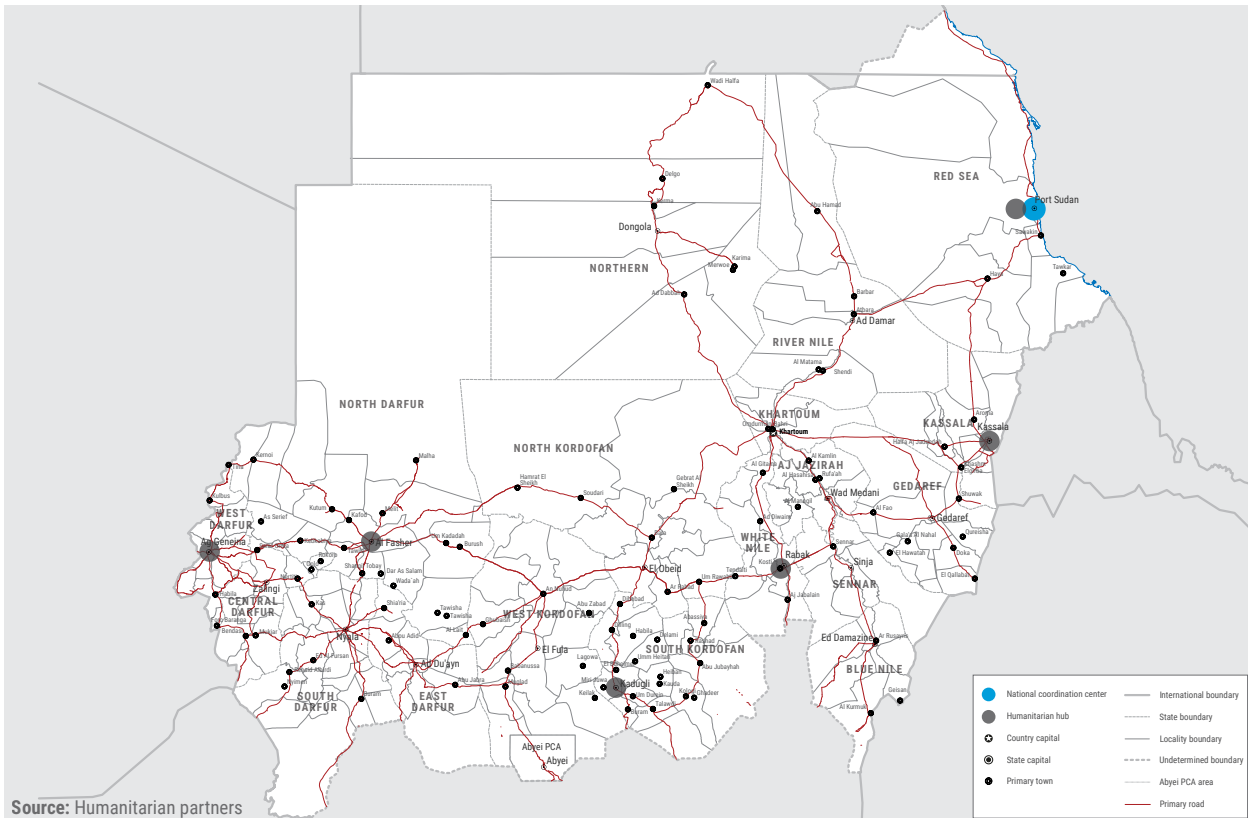
Focal Points of the subnational level arrangements will be part of the SOCC to ensure timely conveyance of operational requirements for support. The SOCC will include Emergency Coordinators and Managers from UN agencies and NGOs to facilitate timely adjustments in delivery as identified by ABC mechanisms.

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.

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

Hub ¹¹	Coverage
Dongola / Atbara	Khartoum - North and parts of West
Rufaa (north Madani)	Khartoum - South and parts of West

Hub Proposed Locations



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

IV. Cluster and Crosscutting Response

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 Protection¹².

FOOD SECURITY AND LIVELIHOODS¹³ [TARGET 7.6M]

Immediate Action

- 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 migrants¹⁴.
- Provision of critical non-food assistance to populations facing crisis and emergency levels of food insecurity, including residents, newly displaced and protracted IDPs, refugees nomadic groups and migrant groups.
- Provision of cash and voucher assistance in areas where markets and supply chains are functioning to improve access to cash which remains at low availability, thereby improving market access.
- Support critical emergency production of key local staple cereals (sorghum, millet during the ongoing 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 behavioural 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, fertilisers etc.) to small-scale producers, which will promote productivity, generate new employment as well as strengthen food availability and help mitigate the impact of below-average harvests on food insecurity and malnutrition.
- Provide essential life-sustaining agricultural livelihood support, including a broad range of



Photo: WFP/Abubakar Garelnabei, 2023

¹² WFP's scale up programmatic plan is aligned with the FSL cluster interventions outlined in this plan

¹³ Details on food assistance by type of beneficiary and modality are outlined in the WFP Famine scale up plan (WFP)

¹⁴ 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)

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.

NUTRITION [TARGET 1.2M]

The nutrition component of this strategy will be part of the multisectoral response including humanitarian response involving, FMOH, 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 that are most affected by the deteriorating food security.

Immediate Action

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

- Increase active case finding and referral activities for both SAM and MAM through campaigns, community nutrition workforce and outreaches. At least 85% of the children under five need to be reached every 6 months.
- Increase treatment coverage for SAM in Outpatient Therapeutic Program (OTP) to 80% of primary health care (PHC) facilities in a 93 hotspot priority 1 localities, and to 50% of PHC facilities in 46 priority 2 facilities¹⁵.
- Increase supplementation of MAM cases in TSFP by 60% in priority 1; 50% in priority 2 and 30% in priority 3.
- Maintain and scale up the treatment and supplementation sites for MAM from 559 currently to 1,400 by the end of the year.
- Maintain and scale up the treatment sites for SAM without complications from 1,600 currently to 2,600 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 104 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 pipe-

¹⁵ This included the prioritized locations under priority 1 and 2 of this plan.

line for severe acute malnutrition; RUSF for moderately malnourished children and plumpy doze for Pregnant and Breast-feeding 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 through 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 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 through 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 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 U5 children, pregnant and lactating women (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 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 cholera tablets to families of malnourished children.



Photo: We're all Values/Ahmed Kowarty, 2024

- 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+).
- Initiate cash assistance for prevention of acute malnutrition.

WATER, SANITATION AND HYGIENE [TARGET 4.6M]

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, operation and maintenance 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 Action

- **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.
- **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.

HEALTH [TARGET 7.6M]

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 Action

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 5.
- 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); 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).



Relief International Response, 2024

EMERGENCY SHELTER/NON-FOOD ITEMS [TARGET 856K]

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 Action

- **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. Furthermore, 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 for affected populations.
- **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 physical protection and GBV 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** 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 realised through robust international framework agreements. Moreover, 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, crucial 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, etc.

SITE MANAGEMENT [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 group at an even higher risk of exclusion from access to basic services. This situation puts at heightened risk those most exposed and vulnerable, such as women, children, the elderly, 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 humanitarian 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 Action

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

- Deploy 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 who does what and site-level service 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, diversity approach (AGD) and empower members manage their community needs effectively. This includes establishing sectoral committees that represent the diverse community groups and act as linkages 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 Sector 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), establishing site-level referral mechanisms, establishing 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 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, and information management.
- 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 [TARGET 950K]

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 not in 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 psychological trauma, gender-based violence, child trafficking, forced recruitment and early 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.

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 & construction learning spaces, support to teachers with emergency teacher incentives.

This strategy will mitigate and prevent children from dropping out from school. This 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 is achieved through the response and complementing the already ongoing education services in the learning centres.

Immediate Action

- Continue emergency education interventions for vulnerable girls and boys, including IDPs, affected by conflict 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 vices.

PROTECTION [TARGET 1.6M]

A main driver towards famine situation in Sudan stemmed from perilous security due to the current conflict which increasingly complicates non-state armed actors and the involvement of communities. In Sudan, the land issue is inherent conflict which leads to intercommunal conflict and impedes the use and access to agricultural lands. With the tenuous security, negatively compounds population to access their farmlands the production of food consequently is foreseen to be on the decrease. The situation of 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 and 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 population is likely to resort to negative coping mechanisms for example 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 Action

- **Mainstream protection:** to ensure the do no harm principle and conflict sensitivity is upheld within the multi-sectoral response. To achieve this objective, the Protection Cluster and AoRs will work with relevant national clusters to train the partners in respective clusters on protection mainstreaming (including children and GBV mainstreaming). After the training sessions, potential risks are identified by respective clusters 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 vulnerable is 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 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 ground can help triangulate the geographical prioritization. In the instance that the protection actors come across the most vulnerable individuals through the conduct of protection monitoring mission the referral also can be made.
- **Mobilize community-based protection networks for identification and referrals:** In view of famine prevention, community committees actively across the Protection cluster and AoRs are instrumental for the implementation of the famine response by raising awareness of the established vulnerability criteria, 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 core protection activities. By this nature, 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:** in the area where there is no multi-purpose community centers 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 effort it is important to work on the case management process where this involves the process of follow up on the most vulnerable individuals and work with the relevant individuals to find solution.
- **Working with FSL Cluster and Housing Land Property (HLP) Working Group to address HLP related issues:** the land issue is inherent conflict which leads to intercommunal conflict and impede the use and access to agriculture lands Protection Cluster is to work with HLP Working Group and FSL Cluster to identify the cause of land disputes and work to address the causes in consultation with the community.
- **Working with NFI/Shelter 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 for the site-based population, the Protection Cluster will work with the NFI/Shelter Cluster, Site Management Cluster and HLP Working Group and with community engagement to explore alternative options to the site-based settings.



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

CHILD PROTECTION [TARGET ##]

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 Action

- 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 sectors sector responses.
- 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.
- 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 sectors sector responses.

GENDER-BASED VIOLENCE [TARGET 638K]

GBV Areas of Responsibility will aim to prevent and mitigate GBV risks, as well as exploitation and abuse associated with food insecurity.

Immediate Action

- Coordinate mainly - but not only - with the FSL, Nutrition, WASH and Health clusters to ensure that key information and reports on GBV are shared to support timely decision-making and planning to mitigate GBV risks linked to escalating food insecurity conditions.
- Promote the uptake of the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.
- Safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors and ensure that staff have the basic skills to provide them with information on where they can obtain support.
- Design commodity- and cash-based interventions in ways that minimise the risk of GBV.
- Conduct a Safety Audit to ensure potential risks are identified and incorporated into the FSL sector's risk mitigation plan/strategy.
- Design strategies that increase safety in and around food security interventions.
- Linking GBV Community-based Protection Networks to work with food security actors to 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 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.

CROSS CUTTING ISSUES

This plan integrates key cross-cutting themes to ensure a comprehensive and effective approach. These themes, including accountability to affected populations (AAP), protection from sexual exploitation and abuse (PSEA), and gender mainstreaming, are essential pillars that prioritize and strengthen 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. This entails actively engaging with communities, listening to their concerns, and involving them in decision-making processes. Accessible, safe and transparent communication channels should be established to ensure that affected populations are informed about available assistance, eligibility criteria, and complaint mechanisms must be in place to solicit input from communities and respond to their needs and preferences promptly. 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. Furthermore, accountability mechanisms should hold humanitarian actors accountable for their actions, ensuring adherence to ethical standards, humanitarian principles, and local laws. By prioritizing accountability to affected populations, we uphold their rights, dignity, and agency, fostering a sense of ownership and partnership in the famine response efforts. Feedback mechanisms with clear instructions and messages in local languages regarding reaching out to the implementing partners and coordination structures at both the national and sub-national levels will be prioritized.

Protection from Sexual Exploitation and Abuse (PSEA):

Sexual exploitation and abuse (SEA) remains deeply entrenched in imbalanced power relations, frequently linked to social, age-, and gender-related inequalities exacerbated in development and humanitarian settings in which communities receive aid they depend on for vital provisions and aid workers often control access to valued commodities and services¹⁶. Risks of SEA remains high in Sudan as economic hardship is rampant due to increasing prices of basic goods including food, water, and fuel¹⁷. Lack of suitable shelter, hunger and food could heighten women, girls and boys' risk to all forms of GBV, SEA in exchange for humanitarian aid, including engaging in survival/transactional sex¹⁸.

Addressing SEA will require a particular attention for vulnerable groups, including women and children, including adolescent girls, and those most at risk of discrimination based on age, disability, race, ethnicity, or religion¹⁹. Therefore, robust measures for protection from sexual exploitation and abuse (PSEA) will be integrated to safeguard vulnerable populations, above mentioned, 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. UN agencies and partners will ensure their partners have requisite capacity with respect to PSEA, which will include²⁰ adequate preventive and risk mitigation measures from SEA and ability to investigate allegations of SEA against its personnel or sub-contractors.²¹

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

17 OCHA Sudan. 2023. [Sudan Humanitarian Needs and Response Plan 2024](#). OCHA Sudan. p. 39.

18 IASC. 2017. [The Gender Handbook for Humanitarian Action](#). IASC. pp. 24 and 25.

19 USAID. Op. Cit (14).

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

21 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

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. Moreover, gender-responsive, disability inclusive and culturally PSEA referral mechanisms will be set up. Furthermore, 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 display the highest standards of ethical and professional conduct at all times and in all circumstances. Thus, humanitarian assistance will not exacerbate vulnerabilities or perpetuate harm within already affected, marginalized communities.

Gender mainstreaming:

Gender mainstreaming is essential in the famine response plan for Sudan to address the distinct needs and vulnerabilities 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 must be conducted at all stages of the response- right from planning to evaluation. 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.

Multipurpose Cash assistance [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 Action

- 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)

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.

V. Access and CMCoord

The operationalization of the famine response plan in Sudan is confronted with substantial access constraints, particularly in conflict-affected and hard-to-reach areas. These constraints encompass a range of challenges, including insecurity, bureaucratic and administrative hurdles, and infrastructural and environmental obstacles leading to movement restrictions, disruptions to imports, and political posturing jeopardizing cross-border access to Darfur regions. Additionally, conflict-induced access impediments to domestic cross-line supply chains into Kordofan and Khartoum localities further compound the challenges faced by humanitarian efforts.

The difficulties extend beyond accessing hard-to-reach and conflict-affected areas, as communities in major urban and satellite centers within these regions also encounter increased perils in accessing essential services due to mounting access challenges. Insecurity continues to challenge the ability of humanitarian actors to reach those in need and sustain operations, thereby hindering people's access to basic services and life-saving assistance.

Certain areas, such as those controlled by the Rapid Support Forces (RSF) in Darfur region and Khartoum, along with contested areas in Sennar and Aj Jazirah, prove virtually inaccessible due to ongoing hostilities or military operations. While access to areas controlled by the Government of Sudan remains largely possible, it is hampered by bureaucratic administrative impediments. Accessing areas controlled by the Sudan People's Liberation Movement-North (SPLM-N) in South Kordofan and Blue Nile states from territorial Sudan has remained unachievable in the past, which is further exacerbated by recent territorial gains and control over access routes.

Complications in accessing locations in Darfur have escalated following the Government of Sudan's revocation of blanket cross-border operations from Chad. Cross-border operations are now exclusively routed through the Tine border point in North Darfur, subject to freight inspections aimed at preventing cross-border arms smuggling.

Security checkpoints, often associated with fees, pose significant obstacles to safe, timely, and unimpeded access. Incidents are reported at authorized checkpoints along major access roads in Sudan, contravening Joint Operating Principles (JoPs) developed to streamline humanitarian operations. Extortion and other violations are rampant at numerous illegal checkpoints manned by state and non-state armed actors.

Hubs proposed locations have been outlined in areas where humanitarian access is currently possible or where the authorities have made commitments on humanitarian access (for example, it is recommended to establish a hub in Kadugli, where the government has made a commitment to facilitate the use of the airport and also facilitate cross-line movement).

These multifaceted access constraints underscore the imperative for concerted efforts in support of the Access and Civil-Military Coordination (CMCoord) colleagues. The Access and CMCoord team engage with conflict parties at all levels, negotiating access and deconflicting locations based on requests received through the Humanitarian Information Sharing Mechanism. Access negotiation is undertaken at the local/state, national and international levels through a well-established network of interlocutors. Based on program criticality, access is also negotiated at the international or regional fora. As famine response is a niche area, the need for additional visas for response experts also must be factored into the plans.

Collaborating with the United Nations Department of Safety and Security (UNDSS) and administrative wings of the parties to the conflict, the team will facilitate mission planning and execution. Hence, integrating access and CMCoord considerations into the famine response strategy is critical to navigating and mitigating the challenges posed by the various access impediments.

VI. 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 Sudan.

In support of 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 spoke model. The UNDSS presence will provide security risk analysis, mission planning, contingency preparedness and evacuation/relocation support to UN Agencies and NGOs (humanitarian community) delivering from Port Sudan, 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. 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. Moreover, JHOCs will provide space for programme/implementation officers to coordinate assistance delivery to individual spokes, incorporating security risk analysis upfront.

Working with CMCoord colleagues, 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 partners, such as 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 table top exercises to the humanitarian community. The UNDSS training team is reaching out to the INGO community to begin a training needs assessment.

VII. 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 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.

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, age and gender, and disability. Subnational coordination 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 coordination cell 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.

VIII. Planning Assumptions and Risks

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

- Physical access enables us to reach high priority locations. A fluid security environment is possible, with real-time adjustments where operations are ongoing.
- Cash is possible as a modality in areas where liquidity is available and where financial providers can deliver.
- Markets continue to function across most targeted locations; affordability remains a primary barrier for households to access food and non-food items due to inflation.
- Access of qualified international emergency responders to priority areas is facilitated by the Government of Sudan; work with national partners on the ground is enabled to undertake delivery from hubs to spokes.
- Financial resources to respond at scale may fall short, thus requiring refined prioritization of response.
- 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.
- Availability of supply medical and non-medical including nutrition supply, able to preposition enough supply to each location-access 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 Plan include:

- **Resource availability:** Sufficient 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 organisations, governments, and other stakeholders are 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.

IX. Annexes

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

STATE	LOCALITY	PRIORITY 1 TARGET	PRIORITY 2 TARGET	TOTAL
	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
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
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	Ind1.0: # of children including children with disabilities supported to access formal and non-formal Education
Education	Provision of recreational materials	1.1.1: # of girls and boys supported with recreational materials
Education	Provision of dignity kits and MHM Education	1.1.2: # of girls provided with sanitary/dignity kits & MHM Education
Education	Establishment or rehabilitation of Temporary learning space (TLS) and alternate learning modalities	1.1.3: # of temporary learning spaces rehabilitated or constructed and furnished
Education	Rehabilitation of damaged classrooms	1.1.4: # of classrooms rehabilitated
Education	Provision of Emergency feeding	1.1.5: # of girls and boys supported with school feeding program
Education	Installation or rehabilitation of handwashing stations	1.1.6: # of handwashing stations rehabilitated/ installed temporary in schools
Education	Provision of safe drinking water	1.1.7: # 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	1.1.8: # of gender and disability responsive WASH facilities rehabilitated or constructed
Education	Provision of psychosocial support	1.1.9: # of children benefiting from structured, school-based psychosocial support (6-18 years)
Education	Establishment of referral pathways between schools and child protection services	1.1.10: # of children benefiting with referral pathways between schools and child protection services
Education	Training of teachers & PTAs members on MHPSS safe schools, GBV etc.	1.1.12: # of Teachers & Parent Teachers Association members with increased knowledge on MHPSS skills, safe schools, GBV etc.
Education	Provision of teaching & learning materials	2.1.1: # of girls and boys supported with teaching & learning materials
Education	Provide emergency incentives for teachers	2.1.3: # 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
Protection	Legal assistance provided for protection outcomes	Number of persons who received legal assistance or counseling
Protection	Legal assistance provided for protection outcomes	Number of legal identity and civil documentation issued
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.
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.
Protection	Persons with specific needs referred to specialized services	Number of persons with specific needs supported with referral to specialized services
Protection	"Group-based mental health and psychosocial support services provided to adults"	Number of persons (Adults) receiving group-based mental health and psychosocial support services"
Protection	"Individual mental health and psychosocial support services provided to adults"	Number of persons (Adults) receiving individualized mental health and psychosocial support services"
Protection	Community-Based Structures supported or established	Number of community-based structures established or supported
Protection	Community activity/support projects completed for protection outcomes	Number of community support activities/projects completed
Protection	Establish and support dedicated facilities like community centers	Number of multi-purpose community centers/facilities established or supported.

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
Protection	Establish and support community outreach structures	Number of protection desks established or supported
Protection	Individuals receive technical HLP assistance	Number of persons receive technical assistance on HLP
Protection	Protection monitoring conducted using key informant method	Number of key informants conducted for protection monitoring
Protection	Protection monitoring conducted using focused group discussion	Number of focused group discussion conducted for protection monitoring
Protection	Capacity Development	Number of service providers, including government officials and other duty bearers, community representatives and humanitarian staff, trained in protection issues and safe and inclusive service delivery
Protection	Awareness raising and community outreach activities conducted on general protection	Number of persons reached through information, awareness raising and community outreach activities on general protection (including civil documentation, HLP, peaceful co-existence)
Protection	Protection need assessment conducted to inform protection programming and response	Number of protection need assessment conducted at the community level
Protection	Protective accompaniment	Number of persons receiving protective accompaniment
Protection	Eviction risk prevented and mitigated in both site and in the host communities	Number of government officials, community-based structures and stakeholders trained on the prevention of the forced eviction
Protection	Provision of case management to address legal protection concerns and persons with specific needs	Number of persons receiving case management (persons at risk requiring legal protection such as forced eviction and person with specific needs)
Protection	Advocacy interventions Conducted	Number of advocacy interventions made
Health	Support essential public health functions (including trauma) with focus on strong primary health care.	Number of people reached by outpatient consultations.
Health	Strengthen emergency preparedness, response, and all-hazards emergency risk management.	% of health facilities supported submitting weekly surveillance reports on time
Health	Address the needs of vulnerable groups who are disproportionately affected by health emergencies	Number of SRH and MHPPS services provided
MPC	Deliver emergency MPC to the most vulnerable to cover their most urgent needs immediately following a shock	Number of households 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

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
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	% of HHs who reported that the MPC contributed to improving their living conditions
Nutrition	Cost for Providing food for care takers at SC treatment facilities per child admitted for average of 7 days (\$3 per day)	Number of care takers of children with SAM with medical complication supported with food costs at SC
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
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

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
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
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.)

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
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 trainings 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)
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	Do vector control and vector control campaigns (equipment, chemicals, labor)	Number of vector control campaigns conducted

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
WASH	Do 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
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

CLUSTER	ACTIVITY	ACTIVITY INDICATOR
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
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

FAMINE PREVENTION PLAN
SUDAN 2024