



1.6M
Cluster Target
HRP 2024



525k
people reached with
various site
management
activities.



1,300
collective centres mapped
in 7 of the 18 states in
Sudan.



USD 14M
required to meet
Cluster needs. Cluster
only 9.2% funded.

Overview:

More than **11** million people are currently internally displaced in Sudan, based on IOM/DTM data as of October 22, 2024. Approximately 4.9 million (44%) of this displaced population resides in sites and site-like settings across Sudan's 18 states, including camps, collective centers (such as schools and public buildings), and informal, makeshift settlements. Cluster partner assessments highlight that conditions in these sites remain precarious, often below minimum standards, with severe overcrowding and insufficient access to essential services.

The recent spread of hostilities into Al-Jazirah and Sennar has triggered additional displacement to Gedaref, Kassala, and Blue Nile States, overwhelming existing response capacities in these areas. Under the **2024 Humanitarian Needs and Response Plan (HNRP)**, the Cluster is targeting **1.6** million individuals for site management interventions, prioritizing strengthened community engagement, enhanced site-level coordination, capacity-building, and site upgrades to promote dignified living conditions. However, resource constraints remain a significant challenge, with the Cluster critically underfunded; only 9.2% of the required USD 14 million has been secured to date.



Community engagement and participation-

In October, Site Management actors continue to operate across Kassala, Gedaref, and the Northern State, progresses were made to engage displaced communities. DRC conducted FGDs at Wad AlHuri and Um Golja sites with 49 participants, exploring food security and communal kitchen options. In Wadi Halfa, UNHCR and SRCS facilitated FGDs in 5 gathering sites with 172 participants, addressing key concerns like WASH, health, shelter, and livelihoods. Similarly, SRCS in Kassala engaged IDPs through meetings and awareness sessions on cholera, malaria, and mental health, emphasizing community-led solutions like water chlorination and tent repairs.

ACTED conducted 31 safety audits and engaged 1,370 individuals in CFM awareness sessions, establishing 29 Site Management Committees (SMCs). Community participation also included cash-for-work initiatives, site cleaning, and tool distribution, promoting ownership and empowerment.



Figure 1: DRC CCCM conducting FGD with females at Um Golja gathering sites



Coordination and capacity sharing programme (CSP)-

Coordination efforts focused on enhancing service delivery and site management. DRC led CCCM training for 100 stakeholders, coordinated with partners like MSF and WHH to distribute food kits to 2,595 individuals, and established community kitchens in IDP sites. Regular meetings identified new gathering sites and monitored IDP influxes from East Aljazeera.

In Wadi Halfa, SRCS organized workshops for 75 participants, covering coordination, IDP rights, and humanitarian principles. In Gadaref, ACTED facilitated relocation of sites and established a Community Resource Center in Um Shigirat, centralizing access to services.

Site planning and site improvements-

In Gedaref, assessments of Gebisha and Rouffaa villages, hosting 2,150 households, informed plans for reception centers. Improvements at Wad AlHuri included water tank installations and fencing for protection. Kassala saw the construction of 40 latrines and installation of water tanks and solar lighting across sites like Alashbal and Almargai.

In Wadi Halfa, SRCS advanced CBPN establishment and distributed NFIs to 488 households. Challenges like inadequate latrines, lack of drinking water, and insufficient healthcare were addressed with site-specific interventions. Mapping and assessments informed targeted improvements and resource allocation.

Needs and Gaps in Gathering Sites

Assessments revealed persistent gaps across sites, including inadequate WASH facilities, limited healthcare access, and strained community resources due to IDP influxes. For example, in Kassala, most sites lack sufficient latrines, while in Gedaref, host communities are overwhelmed by 3,000 households from East Aljazeera.

Mapping tools and site Assessments conducted by DRC, ACTED, UNHCR and SRCS underscored the importance of structured interventions. These efforts identified needs for communal kitchens, hygiene promotion, and capacity building, enabling tailored responses and enhancing site management outcomes.



Figure 2: Rouffaa camp, established to host the new influx of IDPs.



Figure 3: DRC CCCM team and Rural Wasat Al Gadaref locality

Contributing Partners:

