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## Emergency Plan of Action (EPoA)

# Sudan: Tigray Population Movement



International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n°</b>	<b>MDRSD029</b>	<b>Glide n°:</b>	<a href="#">CE-2020-000228-SDN</a>
<b>Date of issue:</b>	<b>19 November 2020</b>	<b>Expected timeframe:</b>	<b>4 months</b>
		<b>Expected end date:</b>	<b>31 March 2021</b>
<b>Category allocated to the of the disaster or crisis: Yellow</b>			
<b>DREF allocated: CHF 498,763</b>			
<b>Total number of people affected:</b>	<b>200,000 (forecasted) including host communities</b>	<b>Number of people to be assisted:</b>	<b>40,000 people (8,000 households)</b>
<b>Provinces affected:</b>	<b>Kassala and Gedaref</b>	<b>Provinces/Regions targeted:</b>	<b>Kassala and Gedaref</b>
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> SRCS has branches in Kassala and Gedaref. SRCS is an implementing partner of UNHCR in Kassala, operating in 9 refugee camps, implementing WASH and health activities with 277 staff paid by UNHCR. Kassala branch has 330 active volunteers in 11 localities, ready to be engaged anytime in this operation.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Danish Red Cross, German Red Cross and Netherlands Red Cross			
<b>Other partner organizations actively involved in the operation:</b> Government of Sudan, UNHCR, COOPI, WFP, UNICEF, IHCR, OCHA, AICS, Plan International, MSF Holland, WHH			

<Please click [here](#) for the final financial report and click [here](#) for the contacts>

## A. Situation analysis

### Description of the disaster

On 03 November 2020, armed clashes were reported between the Ethiopian Defence Forces (EDF) and the Tigray Regional Security forces (TPLF) in Tigray region, Ethiopia, leading to massive population movement as communities flee for safety. On 6 November, the Ethiopian government declared a state of emergency, with a total of 1.5 to 2 million people projected to be affected. Indeed, as of 18 November, over 31,353 people have already arrived in Sudan in search of safety (source: UNHCR daily new arrival update November 18). A continued high influx of refugees is expected to arrive in East Sudan, UNHCR projects a total number of 200,000 people to cross the border in the coming 6 months, with 400,000 people in worst case scenario. While continuing to receive these new arrivals, East Sudan is hosting one of the most



*Ethiopian refugees in al-Lukdi Village 8, Gedaref State ©SRCS*

protracted refugee situations in the world, with active refugee camps in Kassala, Al Jazeera and Gedaref States, some of which are currently hosting new arrivals.

According to Sudanese Red Crescent (SRCS) assessment report from 15 November, the latest figures received as in Sudan are as follow:

- Total number of arrivals via **Hamdayit** transit/reception centre stands at **17,783 people** (**10,683** were registered, and **7,100** not yet registered).
- Total number of arrivals via **Al-Lukdi village 8** transit/reception centre stands at **8,240 people**
- Total number of refugees transferred to **Um-Rakoba settlement camp** from Hamdayit reception centre is **2,415 people**.

Arriving refugees are being temporarily hosted in transit centres located near the border entry points of Al Lukdi in Gedaref state and Hamdayit in Kassala state. UNHCR and local government are screening and registering people upon arrival. All asylum seekers crossing the border into Sudan are expected to be relocated from the transit centres to permanent camps as soon as possible. Indeed, there challenges with transportation, which UNHCR is looking into upscaling, as well as preparing settlements for influx. Therefore, many people continue to remain at border. In addition, many families refuse to yet be further relocated as they are waiting for family members to cross, but main challenge is access to transport.

UNHCR initially focuses on scaling up Hamdayit transit centre capacity, being the most likely crossing point. Main needs identified of the newly arrived refugees in transit centres are protection, basic needs including emergency shelter and household items (HHIs), WASH, Food, Health including MHPSS and referral services for persons with specific needs (PSN). Calls have been made to partners, amongst which, SRCS, to support in ensuring wellbeing of refugees in the transit camps.

## Summary of the current response

### Overview of Host National Society Response

The following actions have been undertaken by SRCS:

- **Volunteer deployment:** Volunteers from both Kassala and Gedaref branches have been deployed along the border since the start of the influx, to provide immediate FA assistance. Volunteers received refresher First Aid (FA) and Safer Access (SA) training.
- **Needs assessment:** In coordination with the Sudanese Red Crescent Society (SRCS) branches in Kassala and Gedaref, a rapid needs assessment team has been deployed from headquarters to Gedaref and Kassala states from 10 to 15 November, to assess the situation along the border, including 2 transit camps in Hamdayit and al-Ludki and the settlement camp in Um-Raboka.. The assessment team is composed of a team leader, WASH and Health technical experts as well as general operations staff. The main objectives of the assessment team were:
  - To meet with SRCS branches in Kassala and Gedaref to understand the current situation and discuss the SRCS operations strategy and capacity of the relevant branches.
  - Meet with local government and authorities as well as other stakeholders operating in the region for further data gathering and strengthened coordination.
  - Assess the security situation and access.
  - To understand and identify the immediate emergency needs on the ground, including Health MHPSS WASH, Shelter & HHIs and Protection.
  - Identifying priority needs for the short and medium term.
  - Develop a detailed assessment report of needs, assistance, gaps as well as a proposed operations strategy.

This EPoA is developed based on data from this assessment report.

- **Prepositioning of stock and distribution:** On 15 November, SRCS prepositioned Disaster Preparedness stock for 500 households (HH) from Khartoum to the regional SRCS warehouse in Khasm El-Girba, including: 1,000 blankets, 1,000 mosquito nets, 1,000 tarpaulins, 1,000 sleeping mats and 1,000 water jerry cans.

In addition, branches in Gedaref and Kassala have already been distributing various items available in the regional warehouse to the affected population, including soap, mosquito nets, sleeping mats, blankets and biscuits.

- **Health and care:** SRCS is providing medical aid through the existing SRCS health centre at Hamdayit transit centre and volunteers are providing psychosocial support to new arrivals. However, the health centre is lacking adequate staffing and medical supplies. SRCS volunteers have been deployed to support with COVID-19 screening since November 11.

### Overview of Red Cross Red Crescent Movement Actions in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides technical and financial support to SRCS through its Eastern Africa Country Cluster Support Team (EA CCST) and the Regional Office for Africa which are both based in Nairobi, Kenya. The IFRC Head of Country for Sudan has recently started his mission and is expected to travel to Sudan within the coming days/weeks.

The International Committee of the Red Cross (ICRC) and eight (8) Partner National Societies (PNSs) have presence in Sudan. The PNSs include the Danish Red Cross (DRCS), German Red Cross (GRCS), Netherlands Red Cross (NLRC), Swedish Red Cross (SwRC), Spanish Red Cross (SpRC), Swiss Red Cross (SwissRC), Qatar Red Crescent (QRCS) and Turkish Red Crescent (TRCS).

IFRC, ICRC and Partner National Societies (PNS) conduct a weekly meeting, chaired by SRCS Head of Disaster Management, to discuss ongoing operations, to ensure continued coordination on planning and implementation of activities to guarantee no overlapping and duplication of efforts.

A joint SRCS/ICRC RFL team, accompanied by an ICRC Health coordinator, departs this week for further assessments in East Sudan. The outcome of this RFL assessment will further inform RFL interventions, as well as protection activities and support to the war wounded. ICRC and SRCS have an ongoing partnership on RFL in the two states. Also, ICRC has an ongoing collaboration with the Kassala Teaching Hospital and the Physical Rehabilitation Programme (PRP) centre in Kassala, providing technical and material support.

GRCS and NLRC have ongoing operations in Kassala state and are assessing the possibility to support SRCS response to the Ethiopian refugee influx through their ongoing bilateral projects as well as through additional funding sources.

DRCS is implementing a Protection/PSS project in Kassala, which provides a strong basis for further DRCS support to the Protection/PSS component of the Population Movement response. Activities implemented in 2020 in the DREF target area includes:

- A child protection training for 40 staff and volunteers
- Building of child friendly spaces at the reception centres in Hamdayet and Gerguf
- A Psychological First Aid (PFA) training for 35 volunteers deployed to the transit/reception centres in Hamdayet and Gerguf

DRCS Protection/PSS project will focus in 2020/2021 on provision of HHIs to asylum seekers, deployment of volunteers to provide PFA, support recreational activities for children and women and specialized mental health services to survivors of SGBV and trafficking. Target areas are Hamdayet and Garguf transit centres and Wad Sherefey and Shagarab Refugee Camps. DRCS is exploring possibilities for additional funding for scale up to respond to the Tigray Population Movement crisis.

### Overview of other actors' actions in country

In Sudan, the Refugee Consultation Forum (RCF) is the coordination mechanism, which is co-chaired by UNHCR and the Sudanese Commission for Refugees (COR). The RCF held meetings with international and local partners as well as UN agencies to prepare a contingency plan for the influx of refugees from Ethiopia. SRCS is an active participant in this coordination mechanism.

Sudanese Ministry of Health (MoH) in Gedaref immediately responded to the new arrivals by distributing bottled water and providing four hand spraying pumps, insecticides, vegetable oil and wheat flour. Furthermore, the local community has played significant role in assisting the refugees upon their arrival at the reception centres, with the provision of water and food.



*SRCS and UNHCR working in good collaboration in near Um-Rakouba settlement camp, Gedaref State ©SRCS*

UNHCR and the local government are screening people upon arrival.

### Coordination:

UNHCR is leading the overall coordination and response, with the Government of Sudan (GoS). For the time being, focus is on upscaling capacity and access to basic services in transit and settlements, in cooperation with local partners, including UNHCR and SRCS. All decisions are taken in coordination with UNHCR and GoS who are leading coordination, through the regional refugee coordination mechanism in Kassala.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

SRCS currently relies on data from the joint rapid assessment conducted by the government, UNHCR, OCHA, COOPI and Plan International, as well as initial data being collected by the assessment team deployed to East Sudan.

The needs analysis will be updated within the coming 1 to 3 weeks with more detailed information on immediate and potential needs, impact, access and protection risks. Estimated disaggregated data will also be provided after the assessment. To note, the refugees are entering Sudan through two transit centres in Hamdayit and Al Lukdi, from where they are being moved to the Um-Rakoba settlement camp from the 80s, which has been reopened to provide space for the new influx.

Following points provide insight on the transit centres and the settlement camps mentioned above:

**Hamdayit Transit Centre:** SRCS assessment team visited the transit centre which currently hosts **17,783 people** (10,683 have been registered while 7,100 are not) to assess basic service situation at the facility. In addition, the government, UNHCR, OCHA, COOPI and Plan International conducted a rapid assessment in the centre. The current accommodation capacity at Hamdayit is for three hundred individuals. The transit centre has 4 rooms, one for men, two for women and one room for lactating women, as well as three sheds.

Hamdayit transit centre is located at a distance of 2.5 KM from Sittet River and there is no under-ground source of water in the vicinity. Water is fetched from the river through donkey cart to fill the water tank. The locality has only one water treatment system, used to uplift water from the river; however, the pumping system is out of service since last year therefore, people are forced to use river water.

There are four combined latrines and two washroom facilities. The conditions of the existing latrines are poor due to overcrowding and lack of access to water. Open defecation is being observed near the sleeping areas and there is no hand washing facilities or soap.

There are two health centres, one is run by SRCS and the other by MoH. Both lack adequate staffing and medical supplies. SRCS is providing medical aid including provision of basic medical services and essential medicines, Psychological First Aid (PFA) and started COVID screening in the centre on 11 November. The staff in the SRCS centre are seconded by MoH and include two medical assistants, two nurses and 20 SRCS volunteers. The centre and staff costs are supported by UNHCR. The centre consists of two rooms, one outpatient and one for drugs distribution. With the increased influx of refugees, the centre has been extended with a tent to respond to the increasing needs.

Obstetric services are provided only at the MOH health centre. A total of 139 pregnant and lactating women have been screened, out of which 22 are malnourished (16 are pregnant and 6 lactating).

**Al Lukdi transit centre:** Al Lukdi, which currently hosts **8,240 people**, comprises of **1,270** newly constructed accommodation units. However, there is no fencing or power supply present yet. There is currently no water supply



*SRCS during assessment in al-Lukdi, Gedaref State ©SRCS*

network at the transit/reception centre and water trucking is the only viable option in the short term. The existing water treatment plant requires assessment and repairs. There are no latrines, hand washing facilities or bathrooms. People practice open defecation near the sleeping area and the general hygiene and sanitation environment is alarming. One community health centre managed by MoH is present with outpatient services including nutrition, immunization, laboratory and pharmacy services. The staff consists of one physician, two medical officers, two laboratory technicians, two pharmacists, seven nurses and three midwives.

**Um-Rakoba Settlement camp:** Um-Rakoba is the main settlement camp to which new arrivals will be relocated after screening. The camp currently has a capacity of 6,500 people and UNHCR is working on upscaling it to 10,000 people. To date, some **2,415 people** have been transferred to this camp from Hamdayit reception centre. Main needs identified in the settlement camp are additional shelter, communal kitchens, essential HHIs, rehabilitation of the water system in the village, emergency sanitation and support to basic health services, including rehabilitation of the existing health centre.

Identified emergency needs per sector in all three locations are:

### 1. Shelter and household items:

Through this DREF operation, SRCS will implement the below activities, based on request and agreement with UNHCR and GoS at the field level, to complement the existing efforts:

- Emergency shelter to accommodate the high influx of new arrivals in the existing transit centres, which currently do not have the capacity to host this high number of people. This includes rub halls and communal shelters. In total 2 rub halls and 4 community shelters are urgently needed in Hamdayit, 4 communal shelter in Al Lukdi and 10 communal shelters in Um-Rakoba. Through this DREF operation, 2 communal shelters will be provided, location to be decided in coordination with UNHCR and partners.
- Expansion of food storage area, a kitchen with relating equipment including cooking set for hot meals. In total, 5 communal kitchens are urgently needed in Hamdayit, 2 in Al Lukdi and 5 in Um-Rakoba. Through this DREF operation, 2 communal kitchens will be provided, location to be decided in coordination with UNHCR and partners.
- Essential HHIs, with priority need for sleeping mats, blankets and mosquito nets.

### 2. Health and Care:

- Health, nutrition, and EPI screenings at the two reception centre sites as a first line of response
- Strengthen COVID-19 screening
- Essential medicine supplies equipment and furniture for 3 health centres. This is to strengthen the existing facilities, which have run out of supplies and equipment, as they face growing number of arrivals.
- Ambulance services for emergency cases
- High energy food for population at risk
- Deployment of an increased number of volunteers to support the SRCS health centre in Hamdayit
- Psychological First Aid (face to face)
- Nutrition support to under-five children

### 3. Water, Sanitation and Hygiene (WASH):

- Water trucking as immediate solution while more sustainable solutions are being developed.
- Aqua tabs/HTH chlorine for water treatment
- Water bladders and tanks with tap stands for water provision
- Two Water treatment units at the river (Hamdayit)
- Assessment of the existing treatment plants and possible repairs to reduce reliance on water trucking (all 3 locations). This includes one treatment plant in Hamdayit, 1 in Al Lukdi and 1 in Um-Rakoba camp. This DREF operation supports the rehabilitation of 2 water systems, locations to be decided in coordination with UNHCR and partners.
- Hygiene in Emergency awareness sessions focusing of transmission routes and barriers to WASH related diseases.
- Family hygiene packs
- Dignity kits for women and girls of childbearing age
- Gender segregated Emergency latrine blocks (four doors in one) with locks. There is urgent need for 10 latrine blocks in Hamdayit, 10 in Al Lukdi and 10 in Um-Rakoba. Through this DREF operation, 6 latrine blocks will be provided, location to be decided in coordination with UNHCR and partners.
- Handwashing stations at the communal latrines.
- Communal bathing units segregated by gender
- Cleaning material for latrines; insecticides
- RCCE inclusive of IEC materials in Amharic (A4 posters with COVID-19 awareness message and hygiene promotion measures)

## Targeting

Refugees are all considered vulnerable and in need, hence, targeting will consider the gap analysis in coordination with other actors. Vulnerability criteria will be used, including elderly people, unaccompanied and separated children, people with disabilities, pregnant women, single headed households, children headed households etc.

SRCS will target a total of 8,000 HH (40,000 persons) in Hamdayit centre and Al Lukdi transit centres and Um-Rakoba settlement. Note that this target is based on scenario planning which forecasts increase in number of arrivals in the next few weeks and includes host communities.

Targeted persons are considered as active participants to the operation and are involved as actors in the interventions, consultations with refugees and host community and their representatives provides realistic humanitarian needs and response gaps.

## Scenario planning

Scenario	Humanitarian consequence	SRCS Response
<p><b>Scenario One:</b> Tensions and political situation improve in Ethiopia in the next 2 weeks, interrupting the migration flow and allowing some people to return to their place of origin.</p>	<ul style="list-style-type: none"> <li>No further displacements are registered and livelihoods can be restored.</li> </ul>	<p>Response will be limited to the current DREF operation within a four-month timeframe.</p>
<p><b>Scenario Two:</b> Tensions remain or increase in Ethiopia. The migration flow continues in the 4 to 6 weeks and Sudan receives up to 200,000 refugees from Ethiopia in 2020. The GoS and the humanitarian community are stretched to their limits with the continuous flow of arrivals, barely giving time to get organised and find durable solutions to accommodate everyone, with transit centres and camps not being ready to accommodate this increased number of arrivals lacking the needed infrastructure, shelter, WASH, Health and protection facilities . The situation forces a prolonged and costly emergency response mechanism (water trucking vs wells, emergency clinics, etc.)</p>	<ul style="list-style-type: none"> <li>Continued destruction of infrastructure, property and livelihoods.</li> <li>Potential water related disease outbreak (diarrhoea, etc) in transit centres</li> <li>Water, sanitation and hygiene issues worsens.</li> <li>Potential Covid-19 outbreak in transit centres.</li> <li>Deaths start being registered amongst refugee population.</li> <li>Situation of host communities, who are already living in precarious conditions, is exacerbated, leading to scarcity of food.</li> </ul>	<p>This operation will be revised within 1 to 3 weeks to update the operational strategy based on further needs assessments.</p> <p>The current DREF operation will turn into an Emergency Appeal to broaden the scope of the response, possibly changing the strategy, an extending the timeframe to a minimum of one year focusing on emergency response.</p>
<p><b>Scenario Three:</b> Situation worsens further in Ethiopia, with a deteriorating political climate, with negative economic consequences. Within 8 weeks, the influx of refugees increases in Sudan and neighbouring countries, exceeding the reception capacity, with over 400,000 new arrivals. New strategies must be developed, and additional humanitarian aid is urgently required to face the crisis.</p> <p>In regions where cholera is endemic, the challenging hygiene and sanitation levels, coupled with the ongoing COVID-19 outbreak, outbreak of water and vector borne disease is expected in several areas.</p>	<ul style="list-style-type: none"> <li>Massive displacement of people, forcing the opening of new refugee camps</li> <li>The violence spills over into Sudan, rising the death toll and leading to movement amongst host communities (IDPs)</li> <li>Cholera outbreak due to poor water, sanitation and hygiene conditions.</li> <li>Covid Outbreak due to poor hygiene conditions and lack of self-isolation areas</li> <li>The compounded effects of floods and drought worsen, leading to famine amongst</li> </ul>	<p>Review of the Emergency Appeal, extending timeframe to 2 years, reviewing the strategy to take into account medium to long term recovery activities while supporting SRCS in building its capacities through a solid NSD program to ensure it is able to continue providing support to the most vulnerable.</p>

	host and refugee population.	
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To note, the operational strategy of the current DREF operation is based on the most likely scenario described above. SRCS will ensure that any changes to the strategy is informed by updated information obtained during detailed and continuous assessments, and all stakeholders duly informed through an Operation Update or Emergency Appeal published on IFRC website.

### **Operation Risk Assessment (and Mitigation Measures)**

The current operation is exposed to several risks highlighted below, for which NS and CCST have discussed mitigation measures to ensure targeted communities receive the needed support.

#### **1- Security Risks:**

The medical and security environments are impacted by the pressures of COVID on the country's systems. Pre-existing security risks increasingly likely to be exacerbated by COVID-related socio-economic concerns and associated pressures in the near/medium term. There may be delay in accessing urgent care due to pressures on the medical system. Businesses should carefully consider operating outside of essential business needs or plan to scale carefully. Businesses should have robust mitigation plans in place, i.e. identified alternative medical support, exit plans and the ability to respond flexibly to a changing environment. Country-specific BCP likely to be implemented with robust escalation and de-escalation triggers.

The security environment in Sudan is diverse. Whilst most of Sudan has been witnessing a relatively steady security environment, heightened security risks exist in Kassala. Crimes include tribal violence, kidnapping and killings including foreigners.

The regional, sub regional and local conflicts, in addition to the tribal clashes scarce resources such as water rights, land ownership and grazing rights have a tendency to spread cross border between the various states (provinces) in the country.

On 5 November 2020, Sudan closed its border with Ethiopia following armed conflict in Ethiopia's Tigray region. Sudanese Armed Forces have been deployed along the border in Gedaref and Kassala States and the FCDO advise against all but essential travel to within 20km of Sudan's border with Ethiopia.

A state of emergency remains in Kassala State following several violent clashes between different tribal groups. If you are in Kassala you should avoid protests or other large gatherings and observe any local curfews in place. Recent fighting in Kassala is between groups supporting and opposing the appointment of the new civilian State Governor. There have also been clashes between tribal groups in Red Sea State that have resulted in a number of fatalities. In July there were violent clashes in Port Sudan and a local curfew was been imposed. If you're in Port Sudan, follow the instructions of local authorities, observe any curfews and avoid large crowds.

The Regional Security Unit (RSU) has been extending direct security support to all IFRC and PNS Operations in the Sub Saharan Africa Region. With the re-establishment of the IFRC presence in Khartoum, the RSU has recently conducted a thorough security assessment of the country/location/assets deployed. The duty station will comprise of international and national staff working on thematic areas and directions while closely supporting the host National Society and ongoing operations/programmes and projects. Following the security assessment, all country security regulatory documents and special annexes to be updated and upgraded with adequate mitigation measures to provide acceptable ground for the existence of the country office and staff, including operations. The Regional Security Unit will continue to extend direct security support to Sudan Country Office and staff throughout this operation.

#### **2- IFRC Monitoring Limitation:**

Movement restrictions and curfews due to both the COVID-19 pandemic as well as sporadic civil unrest in many areas could impact SRCS assessment and response and expose the operation to risks of delays in implementations. A full

operation risk assessment will be provided after initial assessments have been conducted and the operational strategy is updated.

In addition, given that IFRC currently has no presence in country IFRC and may not be able to deploy anyone for the moment due to Covid-19 situation, monitoring the implementation of the project might be challenging. As a mitigation measure, remote monitoring approaches will be setup to follow up on the operation with NS. In addition, IFRC will capitalize on PNS presence in the area, to support implementation and monitoring until the Head of Country office gets in country and sets up his team. Temporary (remote) surge deployments will also be explored as needed, to support NS response actions and ensure IFRC presence in the implementing teams. The regular joint task force meetings being held for ongoing [Sudan Floods Emergency Appeal](#) will also serve as a platform for exchanging on the Population Movement response.

### **3- Cholera Outbreak:**

In September 2019, the Blue Nile and Sennar States of Sudan experienced a cholera outbreak with a cumulated 278 suspected cases and 8 deaths registered. At the time, the Ministry of Health (MoH) identified the Gedaref and Kassala amongst others States, as being at very high risk of a cholera outbreak if measures were not taken. Although SRCS responded until February 2020 through a [DREF operation](#) in the most at-risk states including the two targeted in this operation, measures need to be taken to ensure another outbreak in the current context is avoided. Mitigation measures will include implementing health and hygiene promotion measures and providing adequate water treatment solutions.

### **4- COVID-19 Pandemic :**

This DREF operation, the needs assessment and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global Emergency Appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. The planned DREF activities will also follow the Sudanese MoH and World Health Organization regulations on hygiene and social distancing especially during distribution of HHIs.

The number of COVID-19 transmissions continue to increase in Sudan. According to [Africa CDC](#), as of 16 November 2020, 14 626 people have contracted the virus in country, including 9,571 recoveries and 1,116 deaths. The CFR in Sudan is 7.6. To date, the following measures have been taken to curb the spread of the disease: mandatory mask wearing, closing of borders, set up of proximity screening sites, set up of treatment centres, risk communication and community engagement and providing updated information on the COVID-19 situation. Given the shelter and health situation in the camps, refugees are at high risk to contracting COVID-19, which exposes them to both health risks and stigmatization.

National Society's responses to COVID-19 are supported through the IFRC [global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional [Emergency Plan of Action](#) for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. SRCS will therefore ensure, that even as it responds to the refugees influx, all necessary COVID-19 prevention measures are adhered to, in line with the Africa Regional Office Plan of Action and Sudan's National COVID-19 Plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this disaster and provide necessary guidance to its membership on the same. SRCS will keep monitoring the situation closely and revise the plan accordingly as required, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items, procurement issues, and movement of SRCS volunteers and staff as well as any international staff. For more information, please consult the [COVID-19 operation page](#) on the IFRC GO platform.

Below table indicates potential impact of the pandemic on this DREF operation and how SRCS will respond to the situation if COVID-19 mitigation measures are made more stringent in Sudan.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Sustained lockdown and restriction of movement during implementation period
Likelihood	High	High	Medium
Impact on operation	No impact on the operation. SRCS will ensure to adhere to the epidemic control measures in place.	SRCS is operating in close coordination with local government. There is no indication SRCS will not be able to operate even in the event of temporary lockdown.	SRCS is operating in close coordination with local government. The number of COVID-19 cases is rapidly increasing, and additional measures are expected to be put in place. If sustained lockdown will be imposed, including restriction of

			Movement, this will cause operational delays. However, branches are expected to be able to continue responding.
<b>Mitigating measures</b>	<p>As epidemic control measures were already in place before the flooding, the operation is designed to adhere to the measures.</p> <p>Trainings will be conducted in small groups outside, with due respect to physical distancing measures.</p> <p>Distribution exercises will adhere to physical distancing norms.</p>	<p>Same as under standard epidemic control measures.</p> <p>In addition, some delays might be experienced with the clearance and transportation of items. If this happens, a timeframe extension may be requested.</p>	Same as under standard epidemic control measures and temporary lockdowns of society.

## B. Operational strategy<sup>1</sup>

### Overall Operational objective:

The overall objective of this DREF operation is to provide lifesaving emergency services to 40,000 newly arrived Ethiopian refugees (8,000 HH), in Hamdayit and Al-Lukdi transit centres and Um-Rakoba refugee settlement. This target is based on the projected arrivals which as of 18 November, are at 31,353 people.

The operation focuses on Shelter, WASH, Health and Protection activities:

#### 1- Provision of Shelter and HHs (25,000 people or 5,000 households)

- Shelter assessment
- Train 20 volunteers in shelter and distribution techniques, mainstreaming COVID-19 restrictions and adjustments. They will be deployed for 60 days throughout the operation.
- Provision of 2 communal shelter units, geographical targeting to be decided in coordination with UNHCR and partners.
- Construction of 2 communal kitchens, geographical targeting to be decided in coordination with UNHCR and partners.
- Replenishment of 1,000 blankets, 1,000 mosquito nets, 1,000 sleeping mats, 1,000 tarpaulins and 1,000 jerrycans. Distributions of DP stock targeted 500 HH.
- Procurement and distribution of 3,000 blankets, 3,000 mosquito nets and 3,000 sleeping mats, targeting 1,500 HH.
- Ensure shelter responds to PGI needs adequate spaces for women & children, privacy and safety measures including adequate lighting, adequate and safe latrine facilities with locks including access/adaptation for persons with disabilities. Seek to meet the PGI minimum standards in emergencies under Shelter
- Ensure coordination with other Shelter and Camp management actors, to agree on caseloads to be assisted, camp set up and management responsibilities and exit strategies. Eventual construction of Covid19 isolation wards, and adequate SOPs for quarantine areas.

#### 2- Health (40,000 people or 8,000 households)

- Health assessment
- Train 30 volunteers in Epidemic Control for Volunteers (ECV) and Risk Communication and Community Engagement (RCCE). They will be deployed for 60 days throughout the operation.
- Conduct health, nutrition and EPI screenings at the reception centres
- COVID-19 screening at borders and transit centres
- Provision of essential medicine and supplies
- Ambulance services for emergency cases
- Increase volunteer deployments to SRCS health centre in Hamdayit
- Nutrition support to under five children in Hamdayit
- Conduct health promotion

<sup>1</sup>The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- Provision of (Psychological) First Aid
- Provision of two emergency healthcare centres with 10 beds each, sheets, mattresses and 2 examination tables each. Two health officers and 4 healthcare technicians will be hired for 3 months, to support in providing services in these emergency health care units. Please note, the centres exist and the DREF will only cover for equipment and staff.
- Deployment of ambulances in all 3 locations

### 3- Water, Sanitation and Hygiene (WASH) (40,000 people or 8,000 households)

- WASH assessment
- Rehabilitate 2 existing water systems in 2 camps, geographical targeting to be decided in coordination with UNHCR and partners.
- Provision of Aquatabs/HTH chlorine for 8,000 households
- Provision of 4 OXFAM 45 CBM and 2 70 CBM water tanks with tap stands, geographical targeting to be decided in coordination with UNHCR and partners.
- Provision of 6 gender segregated emergency latrines, geographical targeting to be decided in coordination with UNHCR and partners.
- Provision of 6 spraying pumps and insecticides for latrine cleaning
- Provision of 12 handwashing facilities at the communal latrines
- Provision of 1,000 family hygiene kits, including soap
- Production of IEC material for hygiene promotion
- Conduct 20 health and hygiene promotion sessions in each location

### 4- Protection Gender and Inclusion (40,000 people or 8,000 households)

The DREF operation will build on the DRCS/SRCS Protection/PSS project, with minimal protection activities included in the DREF operation.

- PGI assessment
- Train 30 volunteers on PGI minimum standards to support implementation for 60 days throughout the operation.
- Ensure mainstreaming of the PGI Minimum Protection Standards in emergencies in all sectors including Shelter, Wash, Health
- Briefings to all staff and volunteers involved on Prevention of sexual exploitation and abuse, child safeguarding and code of conduct
- Disseminate messages on preventing and responding to SGBV in all community outreach activities in Wash, CEA and health
- Ensure all volunteers are briefed and have signed the Code of Conduct

**Community Engagement and Accountability (CEA):** CEA will be mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities.

- Communication and dissemination of RCRC Principles are a key component of the CEA activities to ensure access and acceptance.
- SRCS will ensure to share information about the response with communities and develop a community feedback system to ensure the communities views are integrated in the design, implementation and evaluation phases of the operation. The feedback and complaint mechanism will also be put in place for recipients of distributed items to provide direct feedback on the distribution exercise.
- For clarity and for a good flow of information, clear roles and responsibilities will be agreed with representatives, community leaders and committees and information will be shared widely about selection criteria, distribution processes and response activities with the whole community.
- Sessions on hygiene and health promotion will be carried out and can be instrumental in collecting feedback and respond to community concerns. Communication and dissemination of Red Cross Red Crescent (RCRC) Fundamental Principles will be included in the CEA activities and approach to ensure access and acceptance.
- SRCS will collect feedback with host community to assess perception, impact of action, and ensure minimum undue burdens

**Human resources:** A total of 60 volunteers will be deployed for 2 months to support implementation of this operation in the initial stage. Volunteers will be trained in CEA and PGI standards to ensure mainstreaming of the approaches across all activities. Volunteers will be provided with additional technical training, insurance coverage, as well as visibility items, face masks and hand sanitiser for protection in view of the COVID-19 pandemic.

A team of 5 HQ staff have been deployed to East Sudan to conduct rapid assessment and one SRCS Operations Manager has been appointed. SRCS is implementing WASH and Health activities in various camps in East Sudan with support from UNHCR for a total of 277 staff. Kassala branch has 330 active volunteers in 11 localities, ready to be engaged anytime in this operation.

This DREF operation supports the recruitment of two health officers and four health technicians to strengthen the SRCS Health Centre capacity. An IFRC operation management surge is also included to the budget and will be deployed once visa and access allows.

IFRC Head of Country (HoC) is expected to travel to Sudan in the coming week, once the visa is approved. An IFRC Operations Manager delegate is to be recruited as well as an IFRC NSD delegate, all to be based in Khartoum.

**Communication:** The IFRC EACCST communication officer is supporting SRCS communications team with development of key messages and social media content. A communication strategy for the operation will be developed with focus on maintaining a steady flow of timely and accurate information focused on the humanitarian needs and the Red Cross Red Crescent response.

**Logistics and Procurement:** The supply chain management strategy is to seek the most value for money and efficient use of resources by supplying relief items both internationally and locally. International procurement is focused on household and WASH sector items with limited availability in the country. For items readily available in country, procurement at local level will either be centralized from the SRCS headquarters or at branch level. The IFRC will closely work with the SRCS Logistics department, supporting and strengthening the current structures.

Following high inflation rates, the operation might face challenges on local procurement. Therefore, the IFRC is exploring the optimal procurement strategy taking into consideration the requested delivery times of the items. Most HHIs will be procured with support from IFRC SCM in Nairobi. International shipments will be dispatched by the IFRC SCM by sea freight, ensuring the timely support according to the operational needs. Local procurement will be carried out with support from SRCS. Technical support will be provided through the IFRC Logistics officer based in Khartoum (recruitment ongoing) and the IFRC Supply Chain Management in Nairobi. Procurement activities will be carried out in accordance with the IFRC standard procurement procedures.

**Finance and Administration:** The IFRC has a Financial controller based in-country who provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to SRCS on procedures for justification of expenditures, including the review and validation of invoices. Compliance with IFRC financial procedures will be observed, and continuous monitoring and technical support will be provided by IFRC to ensure efficient and accountable management of financial resources, operational cash-flows are forecasted adequately and arrive timely for the implementation of activities, maintain and if possible improve the accounting systems in order to represent well the performance of this operation.

**Planning Monitoring Evaluation and Reporting (PMER):** Programme planning, implementation, monitoring and evaluation will be conducted with close collaboration with all stakeholders. Participatory and remote monitoring will be carried out at all levels. A lessons' learnt workshop will be conducted towards the end of the DREF. IFRC will work with the Sudanese Red Crescent Society (SRCS) in the development of the overall monitoring framework and to update the progress on a weekly basis.

**Security:** To ensure that participating Red Cross Red Crescent personnel are adequately protected and the programme activities can be implemented, adequate security risk mitigation measures need to be implemented. This includes, but is not limited to, situation monitoring and providing timely security advice to field personnel. Red Cross Red Crescent personnel should be clearly identifiable by wearing the Red Cross Red Crescent visibility items. All Red Cross Red Crescent personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). All security measures of both the Movement and the Government will be strictly respected by all volunteers and staff involved in the operation to reduce risks.

IFRC recently conducted a security risk assessment focusing on IFRC staff, assets, facilities, and projects/programmes in selected areas of Sudan including recommendations to assist in mitigating security and safety-related risks and improve the IFRC set up. The IFRC Regional Security Unit will continue engaging in security and safety support to the operation, staff and assets deployed. It will also keep the focus on collecting, analysing safety, and security information to protect and support the IFRC and NS staff involved in the response operation. It is imperative to follow the good practices of the good coordination and cooperation with external stakeholders deployed within the operating context. Maintaining close security and safety coordination with ICRC, UN Agencies and INGOs can positively contribute to the real-time, in-depth reading of the operating environment.

Security risks vary considerably between different regions. Social unrest is an increasing problem in Sudan, largely driven by socio-economic grievances. Militancy poses a low threat. Road traffic accidents are a salient risk due to poor driving standards. Political tensions, especially concerning perceived UN 'interference' in internal issues can prompt unrest, particularly in Darfur, where the authorities have little capacity to contain such disturbances. States of emergency, which give the authorities greater powers of arrest, are introduced by the Government from time to time.



## Detailed Operational Plan



### Shelter

**People targeted: 25,000**

Male: 12,500

Female: 12,500

**Requirements (CHF): 134,629**

**Needs analysis:** There is an immediate need for access to basic HHIs and Emergency Shelter. Refugees arrive with few belongings in transit centres that do not have the capacity to host the high numbers of new arrivals. The DREF will focus on the procurement and replenishment of distributed HHIs as well as the provision of communal shelter and communal kitchens. Priority HHI needs are blankets, sleeping mats and mosquito nets.

**Population to be assisted:** Refugees are all considered vulnerable and in need, hence, targeting will consider the gap analysis in coordination with other actors. Vulnerability criteria will be used, including elderly people, unaccompanied and separated children, people with disabilities, pregnant women, single headed households, children headed households etc. SRCS will target a total of 5,000 HH (25,000 persons) in Hamdayit centre and Al Lukdi transit centres and Um-Rakoba settlement.

**Programme standards/benchmarks:** Indicate the **programme standards or benchmarks e.g. Sphere** the activities will seek to meet. *Seek to meet the minimum standards for PGI in emergencies*

P&B Output Code	Shelter Outcome1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	% of targeted people reached with shelter support (Target: 62.5% or 25,000 people)															
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.	<ul style="list-style-type: none"> <li># of PDM exercise conducted (Target: 1)</li> <li># of shelter assessments conducted (Target: 1)</li> <li># of HHI procured, replenished, and distributed (Target: 4,000 blankets, 4,000 mosquito nets, 4,000 sleeping mats, 1,000 tarpaulins and 1,000 jerricans)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP005	Assessment of shelter needs, capacities and gaps																
AP005	Coordination with government and other stakeholders																
AP005	International Procurement of NFIs																
AP005	Distribution of the shelter and household items to the affected population																

AP005	Monitoring of the use of distributed shelter and household items																	
AP005	Construct 2 communal shelters																	
AP005	Construct 2 communal kitchens																	

P&B Output Code	Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households	<ul style="list-style-type: none"> <li># of volunteers deployed to support shelter intervention (Target: 20)</li> <li># of communal shelters constructed (Target: 2)</li> <li># of communal kitchens constructed (Target: 2)</li> </ul>																
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP006	Identification and mobilization of volunteers for shelter intervention																	
AP006	Train 20 volunteers on shelter and distribution techniques																	



## Health

**People targeted: 40,000**

Male: 20,000

Female: 20,000

**Requirements (CHF): 161,222**

**Needs analysis:** The refugee influx has placed a burden on the already overstretched health system, which is exacerbated by pre-existing conditions, poor living conditions and lack of information among the refugee population. It is expected that numbers of refugees will be affected by respiratory tract infections, malaria, diarrheal diseases and psychosocial issues. There is limited capacity to manage this increased disease burden at primary health care level due to the increased caseloads of patients seeking care and therefore the treatment and care of chronic conditions, including diabetes, HIV and tuberculosis (TB) is expected to be further disrupted. The refugee population is at increased risk for COVID-19 as well as stigmatization due to COVID-19.

**Population to be assisted:** Refugees are all considered vulnerable and in need, hence, targeting will consider the gap analysis in coordination with other actors. Vulnerability criteria will be used, including elderly people, unaccompanied and separated children, people with disabilities, pregnant women, single headed households, children headed households etc. SRCS will target a total of 8,000 HH (40,000 persons) in Hamdayit centre and Al Lukdi transit centres and Um-Rakoba settlement.

**Programme standards/benchmarks:** SRCS will seek to meet MoH, WHO and Sphere standards where relevant during implementation and IFRC minimum standards for PGI in emergencies

P&B Output	Health Outcome1: The immediate risks to the health of affected populations are reduced	% of target population reached with health assistance (Target: 100% or 40,000 people)
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Code	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of health assessments conducted (Target: 1)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In coordination with health authorities, undertake detailed assessments to identify health needs, number/type/location of damaged health facilities and/or medical service gaps in target communities																
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	% of people reached with FA services (Target: 100% of people in need of FA)															
	Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.	<ul style="list-style-type: none"> <li># of people assisted with FA and PFA (Target: needs based)</li> <li># of emergency health kits equipped with basic equipment and furniture (Target: 2)</li> <li># of emergency health staff provided by SRCS to support the health care centres (Target: 6)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Provision of (Psychological) First Aid																
AP022	Provide basic equipment and furniture for 2 health centres																
AP022	Provide additional health staff for the SRCS Health centre																
AP022	Procurement of Emergency health kits for 2 health centres																
P&B Output Code	Health Output 2.2: Clinical management of identified cases reduces the impact and spread of the disease/outbreak	# of locations provided with ambulance services (Target: 3)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Quality assurance of clinical services																
AP022	Deployment of volunteers at SRCS Health centre																
AP022	Provision of ambulance services																
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of volunteers trained on ECV (Target: 3)															
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	# of volunteers deployed to conduct screening (Target: 60)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Rapid rollout of National Society trainings in a combined Epidemic Control for Volunteers – RCCE training																

AP021	Health, nutrition and EPI screening is conducted at the reception centres as a first line of response																	
AP021	Conduct COVID-19 screening at transit centres																	
P&B Output Code	<b>Health Output 4.2: Vector-borne diseases are prevented</b>	<b># of mosquito nets procured (Target: 4,000)</b>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Procurement and distribution of 4,000 mosquito nets																	
P&B Output Code	<b>Health Output 4.6: Improved knowledge about public health issues among [target population] in [area].</b>	<b># of people reached with health promotion (Target: 40,000)</b>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Health and hygiene promotion campaigns on prevention and control of common communicable diseases such as Malaria, Acute Watery Diarrhoea, Bloody Diarrhoeas, Dermatitis and other outbreaks likely to occur during emergency situations																	
AP021	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promotion, complemented by the use of social media and youth as agents of behavioural change (YABC).																	
P&B Output Code	<b>Health Output 5.2: Acute malnutrition cases are managed in the community, with referral established for severe cases.</b>	<b># of children under 5 years provided with nutrition support (Target: 2,000)</b>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP014	Provide nutrition support to under five children in the transit and settlement camps																	
P&B Output Code	<b>Health Outcome6: The psychosocial impacts of the emergency are lessened</b>	<b>% of people with PSS needs reached with PSS services (Target: 50%)</b>																
	<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>	<b>% of volunteers reached with PSS services (Target:100%)</b>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP023	Provide PFA to people in distress including referral to basic and specialised services																	
AP023	Provide PSS to frontline staff and volunteers																	



## Water, sanitation and hygiene

**People targeted: 40,000**

Male: 20,000

Female: 20,000

**Requirements (CHF): 109,689**

**Needs analysis:** The sudden influx of refugees has overwhelmed the structures at entry points and transit, while the infrastructure in settlements are not ready to accommodate the increased number of refugees. The bottleneck at reception centres has forced people to wait for several days prior to transfer. The lack of access to safe water has obliged people to drink water directly from the nearby water source, contaminated by the lack of sanitation facilities.

**Population to be assisted:** Refugees are all considered vulnerable and in need, hence, targeting will consider the gap analysis in coordination with other actors. Vulnerability criteria will be used, including elderly people, unaccompanied and separated children, people with disabilities, pregnant women, single headed households, children headed households etc. SRCS will target a total of 8,000 HH (40,000 persons) in Hamdayit centre and Al Lukdi transit centres and Um-Rakoba settlement.

**Programme standards/benchmarks:** SRCS will seek to meet Sphere standards during implementation and IFRC minimum standards for PGI in emergencies.

P&B Output Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	% of targeted people reached with WASH assistance (Target: 100% or 40,000 people)																					
		Activities planned Week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Rehabilitation of water systems in 2 locations																						
AP026	Provision and erection of OXFAM 45 and OXFAM 70 CBM Water Tanks with tap stands																						
AP026	Distribute aquatabs/HTH chlorine sufficient to 40,000 people.																						
AP026	Train population of targeted communities on safe water storage and safe use of water treatment products																						
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> <li># of communal latrines constructed (target: 6)</li> <li>% of latrines equipped with handwashing stations (target: 100%)</li> <li># water systems rehabilitated (Target: 2)</li> </ul>																					
		Activities planned Week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP028	Construct 6 communal latrines																						

AP028	Ensure toilets are clean and maintained through provision of spraying pumps and insecticides																		
AP028	Equip toilets with 16 handwashing facilities (3 in Hamdayit, 3 in Al Lukdi and 10 in Um-Rakoba)																		
P&B Output Code	<b>WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>	<b># of people reached with hygiene promotion (target: 40,000)</b>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP030	Conduct needs assessment include gender and diversity analysis: define hygiene issues and assess capacity to address the problem.																		
AP030	Select target groups, key messages, and trusted methods of communicating with beneficiaries (mass media and interpersonal communication).																		
AP030	Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.																		
AP030	Design/Translate/Print IEC materials																		
P&B Output Code	<b>WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>	<b># of hygiene kits distributed (target: 2,000)</b>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP030	Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.																		
AP030	International procurement of 1,000 hygiene kits																		
AP030	Distribute 1000 hygiene kits																		
AP030	Train population of targeted communities in use of distributed hygiene kits.																		



### Protection, Gender and Inclusion

People targeted: 40,000

Male: 20,000

Female: 20,000

Requirements (CHF): 3,195

**Needs analysis:** Displacement tends to affect men, women and children in different ways, as people with specific needs (PSN) such as persons with disabilities and elderly. The structure of families and households can be altered, and gender roles changed. Often in conflict situations adult and adolescent males become separated from the family as they stay behind to secure family properties or in certain cases joining combats, becoming susceptible to go missing or be killed. Thus, the number of female-headed

households increases placing a heavy burden on them as they become the sole supporters of their families. The urgency to escape also results in a significant number of unaccompanied minors or separated children in need of family reunifications services or family foster care.

Due to the sudden loss of family and communitarian structures, women, children, adolescents, and PSN face serious protection risks such as exploitation and neglect. Women and girls are particularly affected.

**Population to be assisted:** Provide a short summary of the **target population, (the number, location etc.)**, including the selection criteria as they apply to their perceived or confirmed vulnerabilities and the sector. Include how they will or have been consulted and to what degree they have or will participate in the program implementation.

**Program standards/benchmarks:** IFRC minimum standards for PGI in emergencies

P&B Output Code	Protection, Gender & Inclusion Outcome1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	% of sectors to mainstream minimum protection standards (target: 100%)															
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	# of volunteers trained on minimum protection standards (target: 100%)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP031	Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.																
AP031	Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning																
AP031	Hold basic ½ day training with IFRC and NS staff and volunteers on the Minimum Standards (or integrate a session on Minimum Standards in standard/sectorial trainings).																
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)																
P&B Output Code	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	% of volunteers to have signed the code of conduct (target: 100%)															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP033	Include messages on preventing and responding to SGBV in all community outreach activities																
AP033	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard																

## Strategies for Implementation

Requirements (CHF): 90,030

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	% of volunteers insured (Target: 100%)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers reached with PSS services (Target: 60)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
AP040	Provide psychosocial support to volunteers																
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	# of community feedback systems developed and implemented (Target: 1)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP049	Ensure that the Principles and Rules, Emergency Response Framework and Emergency Appeal and DREF procedures are well understood and applied																
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities																

## Funding Requirements

Overall amount allocated for implementation of this EPoA is CHF 498,763 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss Francs (CHF)*

### DREF OPERATION

MDRSD029 - SUDAN - TIGRAY POPULATION MOVEMENT

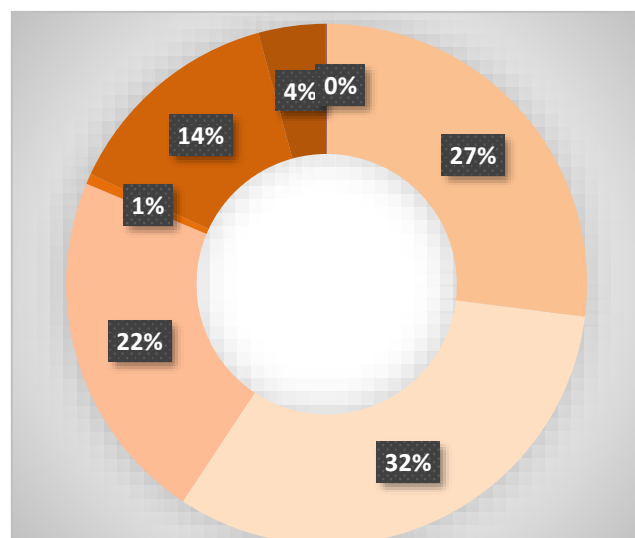
18/11/2020

#### Budget by Resource

Budget Group	Budget
Shelter - Relief	13,000
Shelter - Transitional	22,952
Clothing & Textiles	50,960
Water, Sanitation & Hygiene	102,994
Medical & First Aid	61,474
Teaching Materials	3,000
Utensils & Tools	1,500
<b>Relief items, Construction, Supplies</b>	<b>255,880</b>
Storage	5,000
Distribution & Monitoring	25,000
Transport & Vehicles Costs	35,000
<b>Logistics, Transport &amp; Storage</b>	<b>65,000</b>
International Staff	16,000
National Society Staff	23,868
Volunteers	59,130
<b>Personnel</b>	<b>98,998</b>
Workshops & Training	14,500
<b>Workshops &amp; Training</b>	<b>14,500</b>
Information & Public Relations	4,000
Financial Charges	750
Other General Expenses	29,194
<b>General Expenditure</b>	<b>33,944</b>
DIRECT COSTS	468,322
INDIRECT COSTS	30,441
<b>TOTAL BUDGET</b>	<b>498,763</b>

#### Budget by Area of Intervention

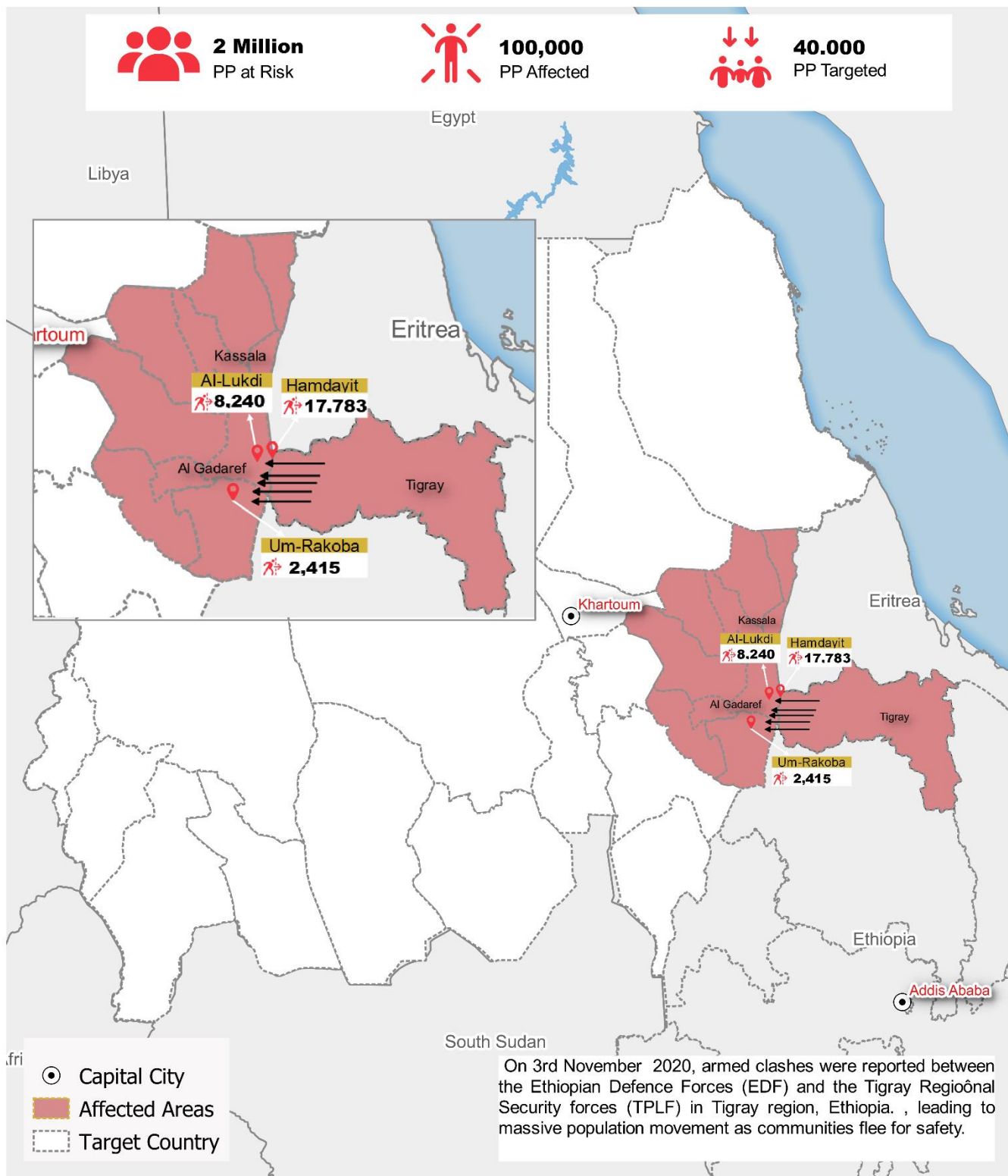
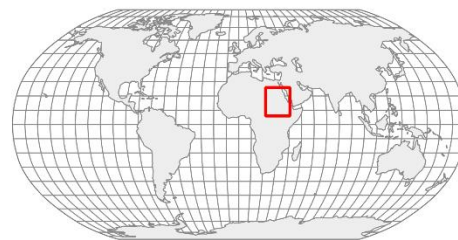
AOF2	Shelter	134,629
AOF4	Health	161,222
AOF5	Water, Sanitation and Hygiene	109,689
AOF6	Protection, Gender and Inclusion	3,195
SFI1	Strengthen National Societies	68,942
SFI2	Effective International Disaster Management	20,768
SFI4	Ensure a strong IFRC	320
<b>TOTAL</b>		<b>498,763</b>



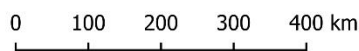


# Sudan: Population Movement

17 November 2020 • MDRSD029 • CE-2020-000228-SDN



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
 Map data sources: GADM, Sudan RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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**For In-Kind donations and Mobilization table support:**

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## How we work

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable healthy  
and safe living.



Promote social inclusion  
and a culture of  
non-violence and peace.