

ACT Alliance

**SDN 261: ACT Response to Sudan
Crisis: Integrated Food, WASH,
Protection/GBV, and Livelihoods
Support**

Appeal

SDN 261

actalliance

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Appeal Summary Sheet				
Appeal Code and Title	ACT Response to Sudan Crisis: Integrated Food, WASH, Protection/GBV, and Livelihoods Support			
Budget (USD)	Total Requesting Members' Budget: USD 3,164,148 SMC 3%: USD 94,924 Total Budget: USD 3,259,072			
Revision Schedule	20 th September 2026			
Location	Sudan/Gedaref, Khartoum, Kordofan			
Response Period	Start Date	1 July 2026		
	End Date	30 June 2027		
	No. of months	12		
Requesting Forum	<i>Name of ACT forum:</i> <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Appeal			
Requesting members	Requesting Member Norwegian Church Aid (NCA) Diakonie Katastrophenhilfe (DKH) Dan Church Aid (DCA)	Budget USD 1,195,550 USD 1,001,320 USD 1,062,202		
Appeal Coordinator	Name: Dirk Peter Hanekom Email: dirk.peter.hanekom@nca.no Other means of contact (WhatsApp): +277 293 54710			
Implementing partners	Requesting Member Norwegian Church Aid (NCA) Diakonie Katastrophenhilfe (DKH) Dan Church Aid (DCA)	Implementing Partners Rural Community Development Organisation (RCDO) Proximity to Humanity (P2H) Sudan Social Development Organization - SUDO		
Response Strategy Summary (<i>add rows if needed</i>)	Requesting Member Norwegian Church Aid (NCA)	Number of Target Participants per Sector Food Security Livelihoods (FSL) WASH Protection	1,250 40,891 9,700	
	Diakonie Katastrophenhilfe (DKH)	FSL, WASH, and Protection	20,000	
	Dan Church Aid (DCA)	FSL	45,000	
		Protection	5,300	
	Outcome(s)	<ol style="list-style-type: none"> 1. Crisis-affected communities demonstrate improved access to and use of equitable, safe, inclusive, and quality life-saving WASH services, contributing to reduced public health risks and improved dignity. 2. Women, girls, boys and men affected by crisis experience improved safety, psychosocial wellbeing, and access to survivor-centred GBV and protection services. 3. Crisis-affected women, men, and youth improve their income-generation capacity and economic recovery through small business recovery. 4. Local organizations, community structures, and mutual aid groups have enhanced capacity to deliver accountable, inclusive, and sustainable humanitarian assistance 		
	Objectives	<ol style="list-style-type: none"> 1. Improve access to safe water, sanitation, hygiene (WASH), and environmental health services for 40,891 conflict-affected IDPs, returnees, refugees, and vulnerable host community members in Khartoum and Gedaref States 2. Provide and strengthen access to integrated protection, Gender-Based Violence (GBV) prevention and response, and psychosocial support services for 15,000 vulnerable 		

	<p>women, girls, boys, and men in Khartoum, Gedaref, South Kordofan, and North Kordofan</p> <p>3. Improve food security, household resilience, and access to basic needs for 66,250 conflict-affected and vulnerable households through multi-purpose cash assistance (MPCA), emergency food assistance, and livelihood support in Khartoum, Gedaref, Darfur, South Kordofan, and North Kordofan</p> <p>4. Strengthen the operational, technical, institutional, and humanitarian response capacity of three local organizations and community-based frontline response structures in Khartoum, Darfur, South Kordofan, and North Kordofan to deliver quality, accountable, conflict-sensitive, and locally led humanitarian assistance in line with CHS and Sphere standards</p>																																			
Target Participants	Profile																																			
	<input checked="" type="checkbox"/> Refugee <input checked="" type="checkbox"/> IDP <input type="checkbox"/> host population <input type="checkbox"/> Returnees <input type="checkbox"/> Non-displaced affected population																																			
	<p>No. of households (based on average HH size):17,648 (Average HH size of 6)</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>47</td> <td>2,352</td> <td>4,706</td> <td>23,2</td> <td>5,293</td> <td>5,059</td> <td>2,306</td> <td>1,153</td> </tr> <tr> <td>Female</td> <td>706</td> <td>4,707</td> <td>7,060</td> <td>32,07</td> <td>6,473</td> <td>6,707</td> <td>2,400</td> <td>1,200</td> </tr> </tbody> </table>	Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	47	2,352	4,706	23,2	5,293	5,059	2,306	1,153	Female	706	4,707	7,060	32,07	6,473	6,707	2,400
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Reporting Schedule

Type of Report	Due date
Situation report	29 th September 2026 29 th April 2027
Interim Report (narrative and financial)	29 th December 2026
Final narrative and financial report (60 days after the ending date)	29 th August 2027
Audit report (90 days after the ending date)	29 th September 2027

Please kindly send your contributions to this ACT bank account:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the requesting members, and allocations will be made based on agreed criteria of the forum or task group.

Please send an email to Humanitarian Finance (humanitarianfinance@actalliance.org) of pledges and contributions, **including funds sent directly to the requesting members**. Please also inform us of any pledges or contributions, if there are any contract agreements and requirements, especially from back donors. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

For further information, please contact:

Africa

Regional Representative, Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)

Humanitarian Programme Coordinator, Caroline Njogu (Caroline.Njogu@actalliance.org)

Visit the ACT website: <https://actalliance.org/>

Niall O'Rourke

Head of Humanitarian Affairs

ACT Alliance Secretariat, Geneva

Context Analysis

Sudan is currently facing one of the world's largest and most complex humanitarian crises, with the 2026 Humanitarian Needs and Response Plan (HNRP) estimating that 33.7 million people, over two-thirds of the population, require humanitarian assistance ([Relief Web](#)). This crisis is driven by the prolonged conflict that escalated in April 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), compounding longstanding structural vulnerabilities, including weak governance, economic fragility, and regional inequalities. The conflict has caused widespread displacement, disrupted markets and supply chains, and led to the near collapse of essential services across large parts of the country ([WHO](#)). Women, children, internally displaced persons (IDPs), older persons, and persons with disabilities are disproportionately affected, facing heightened barriers to accessing services and increased exposure to violence, exploitation, and neglect.

Khartoum State

In Khartoum State, the crisis is characterized by a severe collapse of urban systems combined with increasing, often premature, return movements. Many returnees are moving back into heavily damaged neighborhoods where essential infrastructure, including water systems, health facilities, electricity networks, and waste management services, remains largely non-functional. The September 2025 NCA/MTI Multi-Sector Needs Assessment ([Relief Web](#)) highlighted the depth of service degradation.

WASH

Although 80% of households report access to improved water sources, nearly half of these sources are contaminated, rising sharply to 88% in East Nile locality. In comparison, only 27% of households have a reliable water supply. As a result, households increasingly rely on unsafe or costly alternatives. Sanitation conditions are equally critical: 91% of households rely on shared facilities, only 18% have access to improved latrines, and open defecation affects up to 46% of the population in some areas. The breakdown of drainage, wastewater management, and solid waste systems has contributed to recurrent outbreaks of cholera, dengue fever, and malaria, particularly in densely populated return areas.

Protection

Protection risks are closely linked to these service gaps, with women and girls facing increased risks of harassment and violence during water collection, alongside severely limited access to reproductive health, psychosocial support, and gender-based violence (GBV) services. At the same time, economic decline, rising prices, and loss of livelihoods are driving households to adopt negative coping strategies, including reduced food intake, asset depletion, child labour, early marriage, and survival sex.

Gedaref State

Gedaref State represents a displacement-driven crisis rooted in the rapid expansion of population pressure on already fragile systems. As of May 2026, Gedaref hosted many IDPs across 672 locations, in addition to more than 40,000 Ethiopian refugees in Um Rakuba and Tunaydbah camps. Population inflows from Khartoum, Aj Jazirah, Darfur, and Kordofan continue, even as limited return movements take place. While infrastructure in Gedaref has not collapsed to the extent seen in Khartoum, basic services were already under strain and are now overstretched due to overcrowding in settlements and host communities.

WASH

Water, sanitation, and health systems are struggling to meet increased demand, contributing to recurrent cholera outbreaks and rising dengue cases, exacerbated by weak drainage and inadequate waste management.

Livelihood opportunities are constrained by limited labour absorption capacity, rising food prices, and competition over resources, while climate-related shocks, including erratic rainfall and flooding, further undermine household resilience. These pressures are increasing social tensions and

protection risks, particularly for vulnerable groups, while host communities, many of whom were already economically insecure, face declining coping capacity.

Darfur and Kordofan

Conflict

In Darfur and Kordofan, the crisis reflects a combination of high-intensity conflict, historical grievances, and systemic marginalization. In Darfur, the current violence builds on the legacy of the 2003 conflict, when government-backed militias carried out widespread attacks against non-Arab communities, resulting in mass displacement and atrocities. Today, forces emerging from these militias are implicated in renewed ethnically targeted violence, large-scale killings, and forced displacement ([WHO](#)). Attacks on displacement camps and urban centers, particularly around El Fasher, have significantly worsened humanitarian conditions, and famine has been confirmed in parts of North Darfur ([Relief Web](#)), with food insecurity and acute malnutrition reaching extreme levels ([ACAPS](#)). In Kordofan, particularly North Kordofan, the crisis remains severe yet under-reported. Urban centers such as El Obeid, although under SAF control, are effectively isolated due to insecurity along key transport corridors, disrupting trade and limiting the flow of goods. This has led to market shortages, high inflation, and reduced access to essential commodities. Displacement into these areas continues from multiple regions, while humanitarian assistance remains extremely limited, with many households receiving little or no support. Access to healthcare is severely constrained, and food insecurity is acute, particularly among female-headed households. Protection services are largely absent, with minimal availability of GBV response and psychosocial support, and only a handful of Women and Girls Safe Spaces operating across the region ([MSF](#)). In South Kordofan, including areas such as Heiban County, vulnerabilities are further compounded by protracted conflict involving multiple armed actors, geographic isolation, poor infrastructure, and seasonal flooding, all of which restrict access to services and markets.

Across all these regions, humanitarian access remains uneven and often constrained, resulting in significant gaps in formal assistance delivery. In many areas, particularly those that are hard to reach or insecure, community-led response mechanisms, including Mutual Aid Groups, neighbourhood committees, communal kitchens, and women-led initiatives, serve as the primary providers of assistance. National organizations, such as the Sudan Social Development Organization (SUDO), play a critical role in reaching vulnerable populations through established community networks, local acceptance, and contextual knowledge ([CORDAID](#)). Strengthening these locally led systems is essential for ensuring an effective, accountable, and sustained humanitarian response.

Overall, the crisis in Sudan is marked by distinct but interconnected dynamics: the collapse of urban services and unsafe returns in Khartoum, displacement-driven pressures on fragile systems in Gedaref, and high-intensity conflict, famine risk, and isolation in Darfur and Kordofan. The convergence of these factors, including conflict, displacement, disease outbreaks, food insecurity, and protection risks, underscores the urgent need for integrated, multi-sectoral humanitarian interventions that combine WASH, health, food security, cash assistance, and protection to address immediate needs while supporting resilience among affected populations.

Response Strategy

Forum response strategy over the Appeal period

The ACT Alliance response will deliver an integrated, lifesaving, and protection-sensitive humanitarian intervention targeting conflict-affected IDPs, returnees, refugees, and vulnerable host communities across Khartoum, Gedaref, North and South Kordofan, and Darfur. The strategy addresses the interconnected impacts of conflict, displacement, service collapse, food insecurity, disease outbreaks, and protection risks, while strengthening community resilience and locally led response systems in a constrained and access-limited operational environment.

Aligned with the Sudan Humanitarian Needs and Response Plan (HNRP 2026), Sphere Standards, the Core Humanitarian Standard (CHS), and the ACT Alliance Appeal Results Framework, the response combines immediate life-saving assistance with recovery-oriented support and measurable, needs-based outcomes.

Response Goal: Conflict-affected women, men, girls, and boys have improved access to life-saving assistance, protection services, and resilient community support systems, reducing vulnerability, restoring dignity, and strengthening their capacity to cope with ongoing shocks.

Objective 1: Improve equitable access to safe WASH, public health, and environmental health services

Outcome 1: Crisis-affected communities demonstrate improved access to and use of equitable, safe, inclusive, and quality WASH services, contributing to reduced public health risks and improved dignity.

Key Deliverables:

- Rehabilitation and solarization of 1 borehole and construction and solarization of 1 borehole.
- Installation, expansion and rehabilitation of 12 water points and installation of 12 solar streetlights to improve access and enhance security.
- Emergency water trucking of 12 trips, each supporting 300m³
- Water quality monitoring, chlorination, and household water treatment support for 9 months.
- Construction and rehabilitation of emergency sanitation facilities (8 blocks of latrines), latrine dislodging (30 trips).
- Procurement of 20 waste bins for monthly waste collections for 7 months, procurement of waste management tool kits (3 kits), procurement of 250 Menstrual Health kits (MHM), and distribution of 100 dignity kits.
- Monthly cleaning campaigns for 8 months and celebration of 2 Water Days.
- Vector control through the distribution of 250 mosquito nets and spraying for 6 months.
- Strengthening 2 community WASH committees through training community hygiene promoters, providing water maintenance tools (2 kits), and providing incentives for community hygiene promoters for 9 months to conduct hygiene promotion awareness for 9 months.

Objective 2: Strengthen protection, GBV prevention and response, and psychosocial wellbeing

Outcome 2: Women, men, girls, and boys affected by crisis experience improved safety, psychosocial wellbeing, and access to survivor-centred GBV and protection services.

Key Deliverables:

- GBV prevention and individual GBV case management, response services and establishment of one Women and Girls Safe Space (WGSS) and awareness creation for 10 months. 30 PSS and GBV awareness sessions followed by specialized referral support for 500 GBV cases.
- Case management, referral pathways, and psychosocial support services (through individual counseling, group counseling, trauma counseling, community-based psychosocial support, and mental health psychosocial support peer-to-peer sessions through 5 GBV volunteers).
- Child protection interventions for unaccompanied and separated children through the establishment of one Women and Girls Safe Space and one stop centre)
- Assessment of vulnerable persons with heightened protection risks and linkages to multi-purpose cash assistance, livelihoods and complementary services. Individual protection assistance through support of cash and material assistance for GBV survivors.

- 11 targeted engagements for men and boys and community leaders on GBV prevention, risk mitigation and support to survivors.
- 6 group strengthening capacity and support to community-based protection structures.
- Distribution of 350 kits to vulnerable women and girls, 2 trainings on GBV topics, 2 trainings on life-skills training for adolescents, 3 safety audit trainings, and 2 trainings on non-protection actors on GBV and commemoration of 16 days of GBV activism.
- Establishment and rehabilitation of one Women and Girl Safe Space site

Objective 3: Improve food security, livelihood, access to basic needs, and household resilience

Outcome 3: Crisis-affected households have improved access to basic needs and strengthened capacity to cope with economic shocks.

Key Deliverables:

- Targeted livelihood and income-generating support for highly vulnerable households, particularly female -headed households and persons with disabilities through Multi-Purpose Cash Assistance (MPCA) targeting 385 HH @ USD 480 per vulnerable household.
- Context-appropriate vocational skills and early recovery support through vocational training and provision of in-kind support for income-generating activities for 270 HH @ USD 280.
- Supporting 270 HH with USD 130 to establish a homestead garden.
- Train youth and women on Biogas production from 30 HH @ USD 200.
- Emergency shelter and non-food kits (1,300 kits)
- Community-based food security support, including SCLR approaches and Group Cash Transfers to Mutual Aid Groups (MAGs) for communal kitchens, including allocation to state Emergency response rooms by localization coordination councils.
- Support 300 HH community-based targeted livelihood support packages.
- 28 tranches of group cash transfers for mutual aid groups to support communal kitchen gardens.

Objective 4: Strengthen locally led humanitarian action, community resilience, and advocacy

Outcome 4: Local organizations, community structures, and mutual aid systems have enhanced capacity to deliver accountable, inclusive, and sustainable humanitarian assistance.

Key Deliverables:

- Provide group cash transfers to 40 community ERR specialized groups of USD 11,659 to build and strengthen local partners.
- Support women-led organizations and community-based actors by providing group cash transfers to base-level emergency response rooms with lump-sum support.
- Direct support to Mutual Aid Groups (MAGs), Emergency Response Rooms (ERRs), and neighborhood committees with a lump-sum amount.
- Community-led planning, monitoring, and accountability processes
- Strengthening localization, preparedness, and community resilience systems and holding advocacy events

Implementation is based on strong coordination and complementarity among ACT Alliance members, ensuring maximum reach and impact. Engagement with national clusters and technical working groups ensures alignment with broader humanitarian efforts and avoids duplication.

ACT members will contribute based on their comparative advantages. Norwegian Church Aid (NCA) will lead integrated WASH, public health, environmental health, MPCA, and resilience interventions

in Khartoum and Gedaref. Dan Church Aid (DCA) will implement a fully localized response in North and South Kordofan through its partnership with SUDO, combining direct protection service delivery with community-led food security approaches. In North Kordofan (Sheikan), DCA will support Mutual Aid Groups through Group Cash Transfers to operate communal kitchens at scale, while delivering protection services through Women and Girls Safe Spaces and mobile outreach teams. In South Kordofan (Heiban), DCA will provide emergency shelter and non-food items to newly displaced households, reducing exposure to protection risks, harsh conditions, and disease outbreaks.

Diakonie Katastrophenhilfe (DKH) will operate in Darfur and Kordofan through a Proximity to Humanitarian (P2H) modality, partnering with Emergency Response Rooms (ERRs) to deliver rapid, community-led assistance including cash, WASH, and protection services in hard-to-reach areas. DKH will ensure quality assurance, compliance, and alignment with the Appeal Results Framework, strengthening accountability and measurable outcomes.

Local partners, including SUDO, RCDO, ERR networks, and other Sudanese organizations, will play a central role in community engagement, beneficiary targeting, service delivery, monitoring, and accountability, ensuring access, acceptance, and contextual relevance.

Gender equality, inclusion, and protection mainstreaming are central across all objectives. Guided by gender analysis, the response ensures equitable access, meaningful participation, and targeted support for women, girls, children, older persons, and persons with disabilities. Women's leadership will be prioritized, including at least 50% representation in community structures and MAG governance. All interventions integrate GBV risk mitigation, safe and accessible service delivery, disability inclusion, and age-sensitive approaches. Accountability to Affected Populations (AAP) and safeguarding mechanisms will ensure assistance is delivered safely, ethically, and with dignity.

Through this coordinated, localized, and multi-sectoral response, ACT Alliance members will deliver life-saving assistance at scale while strengthening community-led systems, reducing protection risks, and enhancing the resilience of conflict-affected populations across Sudan.

Capacity to respond

ACT Alliance members bring complementary operational, technical, and localized capacities to deliver a coordinated, high-impact humanitarian response across Sudan, combining long-standing institutional presence with deeply embedded community-based delivery systems.

Norwegian Church Aid (NCA) leads the consortium and brings over 50 years of operational presence in Sudan and extensive experience delivering multi-sector programmes in complex emergencies. NCA operates across Darfur, Kordofan, White Nile, Red Sea, Gedaref, and Khartoum, with strong capacity in WASH, Gender-Based Violence in Emergencies (GBViE), Food Security and Livelihoods (FSL), cash assistance, and peacebuilding. Its previous leadership in ACT Appeals and large-scale emergency responses positions NCA to provide technical leadership, programme integration, and quality assurance. Under this Appeal, NCA will lead implementation in Khartoum and Gedaref, working closely with the Rural Community Development Organisation (RCDO). Through this partnership, NCA ensures strong field-level delivery, capacity strengthening, and adherence to humanitarian standards, reinforcing national systems while advancing localization commitments.

Diakonie Katastrophenhilfe (DKH), as the lead requesting member for Darfur and Kordofan, brings strong expertise in operating in fragile, conflict-affected, and access-constrained environments. DKH will provide strategic leadership, grant management, risk oversight, and technical quality assurance in line with ACT Alliance and humanitarian standards. Its Proximity-to-Humanitarian (P2H) approach, delivered in partnership with Proximity to Humanity (P2H) and Emergency Response Rooms (ERRs),

enables access to areas where traditional humanitarian actors face severe constraints. ERRs, as community-based volunteer networks, serve as critical frontline responders, providing rapid needs assessments, emergency assistance, and services including food distribution, WASH, protection activities, and evacuation support. Their embedded presence, local knowledge, and community trust significantly enhance the timeliness, reach, and effectiveness of the response, while P2H provides coordination, fiduciary oversight, and system strengthening to ensure accountability.

DanChurchAid (DCA) brings critical added value through its deeply localized and community-driven operational model, particularly in hard-to-reach and severely underserved contexts such as North and South Kordofan. In areas where up to 91% of households have received no humanitarian assistance, DCA's approach leverages existing mutual aid networks, women-led groups, and community structures that are already functioning as primary responders. Through its established partnership with the Sudan Social Development Organization (SUDO), DCA translates localization into practice by enabling Sudanese actors to lead implementation while providing technical accompaniment, compliance systems, and quality assurance.

DCA's use of Small Community-Led Response (SCLR) methodologies and Group Cash Transfers allows for rapid, scalable, and contextually relevant assistance, including support to communal kitchens capable of reaching tens of thousands of people. By prioritizing women-led groups and inclusive targeting, this approach strengthens community ownership while addressing structural exclusion, particularly for female-headed households and marginalized groups. In parallel, DCA delivers direct protection services through Women and Girls Safe Spaces (WGSS) and mobile protection teams, ensuring access for populations unable to reach fixed service points. This dual model, combining community-led food security interventions with structured protection service delivery, ensures an integrated, flexible, and gap-filling response in areas with minimal humanitarian presence.

Local and national partners, including RCDO, SUDO, ERR networks, Mutual Aid Groups (MAGs), and neighborhood committees, are central to implementation across all operational areas. These actors provide critical access, contextual understanding, and community trust, enabling delivery in insecure and hard-to-reach environments while strengthening accountability to affected populations. Their role is not simply instrumental but foundational, ensuring that the response is locally led, contextually appropriate, and sustainable.

Together, the capacities of NCA, DKH, and DCA create a layered and complementary response architecture: NCA delivers large-scale, technically robust programming in urban and displacement-affected areas; DKH extends reach into high-risk, inaccessible settings through Proximity to Humanity (P2H) and Emergency Response Rooms (ERR) systems; and DCA ensures deeply localized, community-driven responses that address critical gaps in underserved and "invisible" crises. This combined approach maximizes operational reach, speed, adaptability, and accountability, ensuring that assistance is delivered effectively, inclusively, and in line with humanitarian standards across Sudan's highly complex and evolving context.

Appeal response plan in the first three months

During the first three months of the Appeal, ACT Alliance members and local partners will prioritize rapid, life-saving assistance for conflict-affected IDPs, returnees, refugees, and vulnerable host communities in Khartoum, Gedaref, Darfur, and Kordofan. The response will address urgent WASH, food security, cash, health, and protection needs while strengthening local response capacities, community resilience, and accountability to affected populations. The response will be delivered through a combination of direct implementation, community-based approaches, local partnerships,

and coordinated humanitarian action. ACT members will work through established partnerships with national NGOs, Emergency Response Rooms (ERRs), Mutual Aid Groups (MAGs), women-led organizations, community committees, and local authorities to ensure timely access to affected populations, particularly in hard-to-reach and conflict-affected areas. Activities will be informed by rapid needs assessments, community consultations, gender and protection analyses, and ongoing monitoring to ensure assistance remains responsive to evolving needs.

Key activities will include:

- Conducting detailed rapid needs assessments, beneficiary verification, targeting, registration, and community consultations using community-based targeting approaches and vulnerability criteria
- Rehabilitating and repairing critical water supply systems and emergency water supply through local contractors, community water committees, and technical supervision by ACT members.
- Constructing and rehabilitating emergency sanitation facilities, handwashing stations, and WASH infrastructure in displacement sites, health facilities, and high-risk communities using local labour and community participation.
- Implementing hygiene promotion campaigns, hygiene kit distributions, and public health awareness activities through mass awareness campaigns and community mobilization.
- Improving drainage systems, supporting solid waste management, conducting environmental sanitation campaigns, and implementing vector control measures through community clean-up campaigns and collaboration with local authorities.
- Providing Multi-Purpose Cash Assistance (MPCA) and emergency cash support through secure and appropriate delivery mechanisms, enabling vulnerable households to meet their priority needs with dignity and flexibility.
- Supporting community kitchens and emergency food assistance initiatives through local community groups, women-led organizations, and emergency response networks.
- Establishing and strengthening community WASH committees, protection committees, and local response structures through training, mentoring, and regular engagement.
- Delivering dignity kits, protection awareness sessions, psychosocial support referrals, case management, and GBV risk mitigation interventions through trained protection staff, women-led organizations, and referral networks.
- Facilitating community-based protection activities, referrals, and support services for women, girls, children, older persons, and persons with disabilities through safe and accessible community platforms.
- Supporting emergency evacuations and life-saving assistance for newly displaced populations through ERRs, community volunteers, and local response mechanisms.
- Mobilizing community volunteers, ERRs, MAGs, and local networks to support humanitarian assistance, accountability mechanisms, feedback systems, and community engagement.
- Strengthening the technical, operational, financial, and safeguarding capacities of local partners, including RCDO, SUDO, ERRs, and other community-based organizations, through mentoring, accompaniment, joint monitoring, coaching, and institutional capacity development.

All interventions will be implemented in close coordination with relevant humanitarian clusters, Cash Working Groups, government authorities, and ACT Alliance members to ensure complementarity, avoid duplication, and maximize collective impact. Gender equality, mainstreaming protection, disability inclusion, safeguarding, and Accountability to Affected Populations (AAP) will be integrated throughout the response to ensure assistance is delivered safely, equitably, and with dignity. These interventions will contribute directly to the Appeal Results Framework by improving access to safe WASH services, reducing public health risks, enhancing food

security and household purchasing power, strengthening protection and GBV services, and building the capacity of local actors to deliver effective, accountable, and sustainable humanitarian assistance.

Response plan after the first three months

Following the initial emergency phase, the ACT Alliance response will progressively transition from life-saving assistance to early recovery and resilience-building interventions, while maintaining the flexibility to respond to new displacement, disease outbreaks, and emerging humanitarian needs. This transition will be informed by updated needs assessments, protection monitoring, market assessments, and the Appeal revision planned during the third month.

The response will prioritize the restoration and strengthening of essential services, livelihoods, community resilience, and local response capacities. In WASH, interventions will shift from emergency service delivery toward rehabilitation and sustainable management of water systems, sanitation facilities, drainage infrastructure, solid waste management, and community-led environmental health initiatives. Community WASH committees and local service providers will receive additional training and support to improve operation, maintenance, and long-term sustainability.

In food security and livelihoods, the program will gradually complement emergency cash assistance with livelihood recovery and resilience activities, including support for income-generating opportunities, small-scale agriculture, household food production, and market recovery where conditions permit. Attention will be given to women-headed households, youth, persons with disabilities, and other vulnerable groups.

Protection and GBV programming will continue to prioritize life-saving services while expanding psychosocial support, community-based protection mechanisms, referral systems, and capacity strengthening of local women-led organizations and protection actors. Safe spaces, community awareness initiatives, and social cohesion activities will be strengthened to support recovery and resilience.

A central pillar of the recovery phase will be localization and capacity strengthening. ACT Alliance members will continue to invest in the institutional, technical, financial, safeguarding, and humanitarian coordination capacities of local partners, including RCDO, SUDO, ERRs, Mutual Aid Groups (MAGs), women-led organizations, and community structures. This will enhance locally led humanitarian action and improve preparedness for future shocks.

The response priorities after the first three months will therefore focus on: (i) restoration of essential WASH and community services; (ii) livelihood recovery and household resilience; (iii) strengthened protection and GBV services; (iv) community preparedness and resilience-building; and (v) capacity strengthening of local actors and systems.

This approach aligns closely with the Sudan Humanitarian Needs and Response Plan (HNRP) 2026, the ACT Alliance humanitarian framework, and national and state-level emergency response priorities, which emphasize integrated humanitarian assistance, protection of vulnerable populations, restoration of basic services, localization, community resilience, and support for durable recovery pathways. The strategy also supports the humanitarian-development-peace nexus by linking emergency responses with longer-term recovery and resilience outcomes wherever access and security conditions allow.

Primary participants

The Appeal will target conflict-affected internally displaced persons (IDPs), returnees, refugees, and vulnerable host communities in Khartoum, Gedaref, Darfur, and Kordofan States. Participant selection is based on the findings of recent multi-sector needs assessments, humanitarian situation analyses, displacement trends, protection monitoring data, and consultation with communities, local authorities, humanitarian clusters, and local partners.

Priority locations have been selected based on:

- Severity of humanitarian needs and vulnerability levels.
- High concentrations of IDPs, returnees, refugees, and conflict-affected host communities.
- Areas affected by the collapse of WASH, health, and protection services.
- Locations experiencing disease outbreaks, including cholera and dengue fever.
- Areas facing severe food insecurity, livelihood loss, and limited access to humanitarian assistance.
- High protection and GBV risks, particularly for women, girls, children, older persons, and persons with disabilities.
- Accessibility through local partners and community-based response mechanisms, especially in hard-to-reach areas.
- Alignment with priorities identified in the Sudan HNRP 2026 and sector coordination mechanisms.

Households and individuals will be selected using transparent, community-based targeting approaches and vulnerability criteria developed in consultation with community leaders, local partners, and humanitarian coordination structures. Priority will be given to:

- Female-headed households.
- Pregnant and lactating women.
- Children, particularly unaccompanied and separated children.
- Older/Elderly persons.
- Persons with disabilities and persons with specific needs.
- Survivors or individuals at risk of gender-based violence.
- Households hosting displaced persons.
- Newly displaced households and returnees.
- Households with limited or no access to safe water, sanitation, food, healthcare, or livelihoods.
- Extremely poor households and those employing negative coping strategies.
- Refugees and vulnerable host community households affected by resource pressures and service shortages.

The Appeal adopts a vulnerability-based and protection-sensitive targeting approach to ensure assistance reaches those most at risk. Attention will be given to women, girls, children, older persons, and persons with disabilities, who are disproportionately affected by conflict, displacement, food insecurity, disease outbreaks, and protection risks. Community consultations, registration processes, rapid assessments, and continuous monitoring will be used to validate beneficiary selection and ensure accountability, inclusion, and equitable access to assistance.

This approach ensures that limited humanitarian resources are directed to populations with the greatest needs while promoting dignity, protection, gender equality, and accountability to affected populations.

Monitoring and evaluation

ACT Alliance requesting members will implement a robust and integrated Monitoring, Evaluation, Accountability and Learning (MEAL) system to ensure that all interventions are delivered effectively, on time, and in compliance with humanitarian quality standards, including the Core Humanitarian Standard (CHS), Sphere Standards, ACT Alliance policies, and sector-specific technical guidelines. The MEAL system is aligned with the Appeal Results Framework and supports continuous tracking

of outputs, outcomes, and objectives, enabling evidence-based decision-making and adaptive management.

Monitoring will combine real-time and routine approaches, including partner-led monitoring, regular field visits, post-distribution monitoring (PDM), beneficiary verification, and activity tracking. Standardized tools, such as indicator tracking tables, reporting templates, and partner monitoring frameworks, will ensure consistency and data quality across all members. Data will be systematically disaggregated by sex, age, and disability to assess equity, inclusion, and effectiveness.

A strong localization approach to monitoring will be applied. National partners, including RCDO, SUDO, Emergency Response Rooms (ERRs), Women Response Rooms (WRRs), and Mutual Aid Groups (MAGs), will play a central role in data collection and community-level monitoring. For example, SUDO's established MEAL unit in North Kordofan will track activities through a combination of weekly monitoring of community kitchens, mobile-based reporting (including WhatsApp tools), and post-distribution monitoring after each cash transfer cycle. Protection services delivered through Women and Girls Safe Spaces (WGSS) and mobile teams will be documented using confidential case management systems and aggregated reporting, ensuring strict adherence to data protection protocols and safeguarding principles. ACT members will provide technical oversight, mentoring, and quality assurance, strengthening partner capacity in MEAL systems, indicator tracking (including FCS, rCSI, and sector indicators), and reporting.

ACT members will conduct joint monitoring missions, technical quality assessments, and regular coordination reviews to assess progress against Results Framework indicators, identify implementation challenges, and take corrective action. In inaccessible areas, remote monitoring modalities, including structured virtual check-ins, document reviews, and financial tracking, will ensure continuity of oversight.

Accountability to Affected Populations (AAP) is fully integrated. A secure, multi-channel Complaints and Feedback Mechanism (CFM) will be operational across all locations, including:

- Physical channels (confidential complaints boxes at service sites)
- Remote channels (dedicated confidential hotlines)
- Community-based channels (help desks, community meetings, and outreach teams)

All feedback will be logged in secure systems, with clear response protocols: general queries addressed within defined timelines, and safeguarding or PSEA-related complaints escalated within 24 hours, following strict confidentiality and survivor-centred principles. Feedback analysis will directly inform programme adjustments and improve responsiveness.

Safeguarding and Prevention of Sexual Exploitation and Abuse (PSEA) are central to the response. All staff, partners, and community-level actors—including SUDO teams, mobile protection staff, and community group leaders—will undergo mandatory PSEA training before deployment. Awareness materials will be widely disseminated in local languages and accessible formats across all intervention sites. A zero-tolerance policy will be enforced, with clear reporting, investigation, and response protocols aligned with ACT safeguarding standards.

The response will also be guided by conflict sensitivity and Do No Harm principles, ensuring that assistance does not exacerbate tensions or create unintended risks. Interventions such as cash transfers and community-based support will be carefully designed and monitored to avoid market distortion, exclusion, or security risks. Continuous engagement with community leaders and stakeholders will support acceptance and mitigate potential tensions.

Learning and adaptive management are integral to the MEAL system. Periodic internal reviews, partner performance assessments, and lessons-learned exercises will be conducted to capture best practices and inform adjustments. A formal three-month review of the Appeal will assess progress, validate targeting and assumptions, and refine implementation strategies based on evolving needs and context dynamics.

Through this integrated MEAL, safeguarding, and accountability framework, ACT Alliance members will ensure that the response remains effective, inclusive, safe, and accountable, while strengthening local systems and delivering measurable, high-quality humanitarian outcomes.

Risk Management

<p>The operating environment in Sudan remains highly volatile, requiring continuous monitoring and adaptive management throughout the Appeal period. ACT Alliance members have identified several contextual, operational, security, financial, and programmatic risks that could affect the achievement of response objectives in the table below.</p>		
Risk / Assumption	Likelihood	Mitigation / Management Response
Conflict escalation closes places like El Obeid and Darfur to all humanitarian operations	High	Programme suspension protocol; Local partners remote management SOP; NCA, DCA, and DKH crisis communication plan with ACT Alliance
Rainy season (June–Sept) cuts eastern corridor supply routes and isolates some localities	Medium-High	Pre-position dignity kits, GCT disbursements, and livelihood support before the rainy season onset (by M4)
Authorities impose restrictions on MAG registration or communal kitchen operations	Medium	Engage HAC proactively; ensure MAGs are registered; coordinate with the Protection Cluster on advocacy
Secondary shock (cholera, flooding, new displacement wave) overwhelms partners' capacity	Medium	Programme flexibility clause for reprioritization; coordination with UNHCR and other actors for surge support
Local partners lose key protection staff (resignation, security incident)	Medium	Succession planning in SOPs; DCA, NCA, and DKH support rapid recruitment through accompaniment; remote supervision protocols
MAGs are targeted by armed actors or forcibly disbanded	Medium	Do-No-Harm screening at selection; conflict sensitivity analysis; community protection monitoring
Financial transfer mechanism (bank + stone x + Bankak) disrupted for GCT disbursement	Medium-High	Dual-channel disbursement plan; test transfers through alternative service providers; maintain relationships with other transfer service providers
GBV survivor data breach (confidentiality failure)	Low-Medium	Strict paper-based case management; data protection SOP signed by all staff; NCA, DCA, and DKH data breach response protocol
WGSS physical facility damaged or destroyed in a drone strike or looting	Medium	Site selection prioritizes locations away from known military infrastructure; contingency plan for temporary mobile WPCC operation
Female-headed HH beneficiaries were displaced before livelihood support disbursement	Medium	Phased targeting/disbursement (M2–M4); IDP tracking by local partners monitors; re-targeting protocol for displaced HHs
Roads are cut off due to flooding and/or security constraints	High	Early planning and prepositioning of supplies before/after the rainy season. Ensure close coordination with authorities, communities and other INGOs to remain aware of the security situation and adapt accordingly.

Weak coordination with ERRs/partner: Can lead to duplication or gaps in response	High	Strengthen coordination and communication with ERRs and partners.
Financial mismanagement or limited capacity: Risks misuse of funds and reporting delays.	Medium	Provide capacity building on financial management and reporting. Apply strong financial controls and monitoring systems.
Supply chain disruptions interrupt the availability of essential items.	High	Pre-position supplies and identify alternative logistics options.

Safety and Security plans

Safety and Security Plan: The implementation of this Appeal will take place in a highly volatile environment characterized by ongoing conflict, population displacement, criminality, civil unrest, disease outbreaks, and access constraints, particularly in Khartoum, Darfur, and Kordofan. In line with the ACT Alliance Safety and Security Guidelines, participating members will conduct regular security risk assessments and maintain context monitoring systems to ensure that activities are implemented safely and responsibly.

Security Risk Assessment: Key security risks include armed conflict, insecurity along transport routes, movement restrictions, unexploded ordnance (UXO), theft and looting of humanitarian assets, disease outbreaks, and civil disturbances. These risks may affect staff safety, access to beneficiaries, supply chains, and programme continuity. To mitigate these risks, ACT members will maintain security management plans, adhere to security protocols, conduct regular risk reviews, coordinate closely with UNDSS and humanitarian coordination mechanisms, and utilize local partners and community networks to support safe access and acceptance.



Duty of Care for Frontline Responders: Frontline staff, volunteers, ERR members, and community workers may face risks including exposure to violence, intimidation, stress, burnout, disease outbreaks, and difficult working conditions. These risks will be addressed through security briefings, staff inductions, safeguarding training, personal protective equipment (PPE) where required, psychosocial support, clear communication systems, incident reporting procedures, and compliance with movement and travel protocols. Staff wellbeing and mental health will be monitored throughout implementation.

Do No Harm Considerations: Humanitarian assistance may inadvertently create tensions between communities, increase visibility of vulnerable individuals, expose beneficiaries to protection risks, or create perceptions of exclusion. To minimize these risks, the programme will apply conflict-sensitive approaches, transparent targeting criteria, community consultations, protection mainstreaming, gender-sensitive programming, and robust Accountability to Affected Populations (AAP) mechanisms. Attention will be given to safeguarding women, children, persons with disabilities, and other vulnerable groups.

Capacity Strengthening and Support Needs: ACT members will continue to strengthen the security capacities of local partners, including RCDO, SUDO, ERRs, and community-based organizations, through security awareness training, safeguarding and duty-of-care training, incident management procedures, and communication protocols. Additional support may be required for security training, emergency communications equipment, staff safety resources, remote management systems, and security-related infrastructure improvements where operationally necessary.

Security risks and mitigation measures will be continuously monitored and reviewed throughout the Appeal period to ensure the safety of staff, partners, volunteers, and affected communities while maintaining effective humanitarian access and response.

Budget

						
Requesting Forum/Country		SUDAN				
Appeal Number:		SDN 261				
Appeal Title:		Sudan Crisis				
Implementing Period:		01/07/26 to 30/06/27				
Budget rate / FX: Local currency to 1 USD (please input exchar		1.0000	1.0000	1.0000		
		Appeal Total		NCA	DKH	DCA
		USD	USD	USD		
Direct Costs		2,832,344	1,009,371	921,187	901,787	
1	Project Staff Salaries	432,566	174,309	93,949	164,309	
2	Project Activities	2,243,356	799,062	807,001	637,293	
2.1	Advocacy	27,037	22,037	-	5,000	
2.2	Education	-	-	-	-	
2.3	Food and Nutrition	-	-	-	-	
2.4	Health	-	-	-	-	
2.5	Livelihood	206,700	116,700	-	90,000	
2.6	Multipurpose Cash	1,134,301	187,300	807,001	140,000	
2.7	Protection and Psychosocial	246,328	182,828	-	63,500	
2.8	Shelter and Settlement	338,793	-	-	338,793	
2.9	WASH	290,197	290,197	-	-	
3	Quality and Accountability	142,654	36,000	15,506	91,147	
4	Logistics	9,368	-	4,730	4,638	
5	Assets and Equipment	4,400	-	-	4,400	
Indirect Costs		331,803	151,358	50,968	129,477	
Staff Salaries		101,099	52,500	-	48,599	
Office Operations		230,704	98,858	50,968	80,878	
Total Budget		3,164,148	1,160,729	972,155	1,031,264	
ACT Secretariat management cost SMC @ 3		94,924	34,822	29,164.66	30,938	
Total Budget + SMC		3,259,072	1,195,550	1,001,320	1,062,202	

Quality and Accountability

This project will be implemented in full alignment with ACT Alliance's mandatory policies, including the ACT Alliance Code of Good Practice, which reflects a collective commitment to quality, accountability, and continuous improvement in humanitarian action. As both the ACT Alliance Secretariat and Norwegian Church Aid (NCA) are Core Humanitarian Standard (CHS) certified, all interventions under this appeal will adhere to CHS commitments, ensuring that assistance is timely, relevant, effective, and delivered with respect for the rights and dignity of affected populations. ACT members will uphold principles of participation, transparency,

safeguarding, and responsiveness by establishing accessible feedback and complaints mechanisms, promoting inclusive engagement, particularly of women, children, and marginalized groups, and strengthening coordination at all levels. Through these measures, the response will meet immediate needs while reinforcing trust, local accountability, and learning for sustained impact.

Code of Conduct

All ACT Alliance members and implementing partners participating in this Appeal are committed to upholding the highest standards of integrity, accountability, safeguarding, and professional conduct. The project will be implemented in accordance with each organization's Code of Conduct and, where applicable, the ACT Alliance Code of Conduct, including commitments related to the prevention of sexual exploitation, abuse and harassment (PSEAH), child safeguarding, anti-fraud and anti-corruption, non-discrimination, and respect for human dignity.

All staff; volunteers, consultants, and partner personnel engaged in the response will be required to read, understand, and sign the Code of Conduct before participating in project activities. Refresher briefings and training sessions will be conducted regularly to ensure continued awareness and compliance.

To integrate the Code of Conduct into project implementation, ACT members and partners will incorporate CoC and safeguarding requirements into staff inductions, partner agreements, volunteer management systems, community engagement activities, and monitoring processes. Examples include mandatory safeguarding training, regular awareness sessions, inclusion of PSEAH messages during community meetings, and display of reporting channels at project sites and community information points.

In the event of a violation, established safeguarding, disciplinary, and investigation procedures will be activated. Complaints will be handled confidentially and in accordance with organizational policies, ensuring survivor-centred approaches, protection from retaliation, and appropriate referral and support mechanisms. Serious incidents will be reported through organizational and ACT Alliance reporting procedures as required.

Communities will be informed about expected staff behaviour, their rights, available feedback and complaints mechanisms, and how to report misconduct through community meetings, awareness sessions, posters, help desks, hotlines, suggestion boxes, and other accessible communication channels. Information will be provided in appropriate local languages and formats to ensure that women, men, children, persons with disabilities, and other vulnerable groups can safely access and use these mechanisms.

Through these measures, the project will promote accountability, transparency, safeguarding, and trust between humanitarian actors and affected communities.

Safeguarding

ACT Alliance members and implementing partners are committed to maintaining a safe environment for all people involved in or affected by the response, in line with the ACT Safeguarding Policy Framework and organizational safeguarding policies. The project adopts a zero-tolerance approach to sexual exploitation, abuse and harassment (SEAH), child abuse, bullying, discrimination, exploitation, neglect, and any form of abuse of power.

To ensure safeguarding commitments are integrated throughout the project, all staff, volunteers, consultants, and partner personnel will undergo mandatory safeguarding induction and training and sign the Code of Conduct before engagement. Safeguarding requirements will be incorporated into partner agreements, recruitment processes, community engagement activities, monitoring systems, and project management procedures. Practical measures will include safeguarding awareness sessions for communities, safe and accessible complaints mechanisms, gender-sensitive programming, safe referral pathways, risk assessments, and regular safeguarding monitoring. Attention will be given to protecting women, children, persons with disabilities, older persons, and other vulnerable groups.

If a safeguarding-related incident occurs, established safeguarding reporting and response procedures will be immediately activated. Confidential reporting channels will be available to staff, volunteers, partners, and community members. All allegations will be handled promptly, confidentially, and in accordance with survivor-centred principles, ensuring protection from retaliation and access to appropriate support services. Incidents will be investigated following organizational and ACT Alliance safeguarding protocols, with corrective and disciplinary actions taken where necessary. Serious safeguarding incidents will be reported through ACT Alliance and organizational reporting mechanisms in line with applicable policies and legal requirements.

These measures will help ensure that humanitarian assistance is delivered safely, ethically, and with dignity, while promoting accountability and protecting the rights and well-being of affected populations.

Conflict sensitivity / do no harm

The proposed project is designed and implemented using a conflict-sensitive and Do No Harm approach, recognizing that humanitarian assistance can unintentionally exacerbate existing tensions, create inequalities, or expose vulnerable populations to additional risks if not carefully managed. Given the complex conflict dynamics in Sudan, all interventions will be guided by continuous conflict analysis, community consultations, protection assessments, and context monitoring to ensure that assistance contributes to social cohesion rather than division.

The project will apply transparent and vulnerability-based targeting criteria to ensure equitable access to assistance for IDPs, refugees, returnees, and vulnerable host communities, thereby minimizing perceptions of exclusion, bias, or favouritism. Community leaders, women, youth, persons with disabilities, local authorities, and other stakeholders will be actively involved in planning, implementation, monitoring, and feedback processes to strengthen acceptance, accountability, and local ownership.

To minimize risks of conflict and harm, the project will mainstream protection, gender equality, safeguarding, and Accountability to Affected Populations (AAP) across all sectors. Assistance will be delivered through safe, inclusive, and accessible mechanisms, while complaints and feedback systems will enable communities to raise concerns and influence project decisions. Attention will be given to preventing unintended consequences such as increased protection risks, tensions over resource allocation, elite capture, exclusion of marginalized groups, or exposure of beneficiaries to exploitation and abuse.

The project will also strengthen and work through existing community structures, local organizations, Emergency Response Rooms (ERRs), Mutual Aid Groups (MAGs), and women-led groups to promote trust, participation, and locally led solutions. Regular conflict sensitivity reviews, monitoring visits, and stakeholder consultations will be conducted throughout implementation to identify emerging risks and adapt interventions accordingly.

By integrating conflict sensitivity and Do No Harm principles throughout the project cycle, the response will minimize potential negative impacts, support peaceful coexistence, strengthen community resilience, and contribute to recovery and longer-term stability while ensuring that humanitarian assistance is delivered impartially, safely, and with dignity.

Complaints mechanism and feedback

The project will establish accessible, safe, and confidential Complaints and Feedback Mechanisms (CFM) to ensure that affected populations, community representatives, local authorities, and other stakeholders can raise concerns, provide feedback, make suggestions, or report misconduct throughout all stages of the project cycle. The mechanism will be aligned with the Core Humanitarian Standard (CHS), ACT Alliance Accountability Framework, and organizational Accountability to Affected Populations (AAP) commitments.

Multiple feedback channels will be established to accommodate different community needs and preferences, including community meetings, focus group discussions, help desks, suggestion boxes, dedicated hotline numbers, community focal persons, and direct engagement with project staff and volunteers. These channels will be designed to be accessible to women, men, youth, older persons, persons with disabilities, and other vulnerable groups, with information provided in appropriate local languages and culturally sensitive formats.

Communities will be informed about their rights, project entitlements, expected staff behaviour, safeguarding commitments, and available complaints mechanisms through awareness sessions, IEC materials, community meetings, and outreach activities. Special measures will be taken to ensure that women, girls, and other at-risk groups can safely and confidentially report concerns, including those related to safeguarding, GBV, fraud, corruption, or staff misconduct.

All complaints and feedback will be recorded, reviewed, and addressed through established organizational procedures. Clear timelines for acknowledgement, investigation, response, and closure will be communicated to communities. Sensitive complaints will be managed confidentially and referred through appropriate safeguarding, protection, or disciplinary mechanisms where required.

Community representatives, local partners, Emergency Response Rooms (ERRs), Mutual Aid Groups (MAGs), and community committees will actively participate in promoting the mechanism, encouraging community engagement, and supporting two-way communication. Regular analysis of feedback will be used to improve programme quality, strengthen accountability, inform decision-making, and ensure that the response remains relevant, responsive, and aligned with community priorities.

Communication and visibility

ACT Alliance members will ensure that all communication and visibility activities are implemented in accordance with the ACT Alliance Branding Policy and Guidelines, while respecting humanitarian principles, security considerations, and the dignity of affected populations. The response will promote the visibility of ACT Alliance, its members, and donor contributions through coordinated, accurate, and transparent communication.

Project sites, infrastructure, distributed items, communication materials, reports, and public information products will display appropriate ACT Alliance branding and donor recognition, where security and contextual considerations permit. Visibility materials may include banners, signboards, posters, information boards, beneficiary information materials, and digital communication

products. All branding will be reviewed and approved in line with ACT Alliance requirements and donor visibility obligations.

Communities and stakeholders will be informed about the source of funding, project objectives, entitlements, implementation partners, and accountability mechanisms through community meetings, awareness sessions, information boards, IEC materials, social media platforms, situation reports, and coordination forums. Attention will be given to ensuring that information is communicated in local languages and accessible formats suitable for women, men, youth, persons with disabilities, and other vulnerable groups.

ACT members will document and communicate response achievements, lessons learned, and the impact of donor support through periodic reports, success stories, photographs, case studies, human-interest stories, and media products, while ensuring informed consent, safeguarding, and data protection standards are respected.

Through these measures, the Forum and requesting members will ensure appropriate visibility of ACT Alliance and donor contributions, strengthen transparency and accountability.