

# OPERATIONAL RESPONSE PLAN (ORP) TAWILA

## North Darfur Displacement Crisis

APRIL 2025



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# At a glance

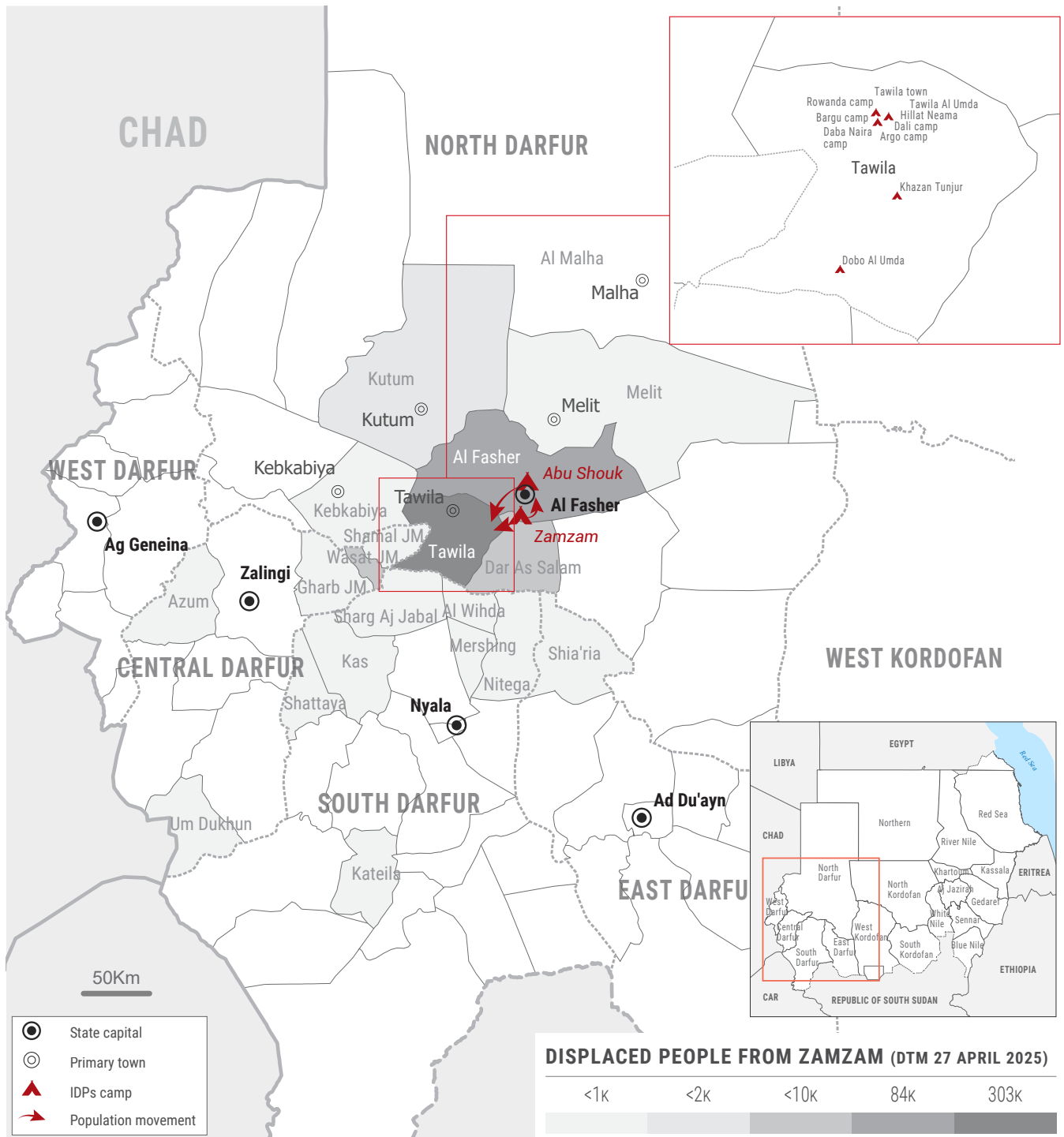
NEW DISPLACEMENTS FROM ZAMZAM

**406.3K**

ORP REQUIREMENTS

**US\$42.3M**

## Population Displacement and Movement



# Situation Overview

This Operational Response Plan (ORP) operates within the broader framework of the existing Sudan Humanitarian Needs and Response Plan (HNRP) for 2025 and fully aligns with the recent reprioritization completed in April 2025. It is important to note that this plan does not constitute a revision of the HNRP or the reprioritization exercise. Rather, the purpose of this ORP is to facilitate operational planning for the humanitarian response in this specific location. It is a living document and will be periodically reviewed to reflect operational realities and progress on assistance delivery.

Between 10 and 13 April 2025, intensified armed conflict in North Darfur—culminating in the Rapid Support Forces' (RSF) takeover of Zamzam IDP Camp—the largest camp for displaced persons in Sudan—triggering one of the fastest and most severe displacement crises in the region to date. Over 400,000 civilians, many already enduring famine-like conditions (IPC Phase 5), were forced to flee within days toward Tawila, Al Fasher, and surrounding areas. The vast majority have since arrived in Tawila, overwhelming local capacities and placing immense pressure on already strained host communities and humanitarian systems. This ORP outlines the immediate priorities in Tawila while setting the groundwork to expand life-saving interventions to other critically affected areas as access improves.

The humanitarian crisis in North Darfur continues to escalate, with at least 500,000 (IDPs) trapped or fleeing violence and insecurity. According to the latest International Organization for Migration Displacement Tracking Matrix (IOM/DTM) figures, 98 per cent of the

IDPs from Zamzam are located in Tawila (75 per cent) and Al Fasher (21 per cent) localities.

- As of 27 April, Tawila hosts an estimated 303,300 IDPs (60,660 HHs). Around 30 to 40 households (150-200 individuals) are arriving daily the majority of whom are women, children and elderly individuals<sup>1</sup>.
- Al Fasher and Zamzam IDP Camp accommodate approximately 100,000 IDPs to 200,000 IDPs, mostly in Al Fasher town and surrounding areas, including Abu Shouk IDP Camp.
- Korma, Mellit, Um Kaddadah and Jebel Marra also host significant numbers of IDPs from the recent escalation in violence.

A coordinated, efficient and adaptable response is required to meet the immediate needs in Tawila while preparing for operations in other areas. The United Nations, Sudanese government authorities, international non-governmental organizations (INGOs) and national non-governmental organizations (NNGOs), as well as civil society entities, are all responding to the current crisis on the ground. National stakeholders have been instrumental partners in operationalizing the response at the field level.

The ORP for Tawila was informed through a consultative inter-cluster process and two MSNAs. The gaps and needs analysis align with Sphere Standards and the Essential Humanitarian Package (EHP) to ensure minimum service levels. The Humanitarian Country Team-endorsed EHP for Sudan prioritizes life-saving interventions and protection measures for displaced populations.

<sup>1</sup> Multi-Sectoral Rapid Needs Assessment (MSRNA) conducted 22 April 2025.

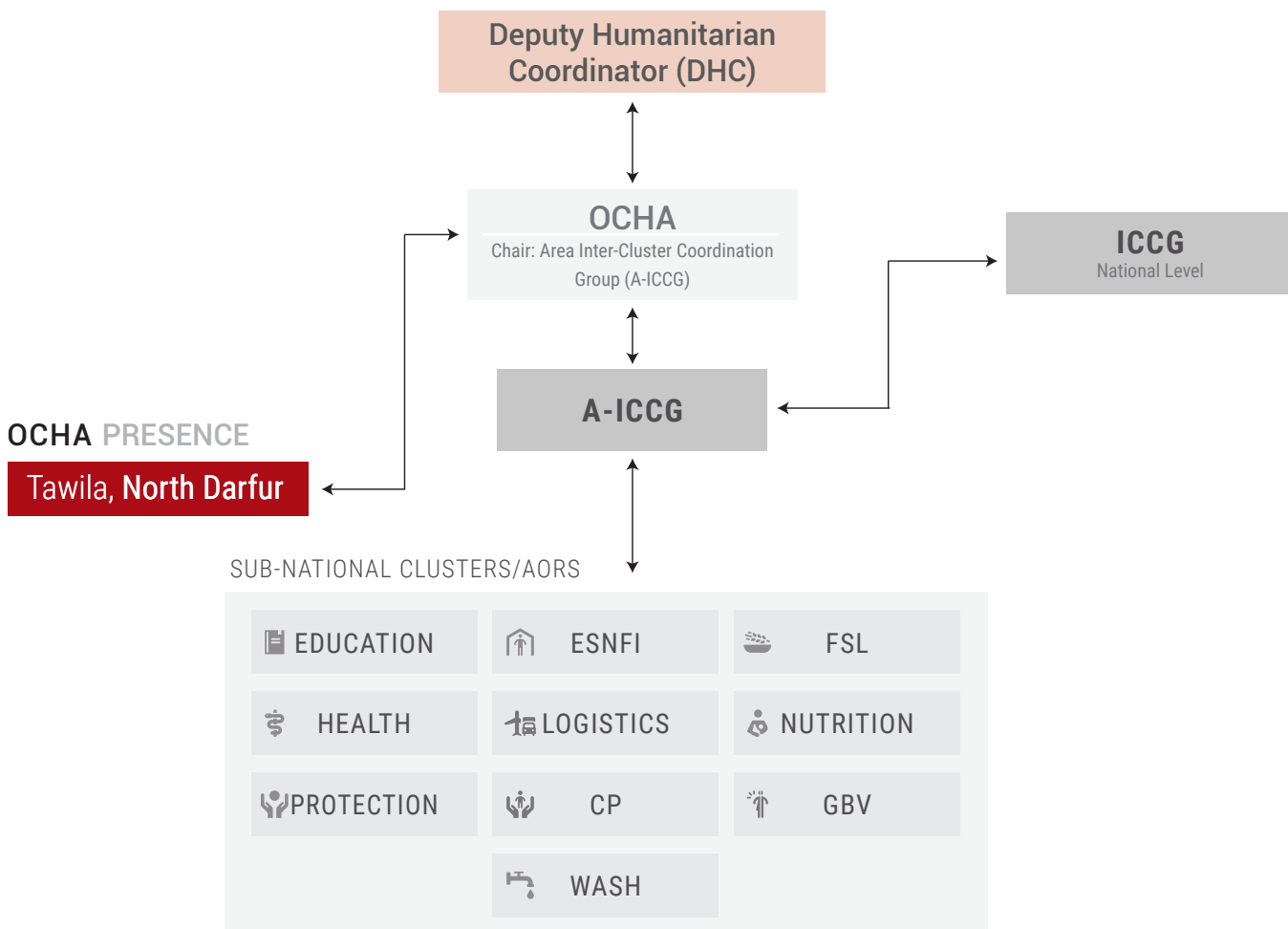
# Coordination Framework - North Darfur

Sudan operates within the IASC Humanitarian Cluster system, coordinated by OCHA, which aims to bring together humanitarian actors across clusters to enable a more coherent and aligned response. In North Darfur, sub-national coordination has faced severe challenges over the last two years, particularly on the side of the UN, with INGOs and NNGOs often having to take the lead and coordinate themselves in the absence of a robust, centralized, UN coordination function. However, the UN has strengthened its position with the establishment of a cross-border response hub under the leadership of the Deputy

Humanitarian Coordinator and a more robust OCHA presence. While still evolving, the Area Inter-Cluster

Coordination Group (A-ICCG) aims to enhance its role in linking clusters and partners to support joint planning, coordinate field deployments, and share operational information. Engagement with NGOs and sub-national clusters is increasing, with the aim of improving the identification of priority locations and needs. It is hoped that these efforts contribute to a more connected flow of information between field-level coordination structures and the national ICCG, helping to inform strategic discussions within the Humanitarian Country Team (HCT) and support more responsive humanitarian action as capacities allow.

## Sub-National Coordination Framework



# Access, Safety and Security

## Tawila

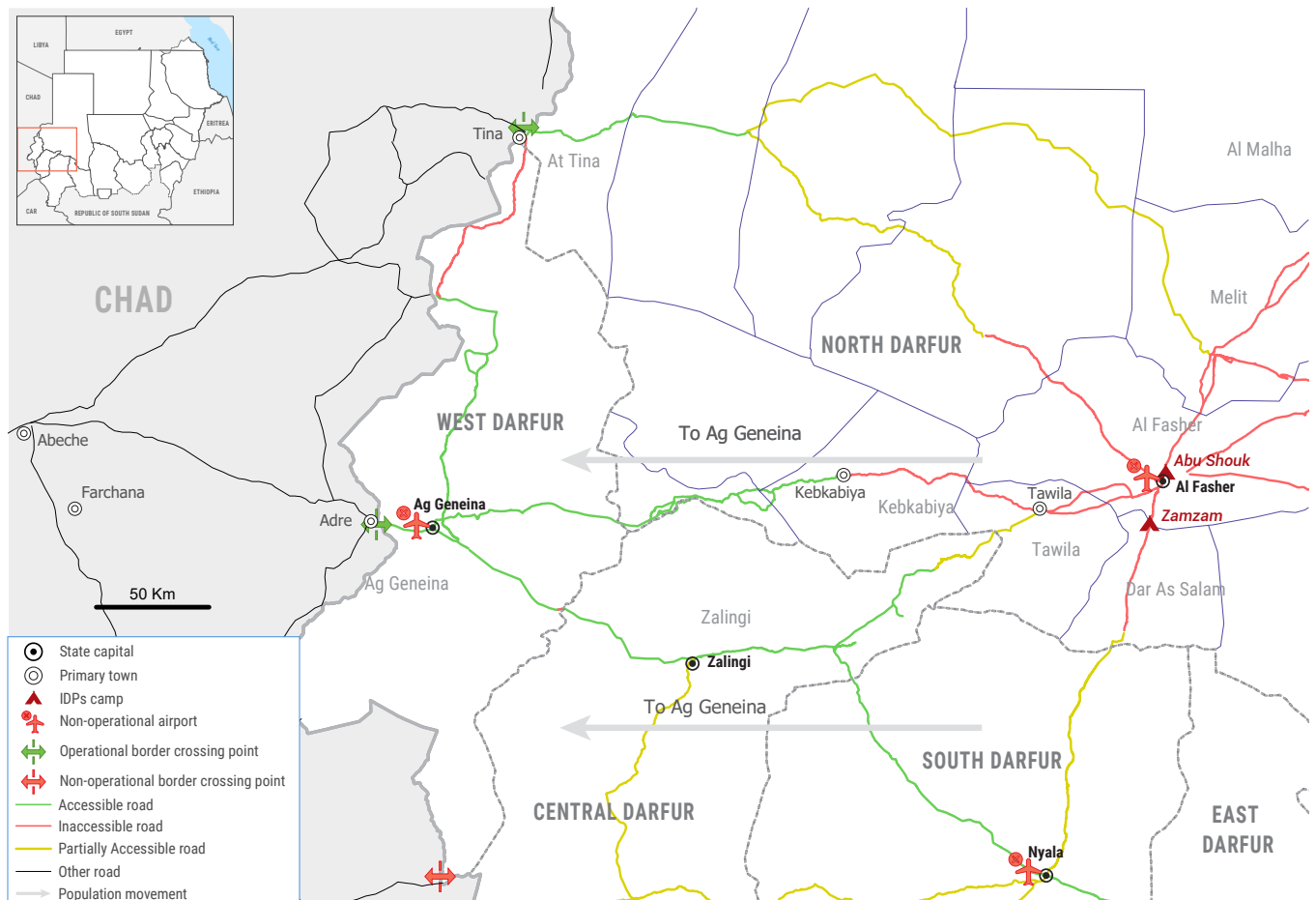
Tawila remains operationally feasible for humanitarian interventions, while Al Fasher faces severe access and security constraints, significantly limiting response scalability and currently making any possible response into Al Fasher impossible. The displaced populations from Zamzam IDP Camp have largely relocated to Tawila for safety. The area is under the control of the Sudan Liberation Army-Abdul Wahid (SLA-AW).

According to the MSRNA, the sentiment of the overwhelming majority of IDPs is that the area is

considered safe with good relations with the host community. There are reportedly no movement restrictions within the area.

With the necessary authorisations in place, humanitarian assistance can currently move cross-border from Chad via the Adre crossing, using either the Geneina–Kebkabiya–Tawila route or the Adre–Geneina–Zalingei–Nertiti–Golo–Rokero–Funga Souk–Tawila corridor. The latter is now the preferred route due to recent operational challenges encountered along the former axis.

## Access and Operational Feasibility Map



# Operational Sub-National Cluster Response and Activities

## Food Security and Livelihoods



### Current Response (Under Implementation)

Severe food shortages have resulted in IDPs consuming only two types of food per day (typically millet and sorghum), with women reportedly eating last. Approximately 95 per cent of respondents in the MSRNA expressed an urgent need for more General Food Distribution at gathering sites. Over the past two weeks, WFP has dispatched 54 trucks convoys with over 1,500 MT food to Tawila, distribution is ongoing to more than 200,000 people in Tawila. Community

kitchens managed by NRC and TGH provide daily meals to displaced families.

### Planned Activities

WFP's upcoming response in the next month include General Food Assistance and cash. WFP plans to assist 273,757 people in May in Tawila. Other FSL members are planning to expand their communal kitchens and emergency food distributions as well.

## Health



### Current Response (Under Implementation)

In Tawila, health services are under severe strain, unable to meet the growing needs of the displaced population. The limited availability of essential medicines, alongside critical shortages of healthcare personnel, is severely impacting the continuity and quality of service delivery. Primary healthcare services are currently provided by PHF and IRC, while MSF offers secondary healthcare support. In response, partners including ALIMA, HOPE (intersos), IRC, MSF F, PHF, RI, SAHARI, SAPA, SCI, and Tabasheer will focus on strengthening service delivery at the community, PHC, and hospital levels, through direct facility support and the deployment of mobile health teams. Additionally, SAHARI will continue responding within the 48-hour response window under the SHF, as part of the ALIGHT-led consortium, supporting one

primary healthcare centre (PHC) and operating two mobile clinics.

The establishment of a new health facility in Tawila and the urgent scaling-up of healthcare staffing are critical to improving access to and quality of health services for the affected population. Services will prioritize trauma and emergency care, emergency obstetric and newborn care, and the referral system. The response will also enhance disease surveillance, prevention, and treatment activities, including vaccination campaigns, to curb the spread of communicable diseases. Ensuring a continuous lifeline for medicines and medical supplies—such as IEHK kits (including malaria treatment), TESK kits (trauma), RH kits, nutrition kits for paediatrics, and cholera kits—is vital to sustaining essential life-saving and targeted health services, including mental health

care, chronic disease management, and disability services. Hence, WHO is sending essential medicines and supplies to partners operating in Tawila, supplies include IHEK, SAM and TESK kits beside activation of surveillance system through EWARS mobile and supporting RRTs when necessary. Also, UNICEF, and UNFPA are contributing with medical supplies provision to its supported partners.

## Planned Activities

In Tawila, multiple partners are working to strengthen health service delivery amidst growing needs. ALIMA operates two mobile clinics and manages one primary healthcare (PHC) facility, while PHF is running ten PHC facilities and one mobile clinic, preparing a temporary maternity unit, and deploying a cash voucher assistance (CVA) and midwives roving team to serve accessible areas. The IRC is planning to support two PHC facilities and operate an additional mobile clinic, and MSF-F continues to manage a secondary healthcare facility, ensuring access to advanced medical care. SCI is preparing to launch two mobile clinics to expand community outreach, and Relief International is also planning to initiate support for PHC services. Tabasheer remains active with its mobile clinic deployments.

Complementing these efforts, UNFPA and PHF will deploy community midwives to conduct house-to-house awareness campaigns, detect high-risk pregnancies, and facilitate timely referrals to secondary care. Additionally, UNFPA/PHF will rehabilitate the confidential corner at Al Maktoum Hospital to strengthen case management and provide psychosocial support (PSS) services.

Intersos, through HOPE, is planning to start integrated health, WASH, protection services in Tawila via

primary health care and outreach services. The services will include essential health package, RH, protection and MPCA.

In Tawila Al Umda, PHF is setting up an initial deployment of a general temporary clinic for two weeks in the same location to address the urgent health needs of adults and children and to support referrals to the secondary healthcare facility. UNFPA with PHF will also deploy community midwives to conduct house-to-house awareness, detect high-risk pregnancies, and refer cases to secondary care. Furthermore, UNFPA/PHF will rehabilitate the confidential corner in Al Maktoum Hospital to enhance case management and psychosocial support services.

Intersos, through HOPE, is planning to start integrated health, WASH, protection services in Tawila via primary health care and outreach services. The services will include essential health package, RH, protection and MPCA.

Despite these interventions, significant challenges persist, including limited medicine supplies, staff shortages, and overwhelming service demands, underscoring the urgent need for expanded support and stronger coordination to adequately meet the health needs of displaced and affected populations.

The delivery of medical supplies to Tawila is contingent upon the availability of funding for procurement and shipment and is further challenged by access constraints due to the ongoing conflict and the heightened risk of road blockages with the approaching rainy season.

## Nutrition



### Current Response (Under Implementation)

Nutrition cluster partners have been able to levy their operational presence to continue delivery of critical

nutrition interventions, including for treating acute malnutrition among children under five and pregnant and breastfeeding women (PLW). MSF-France is

supporting specialized care of inpatient management of SAM with medical complications in the Stabilization Center (SC). Management of SAM without medical complications in Outpatient Therapeutic Program (OTP) sites is supported by PHF (10), Tabasheer (4), SCI (2), SMOH (2), MSF (1) and ALIMA (1). UNICEF has 7,000 cartons of Ready- to-Use Therapeutic Food (RUTF) to Tawila. Despite constraints in supply delivery management of MAM cases is supported by SCI and ALIMA. Additionally, emergency preventive nutrition assistance continues for 55,000 children and PLW, supported by WFP. UNICEF has already delivered 7,000 cartons of RUTF to Tawila, providing critical nutrition support to malnourished children. WHO has mobilized 19 SAM kits, ensuring continued treatment for severe cases. Infant and Young Child Feeding (IYCF) counseling is being conducted by PHF and SCI,

helping promote early nutritional interventions and prevent further deterioration.

### Planned Activities

PHF and Save the Children will continue managing SAM and MAM cases, with interventions spanning 11 nutrition sites in Tawila. Integrated nutrition management includes Infant and Young Child Feeding (IYCF) counseling and Emergency Blanket Supplementary Feeding (e-BSFP) programs to be expanded through PHF and SCI.

Sector core supply lead agencies (WHO, UNICEF and WFP) have expressed commitment to support pre-positioning of supplies to support nutrition response. WHO is sending 19 SAM kits while UNICEF has 8,000 cartons RUTF and SQ-LNS enroute to Tawila. WFP will send 100 MT of Ready-to-Use Supplementary Food (RUSF) and 36 MT of PlumpyDoz® for Tawila and Al Fasher.

## Protection, Child Protection and Gender-Based Violence

### Current Response (Under Implementation)

HOPE has established a Protection Desk at Hillat Umda to provide information to new arrivals about available services and assistance, conduct referrals to case management services, facilitate family tracing and reunification efforts, and provide individual protection counselling. HOPE continues to provide group and individual psychosocial support (PSS) services through the multi-purpose community center (MPCC) in Rwanda IDP camp and provides cash-based individual protection assistance (IPA) in accordance with relevant eligibility criteria. It is estimated that over 1,300 newly arriving IDPs have so far been reached with PSS services, which are ongoing. The National Association for Child Protection is delivering MHPSS services to 35,000 children (15,000 direct beneficiaries and 20,000

indirect beneficiaries) and their caregivers. Family Tracing and Reunification (FTR) services are also being implemented for 350 unaccompanied and separated children (UASC), alongside Explosive Ordnance Risk Education (EORE) programs reaching 12,000 individuals. GBV case management is being provided by HOPE, with entry points including referrals from the Protection Desk at Hillat Umda and via the MPCC in Rwanda IDP camp; however, there is to date a lack of women and girls' safe spaces sufficient to meet needs and expand access to services in line with needs.

National association for child protection (NACP) is actively working in Tawilla in 7 IDPs gathering sides for the newly arrived IDPs from Zamzam and Elfasher with full package of child protection response, NACP managed to establish 3 CFSS and 2 FTR and referral

units at the gathering sites. NACP is working to establish additional 4 CFSs. Estimated total 542 UASC children are identified and registered, reached a total of 16,670 individual with MHPSS sessions.

NACP is operating with full capacity of skilled child protection officers and trained social workers to handle SGBV cases for minors Managed to establish case management and referral system in Tawilla.

The rapid onset nature of the influx has complicated outreach efforts, requiring rapid expansion of organized information provision and dedicated capacity to track and maintain updated referral pathways. Reports of humiliation, abuse and sexual violence against women underscore the necessity for expanded GBV response services. High levels of family separation, reflecting both the chaotic circumstances of flight as well as significant incidence of protection violations including abduction and arbitrary arrest and detention, have contributed to increased identification of UASC who are in need of care. The establishment of temporary safe spaces for children and for women and girls is needed to provide better targeted PSS services and expand access to referral pathways for services that are available. Community members have identified orphans, the elderly, and individuals with

disabilities as groups facing unique challenges that may require additional support.

### Planned Activities

HOPE will maintain existing services, and additional capacity is required to scale up outreach and information provision mechanisms, establish temporary safe spaces for children and for women and girls, and to improve access to case management services. The National Association for Child Protection will expand MHPSS services and FTR interventions in Tawila to strengthen child protection systems and continue delivering EORE sessions, enhancing UXO awareness and risk education. UNFPA in collaboration with PHF will provide general awareness raising sessions on GBV prevention, treatment and risk mitigations for new arrivals and the host community members in Tawila. They will also distribute 6,000 Dignity Kits, provide psychological first aid and cash assistance for GBV (case management, emergency cash assistance and sanitary napkins). UNFPA in collaboration with PHF will rehabilitate two temporary women and girls' safe spaces (WGSS) in new arrival sites.

## Shelter/Non-Food Items



### Current Response (Under Implementation)

Many IDPs are living in open areas, exposed to risks from insects, snakes, scorpions and other environmental hazards. The approaching rainy season makes the need for safe, adequate shelter and NFI response even more urgent. The Norwegian Refugee Council (NRC) is distributing on behalf of the United Nations High Commissioner for Refugees (UNHCR) 440 NFI kits to most vulnerable to households, addressing immediate shelter and household needs.

### Planned Activities

NRC plans to distribute 1,000 tarpaulins to enhance shelter conditions in Tawila. UNHCR is preparing

to distribute 2,500 NFI kits through AHA as well as 1,400 tarpaulins and 1,000 family tents to the most vulnerable displaced households to meet basic needs. UPO plans to distribute 1,050 NFI kits. Additionally, WHH plans to distribute NFIs and emergency shelter kits. While ongoing efforts have been critical in addressing immediate needs, they remain insufficient given the scale of displacement and the vulnerability of affected populations. Additional funding is urgently required to meet priority Shelter and NFI needs, ensure dignified living conditions, and prevent further deterioration of the humanitarian situation.

## Site Management



### Planned Activities

Mobile and roving CCCM/Site Management teams will be deployed to support the coordination and planning of gathering sites. Activities will include rapid site triage, mapping community leadership structures, household headcounts, vulnerability profiling and establishment of Community Leadership Committees (CLCs) with inclusive representation (40 per cent women, 20 per cent youth, 10 per cent persons with

disabilities). Reception and transit hubs will be set up with gender-segregated areas, visual signage, and protection measures. Site design will integrate solar lighting, gender-separated latrines with locks, child-friendly spaces, crowd management during distributions, and a hotline for protection incident reporting. These interventions aim to enable safer, dignified living conditions for IDPs and improve coordinated assistance delivery.

## Water, Sanitation and Hygiene



### Current Response (Under Implementation)

Total people reached with partial WASH services: 95,000 people. Solidarités International (SI) and Triangle Génération Humanitaire (TGH) are addressing critical water needs in Tawila through water trucking operations, collectively providing 180m<sup>3</sup> of water per day. MSF: 80-100m<sup>3</sup>/day; IRC: 20m<sup>3</sup>/day, TGH:10m<sup>3</sup>/day; SAPA water tank construction ongoing. SI has also installed nine water distribution points to improve access, yet newly displaced people mainly rely on a protected well located two to three hours away on foot, shared with the host community. This creates significant challenges, including overcrowding and insufficient supply. Compounding these issues, the lack of adequate sanitation facilities and widespread open defecation is raising concerns about potential disease outbreaks. MSF, SI, IRC, TGH – 545 latrines are under construction or have been completed (covering 27,000 people). UNICEF partners such as Tabasheer and Aljuzur provide water, rehabilitation of water facilities, installation of emergency latrines

as well as ongoing chlorination campaigns led by Tabasheer volunteers (50 trained) . 8,600 hygiene kits + 3,000 dignity kits distributed by IRC, Plan International, TGH in Tawila.

### Planned Activities

Meanwhile, planned activities include the rehabilitation of hand pumps and existing water yards by SI, TGH and the Community Development Program, alongside the installation of reticulation systems. SI plans to construct 245 emergency latrines, while TGH aims to build 30 emergency and four VIP latrines. TGH plans to distribute hygiene kits to 600 households, promoting better hygiene practices and Welthungerhilfe (WHH) intends to launch community-wide WASH interventions. Together, these efforts aim to enhance water access, sanitation and hygiene for both displaced populations and host communities, addressing urgent needs and building long-term resilience.

INTERVENTION AREA	IMMEDIATE ACTIONS
<b>Water Supply Expansion</b>	<ul style="list-style-type: none"> <li>Scale-up water trucking; fast-track rehabilitation of water yards in Tawilah; expand reticulation network.</li> </ul>
<b>Emergency Latrine Construction</b>	<ul style="list-style-type: none"> <li>Install 1,500 slab-based latrines urgently across 30 sites + in Tawilah (TWL Omda, Dabba Naira).</li> </ul>
<b>Hygiene Kit Mass Distribution</b>	<ul style="list-style-type: none"> <li>Procure and distribute 25,000 hygiene kits and 20,000 dignity kits by end of May 2025.</li> </ul>
<b>Hygiene Promotion / Vector control</b>	<ul style="list-style-type: none"> <li>Launch hygiene promotion, pre-position cholera kits, before rains.</li> </ul>

## Multi-Purpose Cash (MPC)



### Planned Activities

The existing MPC targeting and prioritization outlined in the Sudan HNRP will be explored in consultation

with the Sudan Cash Working Group (CWG), contingent upon evidence of market functionality.

# Cross-Cutting Issues

## Protection from sexual exploitation and abuse (PSEA)

Ensuring the protection of displaced and conflict affected populations from sexual exploitation and abuse is a collective responsibility of all response actors. To ensure this is done effectively, the following measures must be incorporated in the response plans of all clusters:

- Systematic inclusion of information for displaced and conflict affected populations about their rights, that sexual exploitation is not tolerated, and how any concerns related to SEA can be reported in all awareness raising and information dissemination activities.
- Prominent display of printed materials that include key messages about zero tolerance for SEA and how any concerns related to SEA can be reported in all static service provision facilities.
- Provision of safe, confidential and accessible feedback mechanisms through which any concerns related to SEA can be reported.
- Dedication of appropriate human resources capacity to the follow up of SEA reports (including referrals to relevant investigative mechanisms, such as the IGO), and ensure that anyone affected

by SEA is provided with relevant services and assistance to support their recovery.

## Protection mainstreaming across all Clusters

The design and implementation of responses across all clusters should reflect the mainstreaming of core protection priorities, as outlined below:

- **Safety, dignity and Do No Harm:** Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks.
- **Meaningful access and non-discrimination:** Arrange for people's access to assistance and services, in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.
- **Accountability:** Set up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.
- **Participation and Empowerment:** Support the development of self-protection capacities and assist people to claim their rights, including but not limited to the rights to shelter, food, water and sanitation, health and education.

# Tawila Gaps and Needs Analysis

Note: This ORP for Tawila is an operational extension of the 2025 HNRP. It identifies the most immediate priorities and funding gaps within the existing strategic and financial framework, aligning with the HCT-approved reprioritisation of sectoral geographic focus areas and response activities. The funding requirements outlined below represent critical shortfalls needed to operationalise activities already endorsed in the HNRP, and do not constitute additional or separate appeal figures. Rather, they reflect the costs of scaling life-saving interventions in Tawila based on real-time needs, access feasibility, and implementation capacity.

CLUSTER	NEEDS	GAPS	IMMEDIATE FUNDING REQUIRED	RECOMMENDED OUTCOMES ALIGNED WITH EHP
Site Management	Deployment of mobile & roving CCCM teams; Site mapping and site assessments Establishment of reception hubs and site management structures; Community engagement and governance setup	<ul style="list-style-type: none"> <li>No CCCM-dedicated actors or funded CCCM capacity currently operational in Tawila; No formal site management structures established</li> </ul>	\$1,000,000	<ul style="list-style-type: none"> <li>Basic site coordination mechanisms operational in all key gathering sites.</li> <li>Reception and transit hubs set up to manage new arrivals safely and with dignity.</li> <li>Community Leadership Committees (CLCs) inclusive of women, youth, and persons with disabilities operational.</li> <li>Household data and vulnerability profiling completed to inform multi-sectoral assistance.</li> <li>Protection-sensitive site design features (solar lights, latrines with locks, safe spaces) integrated.</li> </ul>
	Water trucking capacity of 4,550 m <sup>3</sup> /day to meet Sphere Standard of 15 liters/person/day.	<ul style="list-style-type: none"> <li>Current supply is 180m<sup>3</sup>/day, 9 water points installed.</li> </ul>		<ul style="list-style-type: none"> <li>Increase water availability to 4,550 m<sup>3</sup>/day and address barriers to water access</li> </ul>
WASH	Construction of 6,066 emergency latrines to ensure adequate sanitation facilities.	<ul style="list-style-type: none"> <li>Only 375 latrines are planned, leaving a gap of 5,691.</li> </ul>	\$3,000,000	<ul style="list-style-type: none"> <li>Construct 5,691 emergency latrines to reduce open defecation and prevent disease outbreaks.</li> </ul>
	WASH kits for 20,000 households to maintain basic hygiene and sanitation standards.	<ul style="list-style-type: none"> <li>Gaps in WASH promotion and essential supplies, such as soap, jerrycans and hygiene kits.</li> </ul>		<ul style="list-style-type: none"> <li>Distribute 20,000 WASH kits and conduct widespread hygiene promotion sessions.</li> </ul>

CLUSTER	NEEDS	GAPS	IMMEDIATE FUNDING REQUIRED	RECOMMENDED OUTCOMES ALIGNED WITH EHP
Food Security and Livelihoods	General food assistance for 300,000 IDPs to prevent hunger and malnutrition.	<ul style="list-style-type: none"> <li>120,000 IDPs (out of the 400,000) are left without food assistance.</li> <li>Additionally, the targeted IDPs will receive one-month worth of assistance. Additional funds are needed for two additional months.</li> <li>Severe food shortages pose risks of malnutrition and starvation of populations already living in IPC Phase 5 for extended periods.</li> </ul>	\$10,000,000 for food assistance	<ul style="list-style-type: none"> <li>Scale up food distribution and sustain community kitchen operations with pre-positioned supplies.</li> <li>Expand General Food Assistance.</li> </ul>
	Strengthen health service delivery capacity at community, PHC, and hospital levels.	<ul style="list-style-type: none"> <li>For the current HNRP 2025 target population in Tawila, Six PHC centres and three hospitals are reported by health partners to be non-functional due to insecurity, damage, or lack of staff.</li> <li>Limited or no operational mobile health teams in hard-to-reach areas.</li> <li>Weak referral mechanisms, resulting in delays or inability to access secondary care services.</li> </ul>		<ul style="list-style-type: none"> <li>Support 20–25 health facilities (PHC and hospitals).</li> <li>Operate 10–12 mobile health teams for 9 months.</li> <li>Rehabilitate critical health infrastructure.</li> <li>Expand referral systems (ambulances, communication tools).</li> </ul>
	Build capacity of healthcare workers to deliver essential, health services, including trauma, emergency obstetric, chronic disease, mental health, and disability services.	<ul style="list-style-type: none"> <li>Critical shortage of trained healthcare personnel, particularly for emergency obstetric care, trauma care, and mental health services.</li> <li>High staff turnover and lack of incentives are affecting service continuity.</li> <li>Limited capacity among health workers to manage chronic diseases and disability services within PHC settings.</li> </ul>		\$6,690,000
Ensure continuous supply of essential medicines, medical kits, and supplies.	<ul style="list-style-type: none"> <li>Severe shortages of essential medicines and health kits due to disrupted supply chains and lack of access due to security situation.</li> <li>Stockouts of trauma, reproductive health, nutrition kits, and cholera kits reported across facilities.</li> <li>Limited cold chain capacity affecting the storage of temperature-sensitive supplies.</li> <li>Lack or strategic warehousing capacity due to risk of looting.</li> </ul>	<ul style="list-style-type: none"> <li>Procure, and preposition (including transportation and workforce) larger quantities of IEHK kits, TESK trauma kits, RH kits, and Nutrition Paediatric Kits.</li> <li>Strengthen cold chain for vaccine storage.</li> <li>Emergency replenishment capacity for outbreaks.</li> </ul>		

CLUSTER	NEEDS	GAPS	IMMEDIATE FUNDING REQUIRED	RECOMMENDED OUTCOMES ALIGNED WITH EHP
Health	Strengthen disease surveillance, early warning, and response systems	<ul style="list-style-type: none"> <li>Fragmented disease surveillance systems with low reporting rates from health facilities supported by health partners.</li> <li>Weak outbreak investigation and response capacities at states and local levels.</li> <li>Limited integration of community-based surveillance mechanisms.</li> </ul>		<ul style="list-style-type: none"> <li>Extend EWARS coverage to all health facilities and mobile teams implemented by health partners.</li> <li>Train surveillance focal points at community and facility levels.</li> <li>Fund 10 Rapid Response Teams (RRTs) for outbreak investigation.</li> <li>Support mobile data collection tools.</li> </ul>
	Expand immunization coverage through routine services and campaigns.	<ul style="list-style-type: none"> <li>Interrupted routine immunization services and delayed mass vaccination campaigns due to insecurity and displacement.</li> <li>Gaps in cold chain equipment maintenance and vaccine stock availability.</li> <li>Low immunization coverage in IDP and conflict-affected areas, increasing risk of vaccine-preventable disease outbreaks (e.g., measles, cholera).</li> </ul>		<ul style="list-style-type: none"> <li>Conduct two rounds of mass vaccination campaigns (e.g., measles, cholera, polio) across IDP camps and host communities.</li> <li>Strengthen cold chain equipment at facility and mobile team level.</li> <li>Conduct intensive RCCE (Risk Communication and Community Engagement) to boost vaccination uptake.</li> <li>Support routine immunization outreach.</li> </ul>
Nutrition	Management of SAM with and without medical complications among U5	<ul style="list-style-type: none"> <li>Limited OTP and SC sites restrict coverage for malnutrition treatment.</li> </ul>	\$1,500,000	<ul style="list-style-type: none"> <li>Scale up of OTP services – including geographical coverage through deployment of Mobile Teams (MTs)</li> <li>Scale up of SC services.</li> </ul>
	Management of MAM cases among children U5 and PBW	<ul style="list-style-type: none"> <li>Limited TSFP coverage due to access constraints and limited funding</li> </ul>		<ul style="list-style-type: none"> <li>Scale up/resumption of TSFP services.</li> </ul>
	Provision of preventive nutrition interventions	<ul style="list-style-type: none"> <li>Limited preventive nutrition interventions</li> </ul>		<ul style="list-style-type: none"> <li>Support implementation of emergency blank supplementary feeding (e-BSFP) activities targeting children under-5 years and PBWs</li> <li>Support IYCF counselling at nutrition facilities and community outreach.</li> </ul>
	Capacity Building	<ul style="list-style-type: none"> <li>Staff turnover and relocation of staff contributed to limited availability of technical service providers</li> </ul>		<ul style="list-style-type: none"> <li>SMOH and sector lead agencies to support refresher trainings of service providers for management of SAM and MAM.</li> </ul>

CLUSTER	NEEDS	GAPS	IMMEDIATE FUNDING REQUIRED	RECOMMENDED OUTCOMES ALIGNED WITH EHP
<b>Shelter and NFIs</b>	Emergency Shelter and NFI needs are estimated for 303,000 individuals (60,660 HH).	IDPs are currently living in open areas exposed to environmental hazards. Emergency Shelter support is planned to reach 3,400 households, leaving a gap of 57,260 households. NFIs distribution is planned for 3,990 households, leaving a gap of 56,670 households.	<b>\$19,300,000 (\$9.6 million for NFIs and \$9.7 million emergency shelters)</b>	<ul style="list-style-type: none"> <li>Provide 57,260 additional emergency shelter kits (e.g tarpaulins, emergency shelter, and tents).</li> <li>Distribute NFIs to 56,670 families.</li> <li>These interventions will address urgent current needs and help reduce exposure to protection risks particularly in light of the impending rainy season.</li> </ul>
	Newly arriving IDPs lack timely and accessible information about available services and assistance.	Limited OTP and SC sites limited coverage for malnutrition treatment.		<b>\$150,000</b>
<b>Protection</b>	Newly arriving IDPs have been exposed to severe protection risks over an extended period and are often arriving in significant distress.	Scaled up PSS service provision is required, through easily accessible activities that provide entry points for referral to more specialized individual support.	<b>\$250,000</b>	<ul style="list-style-type: none"> <li>Dedicated community spaces to be designated in areas receiving influxes of new arrivals, providing spaces for group PSS and other community-level activities, including those organized by community members themselves.</li> </ul>
	Safe, confidential and accessible support for survivors of GBV and CRSV.	There are currently no WGSS operating in Tawila, limiting safe and confidential access to referral pathways. GBV case management capacity exists but requires rapid scale up.	<b>\$200,000</b>	<ul style="list-style-type: none"> <li>Establish temporary safe spaces to facilitate access to referral pathways and PSS services, while scaling up GBV case management capacity.</li> </ul>
	Family Tracing and Reunification (FTR) services and temporary care measures for unaccompanied and separated children (UASC).	Current FTR mechanisms cannot support the growing number of UASC.	<b>\$250,000</b>	<ul style="list-style-type: none"> <li>Expand FTR services, consider establishment of additional temporary CFSSs, and introduce community-based alternative care options for UASC.</li> </ul>

# Monitoring and Accountability Framework

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Progress on the response implementation will be linked to Essential Humanitarian Package output indicators. This information will be continuously updated to identify gaps while outcome level indicators will be monitored through assessments.

Partners will also use their own monitoring mechanisms, including post-distribution monitoring, reporting and community feedback/accountability to affected populations (AAP) mechanisms



# Next Steps

TIMEFRAME (2025)	KEY OPERATIONAL PRIORITIES
APRIL	<ul style="list-style-type: none"> <li>• <b>Launch</b> immediate life-saving activities based on cluster plans and MSRNA.</li> <li>• <b>Develop</b> access strategy (bureaucratic, security, logistical).</li> <li>• <b>SHF approves</b> \$2 million Emergency Rapid Response Mechanism allocation; gap analysis informs future allocations.</li> </ul>
MAY–JUNE	<ul style="list-style-type: none"> <li>• <b>Scale-up</b> operations to meet basic needs in Tawila.</li> <li>• Begin <b>phased expansion</b> to El Fasher and other priority localities.</li> <li>• <b>Ensure efforts compliment</b> rainy season preparedness: buffer stock prepositioning, route assessments.</li> <li>• <b>Identify</b> alternative access routes before rainy season onset.</li> </ul>

# Acronyms

ACRONYM	DEFINITION	ACRONYM	DEFINITION
A-ICCG	Area Inter-Cluster Coordination Group	PLW	Pregnant and Lactating Women
AAP	Accountability to Affected Populations	PSEA	Protection from Sexual Exploitation and Abuse
ALIMA	Alliance for International Medical Action	PSS	Psychosocial Support
BSFP	Blanket Supplementary Feeding Programme	RH	Reproductive Health
CCCM	Camp Coordination and Camp Management	RUTF	Ready-to-Use Therapeutic Food
CFS	Child-Friendly Space	SAM	Severe Acute Malnutrition
CLCS	Community Leadership Committees	SC	Stabilization Centre
CRSV	Conflict-Related Sexual Violence	SCI	Save the Children International
CVAS	Cash Voucher Assistance	SHF	Sudan Humanitarian Fund
EHP	Essential Humanitarian Package	SMOH	State Ministry of Health
EORE	Explosive Ordnance Risk Education	SNFI	Shelter and Non-Food Items
ERRM	Emergency Rapid Response Mechanism	SQ-LNS	Small Quantity Lipid-Based Nutrient Supplement
EMONC	Emergency Obstetric and Newborn Care	TESK	Trauma Emergency Surgical Kit
FSL	Food Security and Livelihoods	TSFP	Targeted Supplementary Feeding Programme
FTR	Family Tracing and Reunification	UASC	Unaccompanied and Separated Children
GBV	Gender-Based Violence	UNFPA	United Nations Population Fund
GFA	General Food Assistance	UNHCR	United Nations High Commissioner for Refugees
HCT	Humanitarian Country Team	UNICEF	United Nations Children's Fund
IDP	Internally Displaced Person	WASH	Water, Sanitation and Hygiene
IEHK	Interagency Emergency Health Kit	WFP	World Food Programme
IPC	Integrated Food Security Phase Classification	WGSS	Women and Girls' Safe Spaces
IRC	International Rescue Committee	WHO	World Health Organization
IYCF	Infant and Young Child Feeding		
MPCA	Multi-Purpose Cash Assistance		
MSF	Médecins Sans Frontières		
MSRNA	Multi-Sectoral Rapid Needs Assessment		
MT	Mobile Team		
NFI	Non-Food Item		
NRC	Norwegian Refugee Council		
OTP	Outpatient Therapeutic Programme		
PFA	Psychological First Aid		
PHC	Primary Healthcare Centre		
PHF	Patient's Help Fund		

**OPERATIONAL RESPONSE  
PLAN - TAWILA**  
**Darfur Displacement Crisis**

APRIL 2025