



Inter-Agency Refugee
Emergency Response Plan

SUDAN: Refugee influx
from Ethiopia

November 2020 to December 2021

REVISION I | May 2021

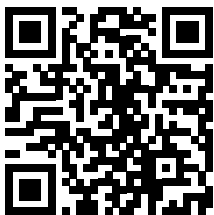
FRONT COVER PHOTOGRAPH:

“It’s hot here but we still play outside. I’m going to the school here and I love learning to read.”

Ethiopian refugee, Legis Golu, 9 years, stands outside her shelter at Um Rakuba camp in Gedaref state, Sudan. She fled her home in Howsin with her family.

Clashes between the Ethiopian army and forces from the Tigray region have driven thousands of people to flee their homes – more than half of them children. Since the fighting began in early-November 2020, more than 43,000 refugees have fled into Sudan in search of safety. The majority have crossed at Hamdayet border point in Kassala state and others at Lugdi in Gedaref state.

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PLANNED RESPONSE NOVEMBER 2020 – December 2021



120,000
PROJECTED REFUGEE
POPULATION

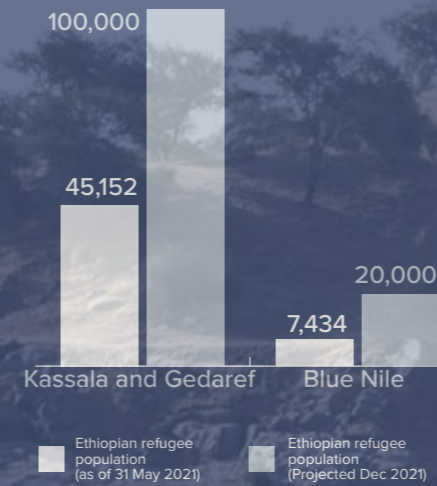


US\$ 182M
REQUIREMENTS

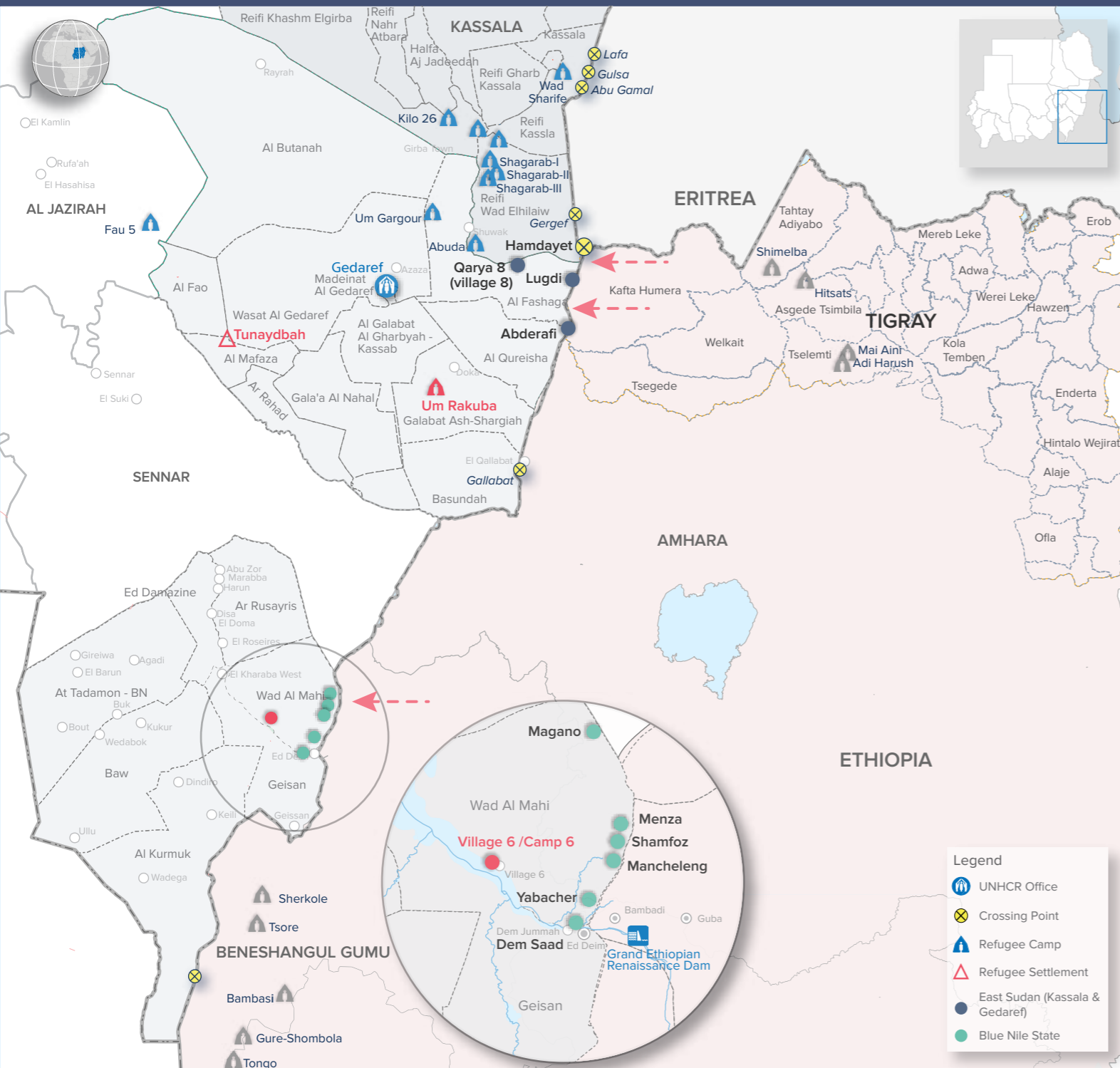


32
ORGANIZATIONS INVOLVED

Refugee Population Trends



Requirements by Sector



Ethiopian refugees flee to Sudan to take shelter, fleeing clashes in the country's Tigray region, cross the Tekeze river into Hamdayet, Sudan.
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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

CONTEXT

Context

Revision Rationale

The revision of the Inter-Agency refugee emergency response plan – [Sudan: Refugee influx from Ethiopia, launched on 25 November 2020](#), expands the time frame of the initial plan to 31 December 2021, includes the flood preparedness and response and incorporates the refugee response for Ethiopian asylum seekers in Blue Nile. Humanitarian partners of the emergency refugee response plan have re-prioritized their initial financial requirements and request additional USD 33 million to provide assistance to the influx of Ethiopian refugees until the end of the 2021.

Inter-Agency
Refugee
Emergency
Response
Plan,
Ethiopia
Influx -
Nov 2020



Situation in Ethiopia

The tension between the Federal and Tigray regional governments culminated in the military confrontations that started on 04 November and prompted the Prime Minister to declare a State of Emergency in Tigray. Armed clashes between the Ethiopian Defense Force (EDF) and Tigray Regional Security Forces (TRSF) that were initially confined to the Western Tigray area, have then moved towards the region's eastern and southern parts. The humanitarian impact increased as the situation deteriorated. For several months now, roads have been blocked and electricity, phone and internet have been entirely or partially cut throughout the region, making communication nearly impossible. There is a shortage of fuel and banking services have halted resulting in a lack of access to cash.



Tigray

The conflict in the Tigray region in North-western Ethiopia between federal and regional forces started in November 2020 and has affected most of the region. It has resulted in widespread displacement across the region and has had an extensive impact on humanitarian needs. The conflict area remains reportedly affected by incidents of armed conflict and continued displacement, with potential spill over into Sudan.

The population in the Tigray region of Ethiopia accounts for approximately 600,000 people dependent on food relief assistance (more than 400,000 food insecure, 100,000 IDPs and 95,929 Eritrean refugees). It is expected that the situation has deteriorated significantly since the onset of the crisis and refugees will continue to try moving to Sudan.

Benishangul-Gumuz

A further manifestation of the political crisis in Ethiopia is persistent violence and instability in the Benishangul-Gumuz region where thousands of people have been displaced in the past months. In a recent move, the ruling party in Benishangul sanctioned some of its officials and held them accountable for not acting in their official capacity to avert the attack against innocent civilians in three districts in Metekel zone. Since late 2020, the situation in Metekel has been dire. Daily attacks on civilians resulting in displacement are reported. As a result, thousands of Ethiopians have crossed the border into the Blue Nile and Gedaref region of Sudan. While the majority of the population is of Gumuz ethnicity, up to seven different ethnic groups have been identified so far.

Refugee Influx to Sudan

Kassala and Gedaref

The refugee influx to East Sudan started on 6 November with individuals arriving from Humera (Ethiopia) through two border entry points, Lugdi and Hamdayet. Since then, the movement dramatically increased with a daily average of over 2,700 individuals crossing into Kassala and Gedaref. The majority of the arrivals enter through Hamdayat (Kassala State) and in proximity to “Village 8” in Gedaref State, including for example Lugdi border point. These entry points are located in extremely remote locations, only accessible via sand tracks and other non-paved roads. Both locations are expected to be inaccessible during the rainy season. By 31 May 2021 45,152 Ethiopian refugees and asylum seekers have been registered in Kassala and Gedaref. Continuous registration activities are ongoing.

Blue Nile

Blue Nile, located in Southeast Sudan, is host to around forty different ethnic groups. Its economic activity is based on agriculture and livestock and increasing mineral exploitation. Its borders with Gedaref state in the northeast and Sennar in the West and shares a border with Ethiopia and South Sudan in the Southeast. Blue Nile borders Benishangul-Gumuz regional state which is located in the Western part of Ethiopia.

The influx of asylum seekers into Blue Nile State started at the end November 2020 from Benishangul Gumuz in Ethiopia. The majority are from the Gumuz and Berta ethnic groups and other sub-groups namely Kwama, Shinasha; Jabalween (Jabalawin); Kadhlu; Fabwein; Fawansa, Gbaween (Gubaina); Fabiro (Kabiro); Agaw-awi and to a smaller extent, Tigray.

The asylum seekers arrived in Blue Nile State through six main entry points Yabacher, Menza, Manchaleng, Dem Saad, Magano and Shamfoz. They come from different localities in Ethiopia: Al Mahal; Bamaza (Mamaza); Bebe; Yaringa; Daharguba; Orchid; Aswir; and Yaminchir. Access to the entry points is a serious concern as those villages are located in remote areas with challenging road access and it takes between 4 to 6.5 hours by road from Damazine. All entry points are expected to face access limitations during the rainy season. Until 8 June, 2021 7,434 Ethiopian refugees have entered Blue Nile state in Southeast Sudan.

Operational Context

As of April 2021, Sudan hosts over 1.1 million refugees from South Sudan, Eritrea, Central African Republic, Ethiopia and other countries.

The country faces multiple challenges, including over 300% annual inflation and fuel shortages. According to the latest International Food Security Phase Classification (IPC) report food insecurity levels are the highest ever recorded in Sudan. The 2021 Humanitarian Needs Overview (HNO) estimates that over 13.4 million people need assistance, including one million refugees, an increase of a third compared to 2020.

UNHCR has an existing sub-office in Kassala, and a field office in Girba and Gedaref, which is located in close proximity to current refugee sites. UNHCR/COR manage a small transit centre at Hamdayet where wet feeding,

screening and onward transportation to a designated camp are provided. Protection and assistance services target the protracted and newly arriving Eritrean refugees located in several camps. It also seeks to address the onward movements of refugees. The initial interagency refugee emergency response plan had 30 appealing organizations including 10 UN agencies and 20 NGOs. Since November 2020 the capacity of the humanitarian community to respond to the crisis has significantly increased. However, while there are operational capacities on the ground, these capacities need to be consolidated and expanded to provide predictable assistance until the end of 2021.

Prior to recent events Blue Nile State did not have an established refugee response. However, there are several UN agencies and NGOs present who have offices and support local communities in Blue Nile. After the influx increased UN agencies and NGOs were able to quickly mobilise resources to establish a response mechanism and identified a hosting site. In February 2021 the Blue Nile Refugee Working Group was established to coordinate the response. While the actors who are present have not been responding to refugees in the past some existing capacities are present to provide a humanitarian response the influx of Ethiopian refugees into Blue Nile State.



Children playing at Tunadybah refugee settlement.

In support of the Government of Sudan's response to the influx of refugees from Ethiopia's Tigray region to eastern Sudan, UNHCR and partners, and other UN agencies set up a new refugee settlement in Tunaydbah, Gedaref state, rolling out lifesaving assistance to the newly displaced. ; More than 62,000 refugees have fled Ethiopia's Tigray region to Sudan's Tunaydbah settlement and Um Rakuba camp, each with over 20,000 people. Majority are women, children and the elderly.

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PLANNING SCENARIO

Planning Scenario

Risk Analysis

The fighting in the Tigray region in Ethiopia could lead to large scale displacement with an influx across the border into East Sudan. The costed planning scenario is for 120,000 arrivals until the end of 2021, given that over 50,000 refugees have arrived in Kassala and Gedaref over the first 6 months and over 7,000 have come to Blue Nile. While Hamdayet, Kassala is the official border crossing from Ethiopia’s Tigray region to Sudan, new arrivals are arriving across the Lugdi area in Gedaref, and possibly at other entry points. Six entry points have been identified in Blue Nile. Overall, the border is porous and many informal crossing points are possible. Experience of refugee influxes in Eastern Sudan also indicates that informal border points will be used and thus the scenario includes the arrivals at other points. In this scenario, transportation will be arranged to collect refugees and transport them to either transit centres or reception centres whichever is closer.

The Tigray region of Ethiopia is also host to 95,929 Eritrean refugees, some of whom might decide to move to Sudan in case of close fighting or due to reduced humanitarian assistance because of supply constraints and the evacuation of humanitarian workers.

There has been increasing ethnic violence in Benishangul-Gumuz and internal displacement is likely to increase as the situation in Tigray worsens. Ongoing conflict between armed groups in Metekel zone has already internally displaced some 17,000 people and the displacement is likely to increase. The upcoming election in Ethiopia is a further factor that could trigger additional displacement.

The operation will take a proactive and dynamic approach to risk management. The key risks and mitigation actions are detailed in the table below.

S/N	RISK	IMPACT	PROBABILITY	RISK LEVEL	MITIGATION
CONTEXT RISK					
1	Large scale influx of refugees has negative impact on local communities through use of land and increased demand on local markets	Major	Likely	Major	1. Consultations with host community on site selection. 2. Host community in proximity to refugees sites are benefiting from the provided assistance.
2	During the rainy season refugees hosting sites and border points become inaccessible	Major	Likely	Major	1. Site selection takes accessibility into account. 2. Prepositioning of relief items.
3	Risk of influx of armed elements mixed with civilian arrivals	Major	Possible	Likely	1. Screening of new arrivals by Sudanese authorities. 2. Separation of armed elements and civilians at the border entry.

S/N	RISK	IMPACT	PROBABILITY	RISK LEVEL	MITIGATION
4	Risk of resources are diverted from current refugee caseload to new arrivals	Major	Possible	Likely	<ol style="list-style-type: none"> 1. Advocacy at RCF and East Sudan/ Blue Nile RWG to maintain current assistance for existing caseload. 2. Timely restocking and replacement of diverted resources.
DELIVERY RISKS					
5	The inter-agency refugee response with existing capacities on the ground is overwhelmed by the scale and speed of the mass influx	Major	Likely	Major	<ol style="list-style-type: none"> 1. Comprehensive mobilisation of emergency response capacities by all actors including advocacy on HCT level for timely visa and travel issuance. 2. Apply a risk-based approach to partner selection and monitoring. 3. Preposition relief stocks in Eastern Sudan/Blue Nile. 4. Supply frame agreements established. 5. Inter-agency response plan and donor appeal issued. 6. Additional organizations deploy emergency teams to Eastern Sudan. 7. Consultation with authorities on sufficient and adequate land allocation to establish new refugee settlements (in line with Sudan pledges at GRF). 8. Level 2 registration of all refugees. 9. Clear roles and responsibilities for coordination and response.
6	Serious supply chain disruptions in sourcing, procuring or transporting relief items due to COVID-19-related movement restrictions	Major	Likely	Major	<ol style="list-style-type: none"> 1. Revised frame agreements with transporters. 2. Joint HCT advocacy with the Government for quick release of emergency related relief items through customs. 3. Review of access routes to anticipated operational locations and road repairs initiated. 4. Submit request for blanket customs clearance request to MoFA. 5. Consider market-based approaches to programming. 6. Plan procurement with partners.

S/N	RISK	IMPACT	PROBABILITY	RISK LEVEL	MITIGATION
SECURITY AND SAFETY RISK					
7	Insecurity in border areas	Major	Possible	Major	<ol style="list-style-type: none"> 1. Ongoing contextual security analysis. 2. Staff safety measures in place 3. Organize accelerated movement of refugees away from the border areas.
8	Risk of COVID-19 outbreak or outbreak of other communicable diseases	Major	Likely	Major	<ol style="list-style-type: none"> 1. Implementation of strict health protocols. 2. Quick decongestion of transit and reception centres. 3. Integrated vector control measures.
9	Increasing risk environment for sexual exploitation and abuse (SEA).	Major	Likely	Major	<ol style="list-style-type: none"> 1. Conduct PSEA refresher training for UN, NGO, and Government counterpart staff participating in the response. 2. Prepare a PSEA Action Plans for camp settings. 3. Establish Community-Based Complaints Mechanism, inclusive of SEA. 4. Agencies and NGOs commit to IASC Accountability to Affected Populations principles.
10	Underreporting of GBV and limited understanding of available services. Barriers to reporting such as stigma and fear of retaliation exist. Increasing stress reported as a significant contributing factor to violence. Lack of patrolling and policing leading to increased insecurity, especially at night-time and in the surroundings of the camp. Lack of peaceful coexistence with surrounding community poses a risk.	Major	Likely	Major	<ol style="list-style-type: none"> 1. Collaboration with various sectors to address risks – energy, shelter, WASH, Food etc. 2. Conduct continuous outreach on GBV referral pathways, strengthen quality and adherence to the GBV guiding principles to enhance trust in services. 3. Implement programming to address harmful attitudes and victim-blaming. 4. Liaise with coordination entities to support peaceful coexistence measures to sensitise and improve relations with surrounding community. 5. Strengthen policing, access to justice and address impunity.

S/N	RISK	IMPACT	PROBABILITY	RISK LEVEL	MITIGATION
SECURITY AND SAFETY RISK					
11	High levels of anxiety and exhaustion amongst staff due to heavy workload, inadequate accommodation and disruptions to R&R and annual leave, leading to reduced field presence, decreased productivity and possible burn-out.	Major	Likely	Major	<ol style="list-style-type: none"> 1. Prioritize duty of care to staff and implement active internal communications plan. 2. Regularly advise staff on psychosocial support available, including peer advisor network and telehealth. 3. Regularly review field office BCPs to ensure operational coverage.
12	Impact of COVID-19: <ul style="list-style-type: none"> • C19 environment increases stress amongst staff. • Outbreaks of C19 staff and related quarantine measures reduces field presence. • Potential medical evacuations. • Disruptions in staff deployment due to travel restrictions. 	Major	Likely	Major	<ol style="list-style-type: none"> 1. Strict implementation of COVID-19 protocols. 2. Regularly advise staff on available support mechanisms (psychological support, telehealth, etc.) 3. Regular review field office BCPs to ensure operational coverage. 4. Plan for staff contingencies in case quarantine measures are causing shortage of staff.
13	Rising tensions between refugees and asylum seekers and host communities.	Major	Likely	Major	<ol style="list-style-type: none"> 1. Include host community in response planning. 2. Extend services to host communities. 3. Regular communication with host community leaders.



UNHCR registration process of the newly arrived refugees at Um Rakuba camp in Gedaref State. UNHCR is collecting information from refugees to provide lifesaving assistance.
© UNHCR/AHMED KWARTE

Planning Scenario

The overall worst-case planning scenario foresees an influx of 300,000 refugees from Ethiopia until the end of 2021 into Kassala, Gedaref and Blue Nile. This includes Ethiopian nationals, Eritrean refugees hosted in Ethiopia's Tigray region, and possibly other third-country nationals (Somalis, Yemenis). The likely planning scenario for the costed response plan is 120,000 arrivals.

The response to this mass refugee influx will cover the following operational sites:

Kassala and Gedaref

- At least three major border entry points (Hamdayet (Kassala), Lugdi (Gedaref) and Abdrafi (Gedaref) which have witnessed arrivals since November 2020).
- Continuous response at the 2 newly established refugee sites at Um Rakuba and Tunaydbah in Gedaref state.
- With an average size of 20,000 individuals per settlement / camp, the response may require the establishment of several new refugee camp or settlement sites, at different locations; this may also include the re-opening of former refugee camp sites throughout the region.

Blue Nile

- At least six major border entry points in Wad Al Mahi and Gaisan locality (Yabacher, Deem Saad, Menza, Manchaleng, Magano and Shamfoz).
- Response at the identified refugee site at camp 6 with a max capacity of 20,000.

The profile of asylum seekers is expected to be from the Tigray, Amhara and Benishangul-Gumuz regions in Ethiopia. Eritrean refugees residing in Ethiopia are likely to move to existing camps in Sudan and seek asylum. Initial population profiles from ongoing influxes indicate approx. 30% are children. Additionally, 20,000 Sudanese returnees are expected to arrive in Sudan, mostly in Blue Nile state. This scenario also accounts for health and protection concerns, similar to those in previous waves of arrivals, namely persons with specific needs (PSN), malnutrition, and possibly TB and HIV. Large numbers of unaccompanied or separated children (UASC) are also anticipated, along with persons in need of psycho-social support. Inside Tigray, serious human rights abuses have been reported including sexual violence¹. Incidents have been reported by refugees after reaching Sudan and lifesaving services are available. COVID-19 precautionary measures will be taken into consideration when defining response plan, particularly in high concentration zones like transit and reception centres.

¹ See SRSG CRSV, available from <https://www.un.org/sexualviolenceinconflict/press-release/united-nations-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-ms-pramila-patten-urges-all-parties-to-prohibit-the-use-of-sexual-violence-and-cease-hostilities-in-the/>.

REFUGEE POPULATION PLANNING FIGURES (WORST CASE SCENARIO)		
Refugee mass influx from Ethiopia since 9 November 2020, as of 31 May 2021 ²	Additional influx anticipated under the planning scenario until December 2021	Total Planning Figure 2021
KASSALA & GEDAREF		
45,152	154,848	200,000
BLUE NILE		
7,434	92,566	100,000
TOTAL		
52,586	247,414	300,000

REFUGEE POPULATION PLANNING FIGURES (LIKELY SCENARIO AND PLANNING ASSUMPTION FOR THIS COSTED RESPONSE PLAN)		
Refugee mass influx from Ethiopia since 9 November 2020, as of 31 May 2021 ²	Additional influx anticipated under the planning scenario until December 2021	Total Planning Figure 2021
KASSALA & GEDAREF		
45,152	54,848	100,000
BLUE NILE		
7,434	12,566	20,000
TOTAL		
52,586	67,414	120,000

DISAGGREGATED DATA	% of expected new arrivals (based on refugee population profile of influx so far)
Women and Girls	36% of new arrivals
Men and Boys	64% of new arrivals
Children (0 < 17 years old)	27% of new arrivals
Adults (18 - 59 years old)	69% of new arrivals
Elderly (> 60 years old)	4% of new arrivals

² Figures from Blue Nile are as of 8 June 2021.

RESPONSE OBJECTIVES

Response Objectives

Strategic Objective (1): Support the Government of Sudan in maintaining access to territory and asylum for all individuals who seek to flee to the country, through the provision of related refugee protection services, including registration.

Strategic Objective (2): Timely decongestion of border entry points, and settlement of refugees in designated sites suitable for hosting large numbers of people.

Strategic Objective (3): Provision of multi-sectoral life-saving humanitarian assistance for all new arrivals at border points and in designated settlement sites as well as for vulnerable host communities.

Strategic Objective (4): Persons with specific needs and vulnerable persons are identified and provided with targeted services.



OPERATIONAL RESPONSE STRATEGY

Operational Response Strategy

1. Border Entry Points (Collection Points and Transit Centres in the Border Area):

Given the ongoing and anticipated influx, the main assistance objectives are to provide essential life-saving assistance services and ensure refugees and asylum seekers do not stay longer than 24 hours at these locations. Timely onward transport of new arrivals will ensure physical safety and prevents issues related to congestion and over-crowding, as well as reducing risk of GBV, Sexual Exploitation and Abuse (SEA), family separation, communicable diseases, continuous cross border movements and potential exploitation by unidentified armed groups. Should the decongestion efforts not keep up with the pace of the influx, additional assistance services at these sites may be provided in consultation with the government to meet basic humanitarian needs.

The Government of Sudan will conduct screening at entry points to maintain the civilian character of asylum. Combatants that are identified by the government will be separated and transferred to a separate facility.

The following assistance services will be provided at border entry points:

SECTOR	RESPONSE / ACTION
PROTECTION	<p>General Protection:</p> <ul style="list-style-type: none"> • Border monitoring and reporting by UNHCR and COR. • Initial refugee registration (household level, given the fast pace of the influx) by COR / UNHCR. • Referral of third-country nationals. • Distribution of tokens to fix the population and prevent family separation. • Protection desks, with referral to adequate services and identification of persons with specific needs. • Provision of information and counselling on access to essential services. • Refugee transport from border points to designated settlement sites (buses/trucks; convoy security escort; convoy ambulance). • Communicating with communities to ensure access to information on protection and safety, i.e. SEA, free access to services. <p>Child Protection:</p> <ul style="list-style-type: none"> • Child protection support, including identification of UASC, family reunification. • MHPSS and Children Associated with Armed Conflicts and community-based child protection mechanism. <p>Gender Based Violence (GBV):</p> <ul style="list-style-type: none"> • Clinical care for survivors of sexual violence. • Psychological first aid and referrals for additional services. • Immediate relocation where safety concerns are present.

SECTOR	RESPONSE / ACTION
LOGISTICS	<ul style="list-style-type: none"> • Transport of relief items to border points. • Warehousing of relief items.
SHELTER/ NON-FOOD ITEMS (NFIS)	<ul style="list-style-type: none"> • Multipurpose structures and shades integrating gender sensitivity, privacy measures and GBV risk mitigation measures. • Dignity kits for all women and girls. • In case of extended stay at the border points: Standard NFI kit per household (HH): <ul style="list-style-type: none"> o 4 Sleeping mats. o 4 Blankets. o Face mask (C19 prevention): 1 / ind. o 2 Jerry can. o Soap bar (250g): 1 / ind. o Mosquito net 2 / HH. • Cooking fuel (for communal kitchen in transit centres).
WASH	<ul style="list-style-type: none"> • Safe drinking water according to emergency standards (15 l/ind./day). While this may initially include water trucking, the response will prioritise from the start the establishment of sustainable water sources, so that water trucking can be phased out as soon as possible. This may include repair / rehabilitation of existing water systems, expanding pipe networks, new boreholes, and putting in place additional water storage. • Communal latrines according to emergency standards (1 latrine / 50 ind.; separated for women and men). • Water treatment, including chlorine and purification tablets. • Bath shelters, separate for women and men. • Solid waste bins and solid waste disposal. • Handwashing stations. • Hygiene promotion including on menstrual hygiene management. • Integrated vector management at the entry sites.
FOOD	<ul style="list-style-type: none"> • Wet feeding (cooked meals). • High Energy Biscuits. • Monthly dry rations (only in Hamdayet).
HEALTH & NUTRITION	<ul style="list-style-type: none"> • Health and nutrition screening on arrival. This will include medical triage, Covid-19 screening and risk communication, identification and referral of malnourished children, identification of individuals on long term treatment for chronic illness such as diabetes, hypertension, tuberculosis, acquired immunodeficiency syndrome. • Vaccination. • Primary health care services including services for sexual, reproductive and new-born health, nutrition services. • MUAC screening exercise and filtering of under-fives and PLW. • Emergency Referrals. • Disease surveillance.
LIVELIHOODS	<ul style="list-style-type: none"> • Management of livestock. • Holding place / fodder for larger animals or large numbers of animals. • Provide lifesaving livestock support applying (Livestock Emergency Guidelines and Standards) LEGS. • Distribution of appropriate containers for seed storage. • Daily monitoring of refugee livestock, crops and environmental impact.



Refugees from Ethiopia sit in the shade to avoid the afternoon sun at Hamdayet border reception centre in Sudan.
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2. Designated settlements sites for refugees (settlements or camps):

The Government of Sudan has designated land areas where refugee settlement or camp sites can be constructed to host the new arrivals. More land might need to be identified to accommodate additional influxes. Land ownership determination and host community consultations should be carried out to ensure local acceptance of the sites. As of 31 May 2021, the government has issued three sites hosting refugees: two have been identified in Gedaref State: Um Rakuba; Tunaydbah (Mafaza locality) and one in Blue Nile (camp 6, Wad Al Mahi locality)

In case arrivals exceed 100 individuals per days for one week a reception centre at the camp site becomes necessary, where new arrivals from the border will be provided with initial services until they can move to the home plots. Refugees will spend maximum 72 hours, possibly less, at the reception centre to prevent the site from becoming congested. From there, refugees will be relocated to home plots in the settlement site, where multi-sector assistance services will be made available. Only refugees identified at the border entry points (fixed with wristbands) will be entitled to assistance services at the settlement sites. Spontaneous arrivals at the refugee sites will be assessed regarding their origin. When allocating camps and plots, due consideration will be given to the potential intercommunal tensions.

Due to the vulnerable conditions of women and children who arrived dehydrated and traumatized urgent attention of saving lives of children and PSN cases will be the priority. UNHCR will coordinate with the government and the humanitarian community for immediate intervention according to their area of expertise.

From an initial stage at the site, community leadership will be established that also encourages women participation at a ratio of 50/50. The youth will also be included in the leadership structure. To facilitate communication between refugees and leaders, leadership forums with responding organizations will be held frequently. UNHCR will also maintain a daily presence at the sites and hold focus group discussions with the groups. Community-based protection Networks will be established and supported.

Services provided at the reception centres in settlement / camp sites include:

SECTOR	RESPONSE / ACTION
PROTECTION	<p>General Protection:</p> <ul style="list-style-type: none"> • Household pre-registration (in case not done at the border) and issuance of ID cards by COR / UNHCR. • Identification of persons with specific needs; initial assistance and referral. • Protection desks. • Mental health and psychosocial support. • Solutions, including voluntary repatriation, resettlement, relocation within Sudan. • Community based protection. • Peaceful co-existence activities, involving host community. • RST for most sensitive and urgent cases (example – high profile cases without exclusion concerns, active cases of former Eritrean refugees from Ethiopia, etc.). <p>Child Protection:</p> <ul style="list-style-type: none"> • Child protection, including identification of UASC, family tracing and reunification, child friendly spaces and birth registration. <p>Gender Based Violence (GBV):</p> <ul style="list-style-type: none"> • Risk mitigation, prevention and referral pathway/support for GBV survivors, including safe houses. • Dissemination of awareness messages and information about the available GBV services.
SITE COORDINATION & MANAGEMENT	<ul style="list-style-type: none"> • Management of the reception centre and coordination of all actors. • Establish two-way communication/complaint & feedback mechanisms. • Establish information management systems to map services. • Establish community representation structures with equal representation of women. • Monitor service delivery and standards and ensure GBV risk mitigation measures are in place.
SITE CONSTRUCTION SHELTER/ NON-FOOD ITEMS (NFIS)	<ul style="list-style-type: none"> • Communal shelter and shades; • Construction of all site infrastructure; site preparation for capacity of minimum 1,000 individuals. • Agency offices in proximity to reception centre
WASH	<ul style="list-style-type: none"> • Safe drinking water according to emergency standards (15//ind./day). While this may initially include water trucking, the response will prioritise from the start the establishment of sustainable water sources, so that water trucking can be phased out as soon as possible. This may include repair / rehabilitation of existing water systems, expanding pipe networks, new boreholes, and putting in place additional water storage. • Communal latrines according to emergency standards (1 latrine / 50 ind.; separate for women and men) with adequate lighting. • Bath shelters, separate for women and men. • Solid waste bins and solid waste disposal. • Hygiene promotion including on menstrual hygiene. • Hand washing stations. • Soap provision (at least 450g/p/m). • Water quality testing (Bacteriological H2S kit). • Integrated vector control management.
FOOD	<ul style="list-style-type: none"> • Wet feeding (cooked meals). • High Energy Biscuits if needed.

SECTOR	RESPONSE / ACTION
HEALTH & NUTRITION	<ul style="list-style-type: none"> • Health and nutrition screening and triage on arrival and provision of essential supplies including IEHKs, LLINs, life-saving medicines, clean delivery kits and nutrition supplies. • Emergency referral for primary and secondary health services • Reproductive health services. • Provision of PEP kits and condoms. • COVID-19 prevention and control interventions including risk communication, contact tracing and isolation and referral of suspected cases. • Promotion of best practices in Infant and Young Children Feeding (IYCF). • Psychological first aid. • Disease surveillance. • EPI services and coverage of the <5 children by ongoing vaccination campaign in response to cVDPV2 outbreak. • Provision of emergency blanket supplementary feeding support for maximum of one month as per the guidelines. • Provision of MAM treatment services to moderate malnourished individuals.



Selam, 19, started her coffee making business almost as soon as she arrived in Tunaydhan refugee camp in Sudan. Coffee is a central part of Ethiopian cuisine and hospitality. She ran a thriving café back home before she was forced to flee fighting in Ethiopia's Tigray region. Life in the camp is challenging but Selam is determined to use her entrepreneurial skills to empower herself and her family.
 © UNHCR/AHMED KWARTE

In case of a daily influx of less than 100 individuals per day refugees will be relocated from the border points directly to the settlement / camp sites where emergency shelter and WASH facilities will be prepared before their arrival

Services provided in the home plot areas of the settlement / camp sites:

SECTOR	RESPONSE / ACTION
PROTECTION	<p>General Protection:</p> <ul style="list-style-type: none"> • Individual biometric refugee registration by COR / UNHCR. • Identification of persons with specific needs; initial assistance and referral. • Mental health and psychosocial support • Protection desks. • Provision of information and counselling on access to essential services. • Collaborative dispute resolution mechanism for potential conflict over resources. • Positioning of CMR kits for medical response to sexual violence cases. • Undertake activities to promote peaceful co-existence within and amongst refugee camp and host communities. • Solutions, including voluntary repatriation, resettlement, relocation within Sudan. • RST for most sensitive and urgent cases (example – high profile cases without exclusion concerns, active cases of former Eritrean refugees from Ethiopia, etc.). <p>Child Protection:</p> <ul style="list-style-type: none"> • Child protection, including identification of UASC, child friendly spaces and birth registration. • implementation of case management system for all children at heightened risk. • Initiate family tracing and reunification for unaccompanied and separated children. <p>Gender Based Violence (GBV):</p> <ul style="list-style-type: none"> • Establish GBV referral pathways. • GBV case management, psycho-social support for women and men. • Clinical care for survivors of GBV. • Women’s and Girls Safe Spaces. • Access to legal assistance. • Awareness raising and social and behaviour change communication.
SITE COORDINATION & MANAGEMENT	<ul style="list-style-type: none"> • Management of the camp / settlement, and coordination of all actors. • Establish two-way communication/complaint & feedback mechanisms inclusive of PSEA reporting channels. • Establish information management systems for service mapping. • Establish community representation structures with equal representation of women. • Monitor service delivery and standards.
SITE CONSTRUCTION SHELTER/ NON-FOOD ITEMS (NFIS)	<ul style="list-style-type: none"> • Site planning and layout to enhance safety and protection. • Site preparation, including levelling if necessary, access roads. • Construction of gender-sensitive communal facilities. • Plot demarcation. • Provision of emergency shelter (tents). • Provision of transitional shelter (rakoubas). • Distribution of NFI kits in home plot areas; standard NFI kit per HH of 5 ind. (assuming that a partial kit was received at the border point; if not: full kit of border point + camp distribution scale): <ul style="list-style-type: none"> o plastic sheets: 2 / HH o kitchen set: 1 / HH

SECTOR	RESPONSE / ACTION
SITE CONSTRUCTION SHELTER/ NON-FOOD ITEMS (NFIS)	<ul style="list-style-type: none"> o Solar lantern: 1 / HH o jerry can: 2 / HH (if not already distributed at border point) o mosquito nets: 2 / HH (if not already distributed at border point) o face masks: 2 / ind. (COVID-19 prevention) • Regular Distribution of dignity kits for all women and girls. • Start construction of durable shelter solution (Tukul) in 2021, ensure specialized support to PSN where required.
WASH	<ul style="list-style-type: none"> • Safe drinking water according to emergency standards (15//ind./day), if needed establishment/rehabilitation of water sources. Initial supply of drinking water through water trucking. Establishment of sustainable water supply systems after max. 4 months. • Initial: Communal latrines according to emergency standards (1 latrine / 50 ind.; gender separated). After max. 4 months shift to permanent latrines according to minimum standards (1 latrine / 20 ind.); gender separated with adequate lighting. • Establishment and training of water management committees. • Hygiene promotion, including menstrual hygiene. • Solid waste management and solid waste bins including for menstrual products. • Hand washing stations. • Soap provision (at least 450g/p/m). • Water quality testing (Bacteriological H2S kit). • Laundry area. • Supply and distribution of household water treatment products. • Integrated vector control management.
FOOD	<ul style="list-style-type: none"> • Gender sensitive distribution of monthly food assistance. • Provide wet feeding or HEBs over the first three days after arrival.
LOGISTICS	<ul style="list-style-type: none"> • Provision of safe, effective and efficient access to beneficiaries and project implementation sites to NGOs, UN agencies, donor organizations and diplomatic missions in Sudan. • Transportation of light cargo such as medical supplies, high energy foods and information and communications technology (ICT) equipment as well as PPEs. • Provision of adequate capacity for medical and security evacuations of humanitarian staff. <p>Emergency Telecommunications:</p> <ul style="list-style-type: none"> • Provide common internet connectivity for humanitarians in Gedaref and Blue Nile. • Improve the access to connectivity for refugees to enable services such as online education. • Coordination of security telecommunications services at the operational areas.
HEALTH & NUTRITION	<ul style="list-style-type: none"> • Primary health care services (initially possibly mobile clinics before construction of semi-permanent structures). • Prevention and control of communicable diseases including vaccination and mainstreaming of Covid-19 interventions (risk communication, identification, isolation and management of individuals with Covid-19 infection). • Management of non-communicable diseases (AWD, ARI). • Emergency referrals with adequately equipped ambulances. • Mental Health and Psychosocial Support. • Provision of the Minimum Initial Service Package (MISP). • Community Management of Acute Malnutrition (CMAM) including SAM with complication, SAM without complications and MAM treatment. • Routine Active case findings and MUAC screening.

SECTOR	RESPONSE / ACTION
HEALTH & NUTRITION	<ul style="list-style-type: none"> • Promotion of best practices in Infant and Young Children Feeding (IYCF). • Malaria prevention and treatment (LLNs, medicines). • Event based disease surveillance. • Health promotion. • Emergency blanket supplementary feeding for the first three months. • Targeted supplementary feeding for three months. • EPI services and coverage of the <5 children by ongoing vaccination campaign in response to cVDPV2 outbreak. • Scale up of TB and HIV services. • Provision of PEP kits and condoms.
EDUCATION	<ul style="list-style-type: none"> • Pre-primary, primary and secondary schools. • Construction of semi-permanent structures. • Provision of basic furniture for TLS particularly for secondary schools. • Provision of standardized teaching and learning materials. • Identification, engagement, capacity building and compensation of education facilitators (incentive teachers) according to INEE MS. • Gender sensitive emergency WASH in school interventions, including for menstrual hygiene. • Psychosocial support (including Child Friendly Spaces). • School feeding (targeted for malnourished school age children) for referral to WFP/ partners. • PTAs establishment/capacity building. • Teacher training – life skills, teacher preparedness for COVID -19, PSS including play-based learning, Code of Conduct, GBV. • Engagement with State MoEs on Education provision for refugee children.
LIVELIHOODS	<ul style="list-style-type: none"> • Provide Lifesaving Livestock support applying (Livestock Emergency Guidelines and Standards) LEGS. • Support agricultural livelihoods of refugees and host communities using relevant agricultural methodologies and practices (kitchen gardens, group agroforestry plots, CSA, IPM, etc.). • Income generating activities. • Rehabilitation of pasture and rangeland (refugees owning livestock). • Support the development of natural resource management plans (NRM) in collaboration with relevant institutions at State level. • Extending technical assistance/inputs to hosting communities to mitigate possible conflicts over use of natural resources. • Distribution of appropriate containers for seed storage. • Promote socio-economic integration of refugees. • Registration of livestock and veterinary services.
ENERGY & ENVIRONMENT	<ul style="list-style-type: none"> • Procure and distribute firewood and ethanol fuel, fuel-efficient stoves (multi-flex, ethanol stove) for cooking and cooking utensils for refugee households. • Improving protection and wellbeing of the refugee through solar house lights distribution. • Provide solar streetlamps in the camps. • Development of Natural Resource Management Plan to reduce current pressure on natural resources in refugee hosting areas.
MULTI-SECTOR	<ul style="list-style-type: none"> • Host community support. • Multipurpose cash assistance based upon minimum expenditure basket.

3. Contingency for additional refugee sites:

While the newly established refugee site in Blue Nile state has capacity to accommodate the expected arrival figure of 20,000 arrivals, the two newly established refugee sites, Um Rakuba and Tunaydbah in Gedaref state, are close to full capacity. For the potential arrival of further 45,000 refugees additional sites should be identified to ensure timely movement from the border points to identified sites. This will incorporate agreements with COR on additional sites for 45,000 refugees as well as preliminary arrangements with host communities

4. Flood preparedness and response strategy:

In preparation of the 2021 rainy season and the flood risk at the refugee sites in Eastern Sudan a flood preparedness plan has been prepared for the refugee response in Um Rakuba and Tunaydbah. However, some of the proposed interventions can be applied in other locations depending on the context. The plan was prepared through a consultative process involving the humanitarian community in Gedaref and Kassala and is referenced here. The plan contains multi-sectoral mitigation and response measures to address the expected impact of the rainy season on the refugee sites.

More details are given in the FLOOD PREPAREDNESS AND RESPONSE PLAN issued on 31 March 2021.

The flood preparedness and response strategy consist of the following components:

a) Protection:

Flood preparedness is essential for the protection of refugees and to create conditions where refugees can live in safety and with dignity without fear. Factors to enhance protection from violence, safety from accidents and privacy considerations are integrated into the response. To ensure less disruptions and to keep children safe in schools, temporary learning centres located in flood prone areas to be relocated. All flood preparedness interventions must include GBV aspects.

b) Prepositioning:

Before the start of the rainy season in May essential drugs and medical supplies, including core relief items, including dignity kits, PEP kits and food will be prepositioned at the refugee sites to ensure availability if access is limited during the rainy season.

c) Structural mitigation:

Structural mitigation includes the identification of flood prone areas and relocation of household shelter to less affected areas. Further, access to the sites is improved by upgrading roads to the refugee sites as well as improving the road conditions inside the sites. Emergency latrines will be decommissioned and replaced with permanent latrines. Drainage channels will be dug and maintained to direct water flows away from the refugee sites. Hygiene promotion will be strengthened to avoid outbreaks of water borne diseases.

d) Health:

Apart from prepositioning of medical supplies and drugs health facilities will be elevated to protect against flooding. Sites for cholera treatments centres will be identified and capacities for inpatient treatment/stabilization of patients including stabilization centres for severe acute malnutrition treatment will be expanded at the health facilities and field hospitals in the camps.

5. COVID-19 protocols at all sites and assistance points:

The mass influx takes place in the context of the COVID-19 pandemic, and it is likely that individuals involved in this response, including persons of concern, may be affected by C19. While social distancing in the context of a mass influx is difficult to maintain, the following COVID-19 prevention measures will be implemented:

- C19 risk communication and sensitisation at all operational sites (in the language of the refugees, or in pictures). Specific outreach to marginalised community members will be undertaken.
- Distribution of soap and installation of hand washing facilities.
- Health screening at all transit locations and the health facilities.
- Distribution of face masks as part of the NFI kit at all sites.
- Provision of face masks during transportation for the border entry point to the camps.
- Establishment of C19 isolation facilities at all transit sites and in the camp.
- Establishment of clear pathways for testing suspected patients, case management and referrals.
- Referral system to isolation centres with ICU units with adequately equipped ambulances and with trained staff for severe Covid-19 patients.
- The provision of Ag-rapid test kits at the health service delivery points.
- Scale up of NPHL laboratory testing facilities in Gedaref and Kassala.
- Printing and dissemination of C19 SOPs, guidelines, and protocols for first line responders

6. Accountability to Affected Populations:

Refugees will be included in the planning, implementation, and evaluation of all response activities by soliciting, hearing, and acting upon the voices and priorities of women, girls, boys, men, including the most marginalized and at-risk people among affected communities. All sectors of the community have the right to participate in and play an active role in decisions that will impact their lives, well-being, dignity, and protection. Assistance will be standardized, and refugees will receive clear and tailored information about the content of provided and available assistance. The humanitarian community will consult with and integrate host communities in their humanitarian response planning and implementation to avoid social tension and address existing vulnerabilities. It will coordinate, establish and support the implementation of a common, accessible, and confidential communication mechanisms in each camp for refugees to provide feedback on received services, and report complaints including SEA-related complaints. Humanitarians involved in the response will close the feedback loop by making further improvement in programmes and offer services that are appropriate, useful, timely, and meet the needs identified by the refugees and other affected populations.

7. Modality of assistance provision:

Especially at the border points, the modality for initial support to households is in-kind, as refugees often arrive with few belongings and need immediate material support. The capacity of local markets at the borders is surpassed by the needs of refugees in terms of essential household and food items. At the newly established refugee and asylum seeker sites in Gedaref markets have started to establish themselves and responding organizations have carried out assessments on cash feasibility and implemented the first cash-based intervention pilots. With further stabilization of the sites cash based interventions will be increasingly considered in the response.

STAFF SAFETY & SECURITY

Staff Safety and Security

Kassala and Gedaref

The current security situation in Kassala state is normal, but unpredictable. The area witnessed tribal conflict and fighting between Nuba and Bani Amir/ Bija and Bani Amir. These factors led the state government to declare a state of emergency in the state for three months effective from Sunday 30th August 2020.

Travel outside of Kassala and Gedaref city needs to be carefully planned. It is advised to track team movements and maintain regular radio contact with the office. It is advised to have a Sat phone and satnav in all vehicles. All field teams should be equipped with sat phones. Road travel should only be carried out after sunrise and before sunset. Field accommodation should be preapproved.

The security situation in the state of Gedaref is volatile. Armed conflict between Sudanese Armed Forces (SAF) and Ethiopian militia units in the border areas dominate the overall security incidents reported in the state. The border areas within the state are the main areas where these militias operate. There are several Ethiopian militia settlements within Al-Fashaga, Gureisha and Basunda localities, from where they stage their attacks against SAF and its interests in the state. From time to time, these militiamen resort to kidnapping of Sudanese merchants and farmers in the border areas either for ransom or for material gains.

In addition, the economic situation in the state has fuelled several demonstrations by the community expressing their dissatisfaction with the prices of fuel and supplies in addition to the lack of basic services and job opportunities.

Blue Nile

The general security situation in Blue Nile State is calm with the eastern part of the state bordering Ethiopia considered safe and secure for humanitarian operation. The major security threats are:

- Violent socio-political protests
- Armed robberies
- House break-ins

These threats are mainly in built-up areas and along Main Supply Routes (MSR).

The southern part of the state, in addition, have considerable hazard related to land mines and UXOs. Additional hazards are as follows:

1. The area is malaria prone throughout the year.
2. Cholera epidemic is frequent due to poor hygiene.
3. Poor road conditions out of Damazine with very difficult access during the rainy season.

4. Limited capacity of housing and hotels.
5. Cyclic fuel, bread, electricity and water shortages.
6. Lack of approved overnight facilities in deep field areas.
7. The area is known for floods during rainy season.
8. Limited capacity of medical facilities specially in the deep field locations.



A refugee from Ethiopia carries a pot to receive a hot meal at the Hamdayet border reception centre in Sudan.
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INTER-AGENCY COORDINATION

Inter-Agency Coordination

In terms of inter-agency coordination, the Refugee Coordination Model is implemented in Sudan. COR and UNHCR lead the refugee response and work in close partnership with UN and NGOs. At national level, COR and UNHCR co-chair the Refugee Consultation Forum (RCF), attended by all UN and NGOs working on refugee issues. The RCF is the main forum for macro-level response planning, coordination and policy as well the development of guidance. The RCF is supported by technical advisory groups, with engagement of the IASC sector coordination groups on standards and technical specifications. COR/UNHCR will continue to lead inter-agency planning, monitoring and reporting of the Country Refugee Response Plan (CRP) for Sudan, as well as related preparedness and contingency planning.

Operational coordination at field level takes place in the Refugee Working Groups (RWGs), co-chaired by UNHCR and COR. Specifically, the inter-agency response to the refugee influx from Ethiopia is coordinated by the RWG in Gedaref and Blue Nile state (Damazine). The RWGs coordinate the multi-sector refugee response and should be attended at senior management level. Both RWG will ensure close cooperation with OCHA led state level coordination structures in Gedaref, Kassala and Blue Nile.

For the response in Kassala and Gedaref state, and specifically for this refugee mass influx from Ethiopia, the following refugee sector working groups have been established:

SECTOR	CO-LEADS
PROTECTION	CoR & UNHCR
PROTECTION SUB-SECTOR GROUPS ON: CHILD PROTECTION, SGBV DURABLE SOLUTIONS COMMUNICATION WITH COMMUNITIES	UNICEF & UNHCR UNHCR & UNFPA UNDP & UNHCR UNHCR & COR
SHELTER, SITE PREPARATION & NFI	UNHCR & WHH
LOGISTICS	WFP
WASH	UNICEF & UNHCR
HEALTH & NUTRITION MHPSS SUB-SECTOR	ARC & UNHCR NCA & UNHCR
EDUCATION	UNICEF & UNHCR
FOOD SECURITY & LIVELIHOODS	WFP & FAO
ENERGY AND DURABLE SOLUTIONS	UNDP & UNHCR
INFORMATION MANAGEMENT	UNHCR
CASH BASED INTERVENTIONS	NRC & UNHCR
EMERGENCY TELECOMMUNICATIONS	UNHCR

For the response in Blue Nile state the sector coordination will be integrated into the existing coordination structure with arrangements to cover the refugee influx:

SECTOR	CO-LEADS
PROTECTION	CoR & UNHCR
LOGISTICS	WFP
SHELTER, SITE PREPARATION & NFI	UNHCR & SCI
WASH	UNHCR & UNICEF
HEALTH & NUTRITION	UNHCR, UNFPA & WHO
FOOD SECURITY & LIVELIHOODS	WFP & FAO

At all operational sites, COR and UNHCR will convene site specific inter-agency coordination meetings and may activate site specific sector coordination which will report to the corresponding RWG on state level.



Annexes

Annex 1: Financial Requirements:

A. Financial Requirements by Sector:

SECTOR	FINANCIAL REQUIREMENT
PROTECTION	\$ 28,099,396.00
CAMP COORDINATION & CAMP MANAGEMENT	\$ 4,751,311.00
EDUCATION	\$ 6,979,352.00
WASH	\$ 49,443,276.00
HEALTH & NUTRITION	\$ 26,074,748.00
ENERGY & ENVIRONMENT	\$ 4,806,409.00
SHELTER, SITE PREPARATION & NON-FOOD ITEMS (NFIS)	\$ 29,194,046.00
FOOD SECURITY & LIVELIHOODS	\$ 25,553,737.00
LOGISTICS	\$ 6,745,162.00
GRAND TOTAL	\$ 181,647,437.00



Sudan. Mihret Gereziher is 25 years old. She is a trained engineer and teacher, living in Tunaydbah camp. She volunteers to work with UNHCR and partners to oversee constructions, and to assist mothers to get medical services for themselves and their children
 © UNHCR/AHMED KWARTE

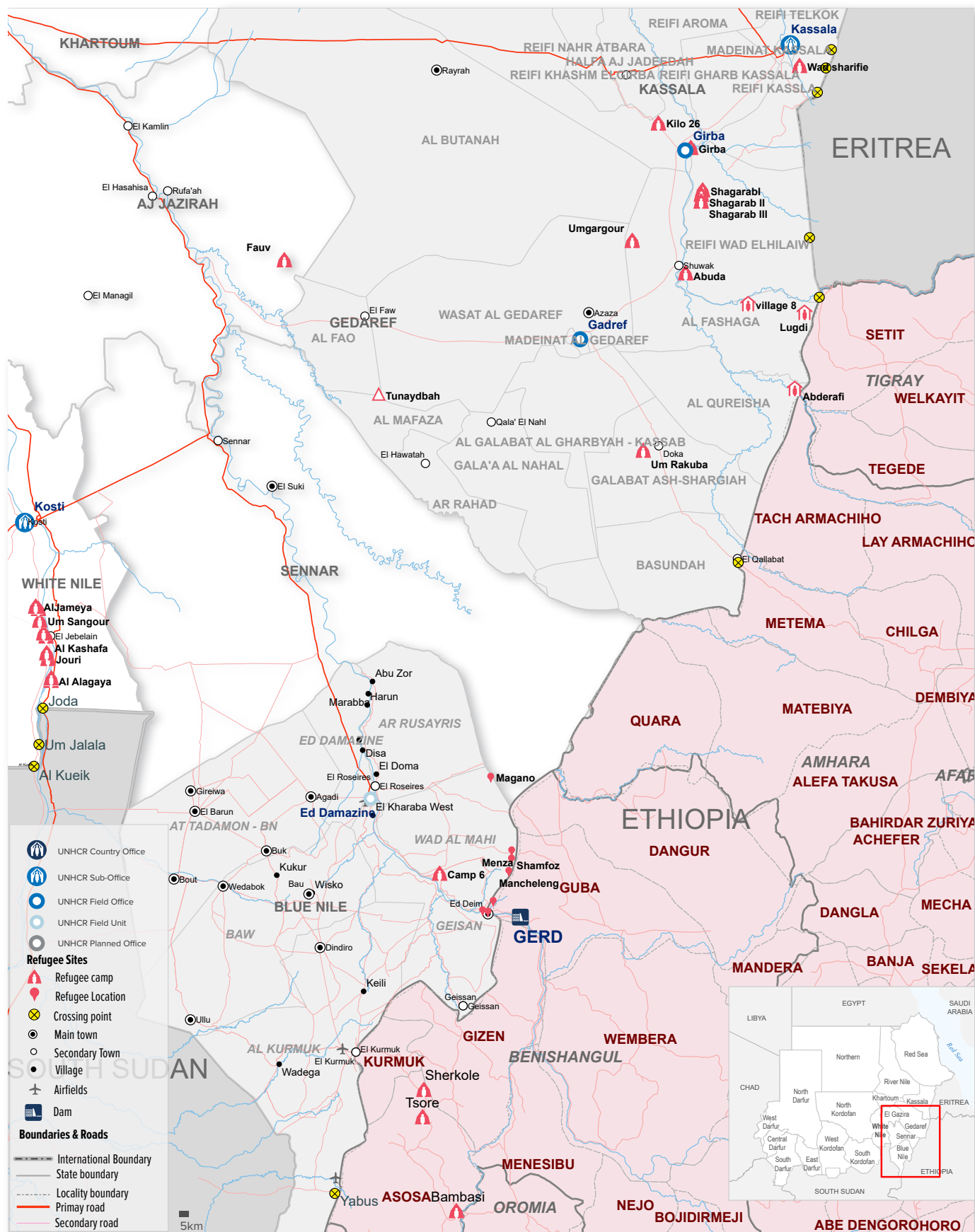
B. Financial Requirements by Partners:

PARTNER	ACRONYM	FINANCIAL REQUIREMENT
Adventist Development and Relief Agency	ADRA	\$ 493,500.00
American Refugee Committee (Alight)	ALIGHT	\$ 1,650,000.00
Business and Professional Women Organization	BPWO	\$ 434,727.00
CARE International Sudan	CIS	\$ 1,604,000.00
Cooperazione Internazionale	COOPI	\$ 697,455.00
Concern Worldwide	CWW	\$ 1,085,000.00
Danish Refugee Council	DRC	\$ 3,350,000.00
Food and Agriculture Organization	FAO	\$ 2,875,050.00
Hope and Homes for Children (Hope Sudan)	HOPE	\$ 550,000.00
International Organization for Migration	IOM	\$ 7,000,000.00
International Rescue Committee	IRC	\$ 6,300,000.00
Islamic Relief Worldwide	IRW	\$ 3,225,000.00
Jasmar Human Security Organization	JASMAR	\$ 255,160.00
Medair Organization	MEDAIR	\$ 932,787.00
Mercy Corps	MC	\$ 1,610,000.00
Norwegian Church Aid	NCA	\$ 3,150,000.00
Norwegian Refugee Council	NRC	\$ 8,000,000.00
Plan International Sudan	PIS	\$ 1,900,000.00
Relief International	RI	\$ 2,000,000.00
Save the Children	SCI	\$ 4,220,000.00
Solidarites International	SI	\$ 480,000.00
United Nations Development Programme	UNDP	\$ 900,000.00
United Nations Population Fund	UNFPA	\$ 4,680,000.00
United Nations High Commissioner for Refugees	UNHCR	\$ 63,219,798.00
United Nations Children's Fund	UNICEF	\$ 20,439,039.00
United Nations Office for Project Services	UNOPS	\$ 5,000,000.00
United Nations - Women	UNWOMEN	\$ 528,580.00
United Peace Organization	UPO	\$ 851,000.00
World Food Programme	WFP	\$ 25,325,286.00
Welthungerhilfe	WHH	\$ 3,674,225.00
World Health Organization	WHO	\$ 3,208,700.00
ZOA International Sudan	ZOA	\$ 2,008,130.00
GRAND TOTAL		\$ 181,647,437.00

The revision of the Inter-Agency Refugee Emergency Response Plan – May 2021 has increased the financial requirements by \$ 33,474,844.00 This includes the extension of the timeframe until end of 2021, flood preparedness and response costs and costs for the response in Blue Nile.

Annex 2: Operational Area Map:

As of 05 May 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. ** Final status of the Abyei area is not yet determined.

Creation date: 05 May 2021 Sources: Geodata: UNHCR,OCHA. Author: UNHCR Sudan Feedback: Information Management Unit, SUDKIM@UNHCR.ORG

Annex 3: Appealing Organizations:

#	PARTNER	ACRONYM	KASSALA & GEDAREF	BLUE NILE
1	Adventist Development and Relief Agency	ADRA	X	X
2	American Refugee Committee (Alight)	ALIGHT	X	
3	Business and Professional Women Organization	BPWO	X	
4	CARE International Sudan	CIS	X	
5	Cooperazione Internazionale	COOPI	X	
6	Concern Worldwide	CWW	X	
7	Danish Refugee Council	DRC	X	
8	Food and Agriculture Organization	FAO	X	X
9	Hope and Homes for Children (Hope Sudan)	HOPE	X	
10	International Organization for Migration	IOM	X	X
11	International Rescue Committee - (new partner)	IRC	X	X
12	Islamic Relief Worldwide	IRW	x	X
13	Jasmar Human Security Organization	JASMAR	X	
14	Medair Organization	MEDAIR	X	
15	Mercy Corps	MC	X	
16	Norwegian Church Aid	NCA	X	
17	Norwegian Refugee Council	NRC	X	
18	Plan International Sudan	PIS	X	
19	Relief International	RI	X	X
20	Save the Children	SCI	X	X
21	Solidarites International - (new partner)	SI	X	
22	United Nations Development Programme	UNDP	X	X
23	United Nations Population Fund	UNFPA	X	X
24	United Nations High Commissioner for Refugees	UNHCR	X	X
25	United Nations Children's Fund	UNICEF	X	X
26	United Nations Office for Project Services	UNOPS	X	
27	United Nations - Women	UNWOMEN	X	
28	United Peace Organization	UPO	X	
29	World Food Programme	WFP	X	X
30	Welthungerhilfe	WHH	X	
31	World Health Organization	WHO	X	X
32	ZOA International Sudan	ZOA	X	



Ethiopian refugee women walk through Um Rakuba camp in Sudan.
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