

Proposal for the Government of Italy

Ministry of Foreign Affairs and International Cooperation, Directorate General for Migration Policies and Italians Abroad

Multi-sector assistance to refugees and their host communities in Sudan



A South Sudanese refugee child receiving medical treatment at PHC in White Nile \odot UNHCR

UNHCR Sudan
April 2025



PROJECT OVERVIEW

Project Title	Multi-sector assistance to refugees and host communities in Sudan	
Budget	EUR 3,000,000 (3,102,378 USD)	
Implementation period	June 2025 - May 2026 [12 months]	
Beneficiaries	Refugees, asylum seekers and host community members across Sudan: 413,637 people have access to outpatient consultations. 442,300 refugees have access to potable water	
Summary of Project and Expected Outcomes	The project seeks to provide health, nutrition, clean water assistance to refugees and their hosts including IDPs living in the refugee hosting areas. The expected outcomes include: 1. Refugees and their hosts have access to primary health care, nutrition services and referrals to secondary health care facilities. 2. Refugees living in camps have access to potable water.	

^{*} The exchange rate used is 0.967 (UN rate Feb 2025). However, the final exchange rate applied will be determined by UNHCR HQ according to the date of the receipt of the contribution.

PROJECT BACKGROUND AND OPERATIONAL CONTEXT

The conflict in Sudan, erupted on April 15th, 2023, has led to the largest displacement, protection and humanitarian crisis in the world with an estimated 30.4 million people (about 64% of Sudan's 47.5 million population) requiring humanitarian assistance, according to the 2025 Sudan Humanitarian Needs and Response Plan¹. In March 2025, over 8.6 million people were internally displaced, many of them multiple times. Over 3.8 million people had fled to neighbouring countries since the conflict started, with the largest number fleeing to Egypt (1.5 million), Chad (770,000), and South Sudan (1.1 million). Despite the conflict, Sudan hosts close to 840,000 refugees and asylum-seekers primarily from South Sudan, Ethiopia, Eritrea and the Central African Republic. In 2024, over 11,700 people from neighbouring countries sought international protection in Sudan.

The conflict in Sudan has been raging unabated for 24 months without showing signs of slowing in intensity or gravity. There are daily reports of grave violations of human rights, civilians regularly killed by indiscriminate bombing, and civilian infrastructure such as hospitals

¹ https://reliefweb.int/report/sudan/sudan-humanitarian-needs-and-response-plan-2025-executive-summary-issued-december-2024



targeted. Those fleeing conflict-affected areas are subject to arbitrary arrest, detention, extortion and sexual and gender-based violence. The socio-economic situation has steadily declined. Inflation is rising, the currency has lost in value and basic commodities are in short supply.

An estimated 50 per cent of affected people are women and girls who face higher risks of abuse and exploitation in conflict environments, such as Sudan, where lawlessness and criminality are high. Famine conditions have been confirmed in parts of North Darfur State and millions more at risk of famine in the areas devastated by conflict particularly in the Darfur and Kordofan regions and Khartoum State. According to the HNRP, nearly 26 million people face acute food insecurity and 9.4 million people in need of essential health care services. The protection needs are vast across the country. Up to 3.6 million people need comprehensive protection services and specialized assistance such as for survivors of gender-based violence and children with specific needs. About 12.3 million people require improved access to clean water, sanitation facilities, and hygiene promotion services and hygiene kits which are essential to mitigate WASH related diseases and improve their wellbeing.

PROJECT OBJECTIVES AND TIMEFRAME

The objectives of the project are:

- To ensure refugees and communities hosting them have access to primary health care, nutrition services and referrals to secondary health care facilities
- To ensure refugees living in the camps have access to potable water.

The proposed activities include:

- Provide essential primary health care services including mental health and psychosocial support and sexual reproductive health services
- Support medical referrals to secondary health facilities outside the primary health care centres
- Provide of community nutrition services to vulnerable individuals and priority groups based on the outcomes of the mass nutrition screening
- Strengthen **community health networks** which will improve outreach services and health seeking behaviours as well other treatment outcomes
- Enhance the skills and effectiveness of Health Workers and community health workers in delivering quality health services by providing regular training
- Enhance the prevention measures for epidemic and communicable disease control
- Operate, repair and maintain water supply systems in the refugee camps
- Water quality monitoring in the refugee camps
- Solarization of one water supply system.

Health Care and Nutrition

UNHCR will provide health and nutrition services in 10 refugee camps which include outpatient and inpatient services, mental health and psychosocial support, sexual and



reproductive health support. **Medical referrals to secondary health care facilities** and community health services like health promotion and referrals will be conducted. Screening for people with malnutrition and outpatient treatment for people with severe acute malnutrition are conducted and health care staff capacity building will be undertaken.

Water, Sanitation and Hygiene (WASH)

UNHCR will operate, repair and maintain existing water supply systems in 14 refugee camps which includes water pumping, water treatment, water quality testing, water distribution through the established piped network, repair and maintenance of transmission and distribution networks, tap stands, storage tanks, generators, water pumps and intakes. Additionally, one existing water supply system will be solarized to promote use of clean energy and improve water access.

The activities underlined in the proposal are essential in addressing urgent needs while also contributing to long-term stability. By improving access to basic services, these interventions help mitigate the factors driving ongoing migration, fostering resilience within communities and creating conditions conducive to stabilization.

The proposed implementation period is from June 2025 to May 2026.

BENEFICIARIES

OA10: Healthy Lives

 413,637 refugees, asylum-seekers and host community members have access to health care facilities.

OA 12: Clean Water, Sanitation and Hygiene

442,300 refugees, asylum-seekers have access to potable water.

PROPOSED ACTIVITIES AND IMPLEMENTATION ARRANGEMENTS

UNHCR has 17 offices in Sudan, of which eight have physical presence of international and national staff, three are under remote management arrangements and six are temporarily closed due to inaccessibility and conflict. The Representation Office, based in Port Sudan, since the start of the conflict in April 2023, has the overall oversight function for all field-level activities. The Office delivers its protection and assistance programmes using a combination of direct and indirect implementation arrangements based on a best value for money principle.

OA10: Healthy Lives

UNHCR will strengthen delivery of primary health care and nutrition service provision for the displaced individuals living in and around 10 refugee camps via implementing partners. In 2024, members of the host community accounted for an average of 23% of all outpatient consultations. UNHCR will aim at enabling that forcibly displaced and host communities have



equitable access to essential primary health care services packages including preventive, promotive, curative, rehabilitative and palliative care. This will encompass:

- Primary Health Care: The treatment of communicable and non-communicable diseases, injury care, reproductive health services, immunizations, mental health and psychosocial support, and health promotion.
- Medical referrals: UNHCR will facilitate medical referrals for forcibly displaced individuals and host community members to secondary health care services outside the camps' health activities.
- Nutrition assistance: Nutrition services will include community nutrition screening using mid-upper arm circumference measurements and the treatment and management of severe and moderate acute malnutrition. By promoting infant and young child feeding practices among pregnant and lactating women, UNHCR and its partners aim to prevent acute malnutrition in children and mothers. Continuous monitoring of the nutrition situation will be conducted through nutrition surveillance and information system management.
- Capacity building: Enhancing the capacity of health care professionals and community health workers through trainings and technical support which will improve the quality of health care services and strengthen the linkage between the community and the health facility. Targeted training programmes which address specific health issues will be undertaken for health care professionals and community health care workers to improve their ability to address community health care issues and make referrals.

OA 12: Clean Water, Sanitation and Hygiene

UNHCR will provide potable water to the refugees living in 14 refugee camps by operating, repairing and maintaining the camp water supply systems. Water safety will be strengthened by timely repair of the water pipeline leakages and increased hygiene communication for the community to promote end user water safety which is critical with the recent outbreaks of WASH related diseases including cholera. The interventions will include:

- Water pumping: Water will be pumped either from boreholes or surface water intakes, depending on the type of water source available at the camp level. Water pumping will use solar energy, diesel and/or electricity. Solarization of one pumping unit to reduce reliance on fossil fuel use for water supply and increase reliability.
- Water treatment: Water pumped from borehole/surface water intake will be treated using the existing water treatment systems. Water treatment chemicals such as alum and chlorine compound are procured locally.
- Water quality testing: Water quality testing will be conducted at the water treatment plant and at the household level. The test parameters include pH, turbidity, free residual chlorine and E.coli.
- Distribution of water: Treated water will be pumped to in camp storage tanks, and
 it will be distributed to the refugees and asylum seekers via tap stands and public
 stand posts.



- Repair and maintenance: Repair and maintenance works include the pipe leakage repair, replacement of taps and repair and maintenance of generators, water pumps, electricity systems, water intakes, treatment systems and storage tanks.
- Capacity strengthening of community structures.

REPORTING AND VISIBILITY

Interim Report: An Interim Report covering the first six months of implementation will be submitted within 90 days after the reporting period.

Final Report: A final narrative and financial report will be provided within three months after the end of the implementation period and will cover the whole implementation period.

Visibility:

- In view of a highly complex and volatile security situation, visual or verbal identification of donor support inside Sudan may endanger the lives, safety and security of beneficiaries and staff, and compromise the safe and effective delivery of the project and humanitarian assistance. UNHCR's utmost priority is to ensure the safety and security of UNHCR and partner staff and to ensure the smooth implementation of protection and assistance services to forcibly displaced people in a very challenging operational context. As such all communications and visibility activities shall be implemented taking these factors into consideration.
- o Multi-donor visibility has been developed for use in the field.
- Social media posts (X and Facebook) will be used to acknowledge the Government of Italy's contribution and project achievements to the public.
- o The Government of Italy will be mentioned in external materials like factsheets, operational and funding updates in line with standard visibility guidelines.

BUDGET

	EUR	USD*
Outcome Area		
OA 10: Healthy Lives	1,019,806	1,054,608
OA 12: Clean Water, Sanitation and Hygiene	1,092,870	1,130,165
Staffing & Administration costs	704,225	728,258
Activities sub-total	2,816,901	2,913,031
Indirect Support costs – 6.5%	183,099	189,347
TOTAL	3,000,000	3,102,378

^{*} The exchange rate used is Euro/USD 0.967