

Sudan Crisis Coordination Unit

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Sudan's Emergency Response Rooms *Overview and Recommendations*

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SCCU publications

SCCU publications are concise and informative documents that provide an overview of Sudan's complex and evolving humanitarian situation. The SCCU publications also offer practical and evidence-based recommendations for policymakers and humanitarian responders on addressing Sudan's most pressing issues and needs.

Acknowledgement and Dedication

We are deeply thankful to the many individuals who shared their knowledge, experience, and perspectives for this publication. Their generous and courageous contributions made this work possible, especially in the context of Sudan's ongoing conflict. We appreciate their trust in and collaboration with us. This report is dedicated to the memory of all the men and women in Sudan — the NGO workers, members of local associations, frontline responders, and volunteers— who lost their lives while working to aid others.

Disclaimer

This report is the result of the work of the Sudan Crisis Coordination Unit (SCCU). The opinions, findings and recommendations expressed herein are those of the authors and do not necessarily reflect the views of Shabaka or its partners.

Summary

Sudan is facing a humanitarian crisis due to a war between the military and a militia that started in April 2023. Millions of people are displaced, killed, or in need of aid, but the international and national response is inadequate. Communities have formed self-help groups to cope with the situation, some are known as the Emergency Response Rooms (ERR's).

This research paper is based on qualitative data collected by the Sudan Crisis Coordination Unit (SCCU) from 28 ERRs in 7 states (*Khartoum, White Nile, Sennar, Kassala, Gadarif, Northern state and River Nile*), as well as other local actors. The paper describes the structure, function, benefits and challenges of the ERRs, and makes recommendations for supporting them in order to improve the humanitarian response in Sudan.

Key recommendations for humanitarian actors

- Providing adequate and flexible funding and resources to ensure that ERRs have enough staff, equipment, supplies, and medicines to cope with the surge in demand.
- Enhancing coordination and communication among ERRs, other health facilities, and humanitarian agencies to facilitate referrals, transfers, and information sharing.
- Strengthening security and protection for ERRs, their staff, and their patients, to prevent attacks, harassment, and interference by armed groups or security forces.
- Promoting respect for medical neutrality and humanitarian principles and ensuring that ERRs are accessible to all people in need, regardless of their political affiliation, ethnicity, religion, or gender.
- Supporting capacity building and training for ERR staff, especially on trauma care, infection prevention and control, and mental health and psychosocial support.

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Introduction

On 15 April 2023, violent clashes erupted between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) militia. These clashes quickly morphed into a full-scale war that has had a devastating impact on Sudan and which has affected the wider region. Seven months into the conflict, at least 12,000 people have been reportedly [killed](#), more than 6 million – half of them children – have been [displaced](#) from their homes due to the violence, and more than 70 per cent of healthcare facilities in conflict areas are out of service. The United Nations (UN) says this has turned Sudan into the site of “one of the worst humanitarian nightmares in recent history” ([UN News 2023](#)).

The UN estimates that 24.7 million people in Sudan need humanitarian assistance this year, and yet, only 34% of the UN’s appeal for funding has been met. Various other issues – from the lack of security and humanitarian corridors to the difficulty of obtaining visas, have meant that international humanitarian actors have had limited presence on the ground, particularly in areas of active conflict. ([OCHA 2023](#)). With peace talks stalling, and a lack of commitment by the warring parties thus far to alleviating the humanitarian situation, access is unlikely to improve in the immediate future. Meanwhile, many of the national NGOs, most of which had their headquarters in Khartoum, have also struggled to respond, affected by the loss of their offices, equipment, the displacement of their staff, mounting bureaucratic complications, and the intensification in the militarisation of the public sphere.

Into this breach, local communities have stepped in, relying on decades of experience coping with poverty, conflict, marginalisation, and neglect. Within days of the outbreak of violence in April, mutual aid initiatives began popping up nationwide. Key players in this landscape are the neighbourhood “emergency rooms” (“Emergency Response Rooms” as they have become known in English-language discourse) – self-organised, volunteer-driven hubs at neighbourhood and locality level which provide aid and support to area residents and the internally displaced.

Over the past six months, researchers at Shabaka’s Sudan Crisis Coordination Unit (SCCU) have mapped 28 ERRs in 7 states through on-site visits and remote mapping. We further conducted research on the local response in 6 other states (see *Annex 1*). In some of these regions, such as [Gezira](#) and Blue Nile states, communities have eschewed the ERR model in favour of other forms of organisation. In others, especially Khartoum, the ERRs are arguably the key humanitarian actor, with a large network of rooms operating in various areas of the state.

The research on which this paper draws is qualitative in nature, relying on a mixed methodology of participant-observation and semi-structured and informal interviews

with ERR members, community-based initiatives, and ERR collaborators such as NNGOs, local associations and youth-led initiatives. Furthermore, the feedback from hybrid (i.e. online-offline) trainings that SCCU conducted with ERR members in Kassala, River Nile and Northern states has shaped our recommendations in relation to capacity building support.

Our findings reveal that in much of the country, the ERRs are playing an important role in the humanitarian response as part of a diverse landscape of local actors, but also face significant challenges. We identify gaps in support to ERRs that should urgently be addressed given the deepening humanitarian crisis in Sudan. The report begins with a brief look at the structure and

function of the ERRs, then examines how ERRs sustain themselves, the main benefits of the ERR model, and the significant challenges that ERRs face. Finally, the report makes recommendations that if followed, can form elements of a comprehensive strategy for supporting the ERRs, and go a long way to ensuring a more effective response to the escalating crisis in the country.

The reader will note that throughout the report, “zones” are mentioned. This refers to a framework the SCCU employs for analysing the prevailing conditions that dictate humanitarian needs as well as access. The ERRs in Sudan are located in two zones: the red and amber zones. The “red zone” refers to Khartoum, much of Darfur and parts of Kordofan, where there is violent conflict, a high degree of instability, and limited to no safe passages for the population and humanitarian organisations to move in or out of the region. In the red zone, the populations are dependent for aid delivery on local actors, with massive protection issues throughout and critical shortages in food, water, fuel, and electricity.

The “amber zone” contains areas inside the country that people have reached after fleeing the red zone. There is no violent conflict there, or it is marginal and sporadic. Security in some areas of the amber zone, such as parts of Gezira state bordering Khartoum, is fragile. In the amber zone, the main challenge is meeting the needs of the millions of IDPs and of families that host them — many of them already living in poverty prior to this latest crisis. Thinking in terms of zones is critical in the Sudan crisis, as it allows for a more nuanced analysis of needs, barriers, and crucially, entry points to improve the current inadequate humanitarian response.

The Emergency Response Rooms (ERRs)

Emergency Response Rooms (ERRs) were established in Khartoum state and other parts of the country in the days and weeks following the start of the April 2023 conflict. In the context of widespread violence in some areas, growing and rapid displacement across the country, and the absence or collapse of state institutions such as hospitals, the ERRs were driven by the need to help local communities survive the crisis. Since April, ERRs have become highly visible in the social landscape of much of the country. They are receiving increasing attention from international humanitarian actors, though little concrete support for them has materialised thus far.

ERRs are best described not as institutions in the traditional sense but as networking hubs where various local actors intersect around service provision to the community. Regarding their evolution, ERRs build on a rich history of mutual aid traditions in Sudanese society, including local customs such as the *nafeer* practice of solidarity, as well as organisations and networks existing before the current crisis such as Neighbourhood Committees and (Popular) Resistance Committees (RCs). They also draw on bureaucratic discourses and practices of the state and the development-humanitarian industry. Over the last several years, community-driven ERRs have emerged at moments of crisis, most notably during the Covid pandemic.

Structure and function

Most emergency rooms, regardless of which zone of the country they are found, have one key function: the provision of basic medical care, including ambulatory services and medicine. Food provision (especially to IDPs in shelters in the amber zone, and to the wider community in the red zone) is also a common goal of ERRs. “Provision” is usually a combination of providing the resource —be it food or medicine, directly where possible, but also networking, mobilising, and problem-solving to facilitate access to these things.

Internally, ERRs tend to be organised into sub “rooms” or committees handling specific issues— health, food, finances and so on. Depending on the local area and its prevailing conditions and needs, as well as on available resources at a given time, ERRs may engage in various other activities, including but not limited to:

- Clean water provision/facilitation of access to water.
- Shelter provision/facilitation of access to shelter.
- Evacuation assistance.
- Body retrieval and burial.
- Infrastructure repair, e.g. the repair of downed electrical poles.
- Non-food item provision, e.g. mosquito nets.
- Liaising with shop-owners, pharmacists, market-sellers, and other providers of essential goods and services.
- Keeping track of violations and assisting victims.
- Communicating conditions on the ground via social media, especially in the wake of important events.

Workflows

ERRs are mostly reactive to conditions and events, their activities ebbing and flowing over time, in some areas ceasing for a period (or permanently) due to various challenges – typically lack of financial and other resources to keep going.⁵ While some concerns are always pressing, most notably the provision of medical support and food, other roles come to the forefront at specific moments due to changing conditions. For example, an ERR in an area that sees a spike in violence due to heavy fighting will be forced to focus for the days that follow on treating the injured, getting people to medical facilities, and helping with evacuations.

ERRs in neighbouring areas that are safer, will for their part mobilise to meet the needs of those displaced from nearby areas affected by violence, and so on. The varied service delivery across time and function is in large part due to ERRs operating in prevailing conditions of scarcity, and in the red zone, under volatile safety and security conditions. Operating in such tough environments makes ERRs adaptable and flexible, but it is also a constraint, since there is little incentive to plan, and few steady resources to enable the ERRs to do so. One of those resources is volunteers – workflows are also affected by the movement of volunteers – many, including those with highly desirable medical and other training, are forced to move away in search of safety or of livelihood opportunities.

Financing

ERRs are mainly financed through in-kind and monetary contributions from their volunteers and members of the communities they serve. Rooms that have organised themselves well on social media, and those whose members have networks that extend beyond the country have, in many cases, been able to solicit some support from Sudanese in the diaspora and diaspora organisations' fundraising campaigns. ERRs will also reach out to merchants in the area for donations of food and other items, and they collaborate with local charity associations to acquire specific things, for example, large cooking pots for the shared kitchens.

Two other actors that have supported ERRs include local government authorities and international humanitarian agencies and organisations (sometimes via national NGOs). In the former case, ERRs have received financial support from the Zakat Chamber in some states, such as Kassala and White Nile. In other cases, local government has made in-kind contributions by making space available for ERR activities.

In other regions, Khartoum, White Nile and Northern state, for example, some ERRs have secured limited funding from UN OCHA or international NGOs. Most of these grants are small, one-off grants in the form of cash assistance. It is unclear whether these grants are made based on an assessment of need and capacity to absorb funding or which criteria are used to determine who receives funding. Further, some ERRs have collaborated with INGOs in specific areas – for example, providing WASH services to IDPs in shelters. By and large, however, and thus far, ERRs have been self-funded and reliant on local communities and partners in the diaspora.

Since the vast majority of ERRs are not registered organisations, they do not have their own bank accounts; typically, a trusted ERR worker's personal account is designated to receive funds on behalf of the ERRs. Some ERRs put additional measures in place when accepting donations, such as requesting that people send gifts to the designated bank account and email the receipt to a second volunteer. A designated focal point, typically a financial committee, is tasked with keeping track of incomings and expenses and drawing up financial reports. Sometimes, depending on the room, summaries of those reports are shared regularly with the community on social media.

It is important to note that ERRs around the country have been accumulating debts to meet needs. As such, rather than building financial sustainability and being empowered to do so, they are forced to play “catch-up”. This is a neglected dynamic of ERR operations that should be given more attention and addressed, as it risks increasing precarity— both of the rooms themselves and of the individuals working in them.

Registration Status

In Sudan, development and humanitarian entities, both national and international, must register with the government's Humanitarian Affairs Commission (HAC) to obtain a legal permit to carry out their activities. Sudanese civil society has long complained that the HAC is a highly politicised institution allied to the regime. While registration is perceived as bringing some benefits, chief amongst them the ability to attract external funding, it is also an expensive and laborious process that is not always successful, which can bring organisations under further control by the state. Furthermore, registration can pressure an entity to become more rigid or hierarchical in structure, which is not often attractive or feasible for initiatives premised on mutual aid.

Most ERRs are unregistered. There have been internal debates about whether they should seek legal registration, making them formal associations. Opinions are mixed, and conditions in different parts of the country and within the ERRs have led to the adoption of different strategies. There are four strategies we mapped in the process of doing research; some of them are used in combination:

- ERRs collaborate with registered associations or organisations in their area, allowing them to receive funds indirectly and, to an extent, extend their “legal” legitimacy.
- An initiative from the ERR registers, but other parts of the ERR remain unregistered. The Sennar ERR (in Sennar State) is an example of this strategy.
- The ERR registers with HAC. Kassala ERR (Kassala state) and Dongola ERR (Northern state) have employed this strategy.
- ERRs find supporters and funders who accept to transfer funds to them via their donation mechanism, without necessitating legal registration or a formal bank account.

Due to the intensity of this crisis and the barriers to delivering humanitarian aid, funders have shown greater willingness to explore ways of supporting unregistered entities, including ERRs. This is positive step, but registered entities are better able to access financing, and there is no sustained investment thus far in ERRs' capacity to develop durable financial and procurement strategies and to plan.

Coordination and communication

Coordination and communication between ERRs within the same state and across states tends to be weak, although this varies from region to region. Several factors influence whether ERRs are able and willing to coordinate:

- Proximity to each other and whether the ERR benefits from the networks of pre-existing, well-established structures, such as the Resistance Committees (RCs).
- Personal relationships across various ERRs.
- Shared understandings of, and approaches towards coordination and its benefits, and therefore commitment to it.
- Availability of resources, especially phone credit and internet data, and the stability of telecommunications networks.
- Displacement and migration dynamics, with people transplanted to new areas (before and since April 2023) retaining links to the places they moved from/ their hometowns.
- Links to NNGOs and INGOs, especially whether ERRs are part of projects led by INGOs or NNGOs collaborating with several ERRs at a time. In those cases, ERRs may be brought together for specific purposes, opening the potential for future coordination.

In some states, there have been more formal attempts by the ERRs to coordinate themselves under an umbrella body. This process is most advanced in Khartoum state, where a Khartoum Central Emergency Room was established, with representatives from several ERRs. The main incentives to coordinate are to share resources better, to increase the possibility of attracting financing, to exchange information and potential solutions more efficiently, and to leverage power through speaking in a (more) unified voice, especially to international humanitarian actors. It is important to note here that while several of the ERRs in Khartoum state are currently a part of this coordination body, other ERRs were not integrated into it or have chosen not to join this structure.

Furthermore, there are some attempts in the amber zone to establish coordination mechanisms at the state level, for example, in Northern state, where the SCCU is currently advising the ERRs on this process.

Finally, regarding ERR coordination with national and international actors, some ERRs participate in cluster meetings in some places, but this depends on many factors. The power to access such spaces remains mainly concentrated in the hands of international actors. Other civil society bodies, such as the Preliminary Committee for the Doctors' Union, coordinate between ERRs and medical facilities, as well as with diaspora medical organisations, and have done so since the beginning of the crisis.

Communication with the government varies from area to area depending on conditions and the extent of the breakdown of state institutions. Interface points include the HAC, the local administration, some state ministries, and the Zakat Chamber. Dealing with the state's security services is also an ever-present stress of ERR work. ERRs, especially in the red zone, must negotiate access and a host of other things with the military or the RSF (depending on the area), and ERR volunteers are subject to arbitrary arrests.

Special initiatives

Specific initiatives exist within the ERRs, and others are linked to them. A noteworthy example is led by feminist and women's rights activists in Khartoum, who have initiated a process of establishing "women's emergency rooms" to better serve the needs of women and girls disproportionately suffering from the effects of war, especially pregnant and lactating women and those affected by sexual violence.

Other examples include Port Sudan, in the Red Sea state, where the ERR closed down but women's rights activists established a women's ERR, recognising a continued need to support IDP women. Amongst other things, they are attempting (with few resources) to provide sanitary pads to displaced women. In Gadaref, a critical state in Sudan's agricultural landscape, ERRs and RCs have discussed forming "agricultural emergency rooms". These attempts have not come to fruition due to, amongst other things, a lack of support and conflict with authorities, which affected the functioning of the ERRs in the state.

Strengths of the ERR model

As argued above, ERRs are best thought of not as institutions in the traditional sense but as networking hubs built around mobilising local resources using local capacities. In discourses of the international humanitarian community, ERRs are often acknowledged for having access to communities and areas that the UN, INGOs and other aid agencies are unable or unwilling to reach. While access is a vital asset of the ERRs, the ERR model presents several other advantages over internationally driven aid delivery, including:

1. Deep and nuanced knowledge of the local landscape (social, geographic and political) and extensive social networks capable of mobilising capacities and resources to different ends.
2. A problem-solving approach that is more agile than traditional (I)NGOs.
3. Proven experience in mobilising and organising volunteers.
4. An empowerment mindset that gives people, especially young people, a chance to make a difference and fosters care towards the vulnerable members of the community.
5. A solid commitment to battle the ups and downs and find solutions.
6. A willingness to learn and grow.

Challenges facing the ERR model

Despite the significant positives in terms of aid delivery that ERRs present, the challenges they face, both in the red and amber zones, are tremendous. To summarize:

- Lack of financing to keep the ERRs open.
- Scarcities and/or exorbitant costs of inputs, such as fuel, medicine, food.
- Targeting of ERR volunteers and first responders by the warring parties/armed groups and state authorities.
- Lack of coordination on multiple fronts

- Lack of capacities in some areas, such as strategic planning, financial and inventory management, monitoring and evaluation, and cluster specific humanitarian knowledge.
- Complex demographic and conflict histories which necessitate in several regions a more conflict sensitive approach to aid delivery.
- High turnover of volunteers in some areas.

Recommendations

Policymakers can support ERRs in Sudan by implementing the following measures:

- Providing adequate and flexible funding and resources to ensure that ERRs have enough staff, equipment, supplies, and medicines to cope with the surge in demand. This should be done by allocating higher budgets for ERRs from donors and establishing partnerships with private sector or civil society organisations that can provide additional resources or services.
- Understanding the local humanitarian landscape through participatory research to identify gaps and opportunities for support, and to understand the histories that have resulted in local aid-delivery configurations such as ERRs. Research centring ERRs needs to account for the web of actors in which ERRs are embedded, as well as other humanitarian actors in areas outside ERR coverage.
- Enhancing coordination and communication among ERRs, other health facilities, and humanitarian agencies to facilitate referrals, transfers, and information sharing. This could be done by creating a common platform or mechanism for data collection and analysis, establishing clear protocols and guidelines for patient management and referrals, or organising regular meetings or consultations among relevant stakeholders.
- Strengthening security and protection for ERRs, their staff, and their beneficiaries to prevent attacks, harassment, and interference by armed groups or security forces. This could be done by engaging in dialogue and advocacy with the parties to the conflict and helping the ERRs and their partners to develop safeguarding plans that are suited to the evolving conditions. Special attention should be paid to particularly vulnerable groups such as women and girls considering the rise in sexual and gender-based violence.

- Promoting respect for medical neutrality and humanitarian principles and ensuring that ERRs are accessible to all people in need, regardless of their political affiliation, ethnicity, religion, or gender.
- Supporting capacity building and training for ERR staff on project planning, financial management, humanitarian principles and clusters, conflict and gender sensitivity, trauma care, disease prevention and control, and mental health and psychosocial support. This could be done by providing regular and refresher courses on the latest standards and best practices, facilitating access to online or remote learning opportunities, or creating peer support networks or mentoring programmes for ERR staff. Mentoring is as critical as training, including helping ERRs connect with experts, and providing advice to them as they evolve their structures and projects. cc
- Developing advocacy strategies to pressure for establishing humanitarian corridors, effecting a durable cease-fire and ending the war. Diaspora organizations and international humanitarian actors must also highlight the critical role that ERRs and other local actors are playing in the response, and lobby for localised aid-delivery. Investment is also needed in the capacities of ERRs and other local actors, especially media, to amplify the voices of affected communities.

Annexes

Annex 1- List of ERRs mapped by SCCU

Please note that ERRs in highlighted in green are still operational, while those in red are not functional at time of writing, citing lack of funds as the reason for closure.

Type of mapping	ERR	Cluster
	Khartoum	
Remote	Arkaweet ERR	Health
Remote	Alkalakla ERR	Health - Food
Remote	Aljiref ERR	Health - Food - Protection
Remote	Al 'Hara 7 ERR	Health
Remote	Buri ERR	Health - Food
	Southern Khartoum	Health
Remote	Umbada ERR	Health
Remote	Umbada Alrashdeen ERR	Health
Remote	Omdurman Althwra ERR	Health
Remote	Sharq Alneel ERR	Health
	Southern Omdurman	Health
Remote	Al Amir ERR	Health
Remote	Al Dyoum ERR	Health
Remote	Umbada Alsabil ERR	Health - Protection
Remote	Haj Yousuf Room ERR	Health
Remote	Ag Grif Shariq ERR	Health
Remote	Shambat ERR	Health - Electricity - Water
	White Nile	
On-site	Ad Douiem ERR	Health - Food - Shelter
On-site	Aj Jazirah Aba ERR	Health - Food - Shelter
On-site	Rabak ERR	Health - Food - Shelter
On-site	Kenana ERR	Health - Food - Shelter

On-site	Kosti ERR	Health - Food - Shelter
	Sennar	
On-site	Sennar ERR	Health - Food - Shelter - Protection
	Eastern Sudan (Kassala and Gadarif)	
Remote	Al Fashaga ERR	Food- Shelter
Remote	Al Baladia ERR	Food- Shelter
Remote	Al Galabat ERR	Food- Shelter
On-site	Kassala ERR	Food - Shelter
	Northern state	
On-site	Dongola ERR	Food - Shelter
On-site	Halfa ERR	Food - Shelter
	River Nile	
On-site	Atbara ERR	Health - Food - Shelter
On-site	Al Damar ERR	Health - Food - Shelter
On-site	Shandi ERR	Health - Food - Shelter

Annex 2- In the Amber zone: Self-profile of Kosti ERR in White Nile

Kosti Town is located in White Nile State, in the southern region of Sudan. There are nine localities in the state: Ad Douiem, Al Gutaina, Kosti, Rabak, Al Jabalien Tendulti, Um Remta, Alsalaam, and Guli. According to the last census, in 2010, the state has a population of approximately 1.7 million people. It hosts a large number of refugees, mostly from South Sudan.

The SCCU conducted research at the 5 ERRs established in the state during this crisis: in Kosti, Ad Douiem, Jazira Aba, Rabak and Kenana. Since the mapping of White Nile state was conducted in June 2023, ERR Kosti has closed down, citing lack of funds.

Below, we share how Kosti ERR described its history and work.

About the ERR

The idea to establish the room emerged from seeing arrivals and displaced from the war. As sons and daughters of Kosti, we moved to offer help by following these steps:

1. Started a Facebook page and a WhatsApp group to welcome people, identify their needs, and learn how they are coming from Khartoum to Kosti.
2. Used the approach of hosting people in our homes.
3. To house other arrivals, we established shelter centres in dormitories or schools. We oversaw those sites and provided medical services (doctor consultations, tests, treatment, surgeries, and referral of cases to the Wad Madani Hospital). We also provided meals (morning tea, breakfast, lunch, supper, children's meals, and meals for pregnant women). We transported some people to their families in other areas.

Partnerships and Supporting Organizations:

- To facilitate service provision, we held meetings with many organizations, initiatives, and associations. Most responded to our request for help, but many also did not..
- Organizations and initiatives which helped provide aid to the arrivals include the Norwegian Refugee Council, the World Food Programme, The Red Crescent Society, Lammana Al-Khair Initiative, Feena Khair Initiative and Kullana Qeyam Initiative.
- From the governmental entities, the Zakat Chamber also contributed.

Conflicts that the ERR has experienced:

The ERR was harassed and its work disrupted by governmental authorities (Ministry of Social Affairs and the Kosti Locality amongst others). After intensive meetings with them, they made an unfair decision forcing the ERRs to exit the [IDP] centers. This resulted in the deterioration of services inside the centers on all fronts. Also, After exiting the centres, we used the approach of providing food from the outside, through the ERR's kitchen, which provides breakfast to 14 centres.

Main problem within the ERR: need to develop the skills of the ERR workers.

Food-related ERR needs : Sugar, coffee, lentils, coal, vermicelli, flour, spices, cooking oil, rice, cooking pots and transport containers, transportation (from the ERR to the market and the centres), and food items for pregnant women and new-borns.

Medical-related ERR needs : Blood pressure and diabetes medications; oxygen equipment; first aid items; serums against insect, scorpion and snake bites; an ambulance; personal hygiene items (soap, loofahs, toothpaste, toothbrushes); pregnancy-related medicines.

Environment-related ERR needs: Cleaning products, soap and Dettol, garbage bags, a septic-emptying vehicle, tools to counter mosquitos and other harmful insects.

Internal ERR needs: Petty cash for transport, petty cash for communications, bicycles or other quick options to reach people, equipment to help the ERR document its work and archive its receipts (laptop, camera).

Needs of the Centers/Shelters: Maintenance on parts of the room ceilings, preparing the sub-structure of the sites, water coolers, water filters, mental health consultations, a room for new-borns in all centres, stretchers, and wheelchairs.

Annex 3 In the Red Zone: The Umbadda ERR and the Nao Hospital

Since April 2023, the densely populated city of Omdurman, in Khartoum state, has experienced intense violence, with fighting between the military and the RSF resulting in significant damage to infrastructure, mass displacement, injuries, loss of life and sexual violence. In the early days of the conflict, the coordination committee of the resistance committees of the Umbadda neighbourhoods initiated the establishment of local ERRs as an emergency measure, with the goal of providing medical care and helping the embattled residents of the area, many of whom are economically vulnerable “day workers”. An early priority for Umbadda and other ERRs was to bring the Nao public hospital in Omdurman back in service, a collaborative effort by the community that was successful. The hospital, supported by MSF and Ministry of Health staff, is the only trauma emergency room and hospital with surgical capacity in north Omdurman; as such, pressure on its services is intense. It remains a lifeline today for many residents of the city, although it is constantly under threat from the ongoing fighting.

A ban on the transport and delivery of surgical equipment in RSF-controlled areas of Khartoum was implemented by Sudanese authorities in September 2003, contravening international laws of war. This ban is having a devastating effect on the few remaining facilities in the state and putting the lives of civilians in grave danger.

Annex 4- NNGO Perspective: Lessons from working with ERRs

Excerpt of interview with Dr. Sara Elgieli, Executive Manager of the Sudanese Development Call Organization (NIDAA), on what she’s learned working with ERRs in the red and amber zones.

“ERRs are very dedicated to their cause, to serve communities. [Their members] risk their lives and welfare to do this. They regard the approach of volunteerism as key to the task.”

“Communication is very important, as throughout the process [of working with ERRs], things change and the ERRs evolve, so continuous communication is

necessary. Also, it's important not to force ideas and models for delivery on the ERRs, rather, it's better to provide technical guidance and leave the final choice for them to make. It's also critical to protect them, including their volunteers' personal information, as what they're doing could bring harm to them if they're fully exposed."

"Mutual respect is key: they are coming from diverse backgrounds and have variable experiences and capacities— partnership is the right approach to tackling this. Transparency is very important on the part of those NGOs partnering with them on projects, as this gives a more realistic picture of what is possible and helps manage expectations."

"All the ERRs I've worked with need training in organization management, project management in particularly in monitoring and evaluation, development and humanitarian approaches. On the other hand, they are very good at communication and using IT and in fundraising — those are assets they bring."

Annex 5- In the Amber Zone: Local histories

Blue Nile is a state with a long history of conflict. In July 2022, a conflict developed between the Hausa and Fongj-Hamaj which led to a humanitarian crisis in the state, including the displacement of tens of thousands of people. A UN interagency [fact-finding mission](#), which visited IDP shelters and gathering points in El Damazine town and Ar Rusayris locality, reported in November 2022 that more than 30 thousand people were sheltering in overcrowded spaces without the basics of life, and that many IDPs were sleeping in the open.

Young people and local organizations joined forces to establish the Blue Nile ERR in El Damazine, and later, also in Ar Rusayris. Cafaa, a local NGO, provided meals to thousands of the displaced in collaboration with the ERR. However, former local aid workers and volunteers report that authorities began diverting aid intended for affected communities, which escalated tensions and hampered the ability of the ERR to function, leading to an end to its work.

In this crisis, local actors in Blue Nile are responding to the crisis without using the ERR model. Local histories such as the above are critical to understanding local configurations of aid delivery, and to intervening in a conflict sensitive manner that avoids doing harm.

Sudan Crisis Coordination Unit

About the SCCU

The Sudan Crisis Coordination Unit (SCCU) aims to facilitate the coordination of resources and efforts among various groups and networks, including diaspora organisations, humanitarian aid agencies, local civil society organisations, and government agencies.

For further details, please visit: <https://sudancu.org>