

HUMANITARIAN NEEDS OVERVIEW

SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2021

ISSUED DECEMBER 2020



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER

Displaced woman with her child in UNAMID's base in Um Baru
Photo: UNAMID/Albert Gonzalez Farran.

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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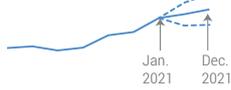
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Summary of Humanitarian Needs

PEOPLE IN NEED

13.4M

TREND (2015-2021)



WOMEN

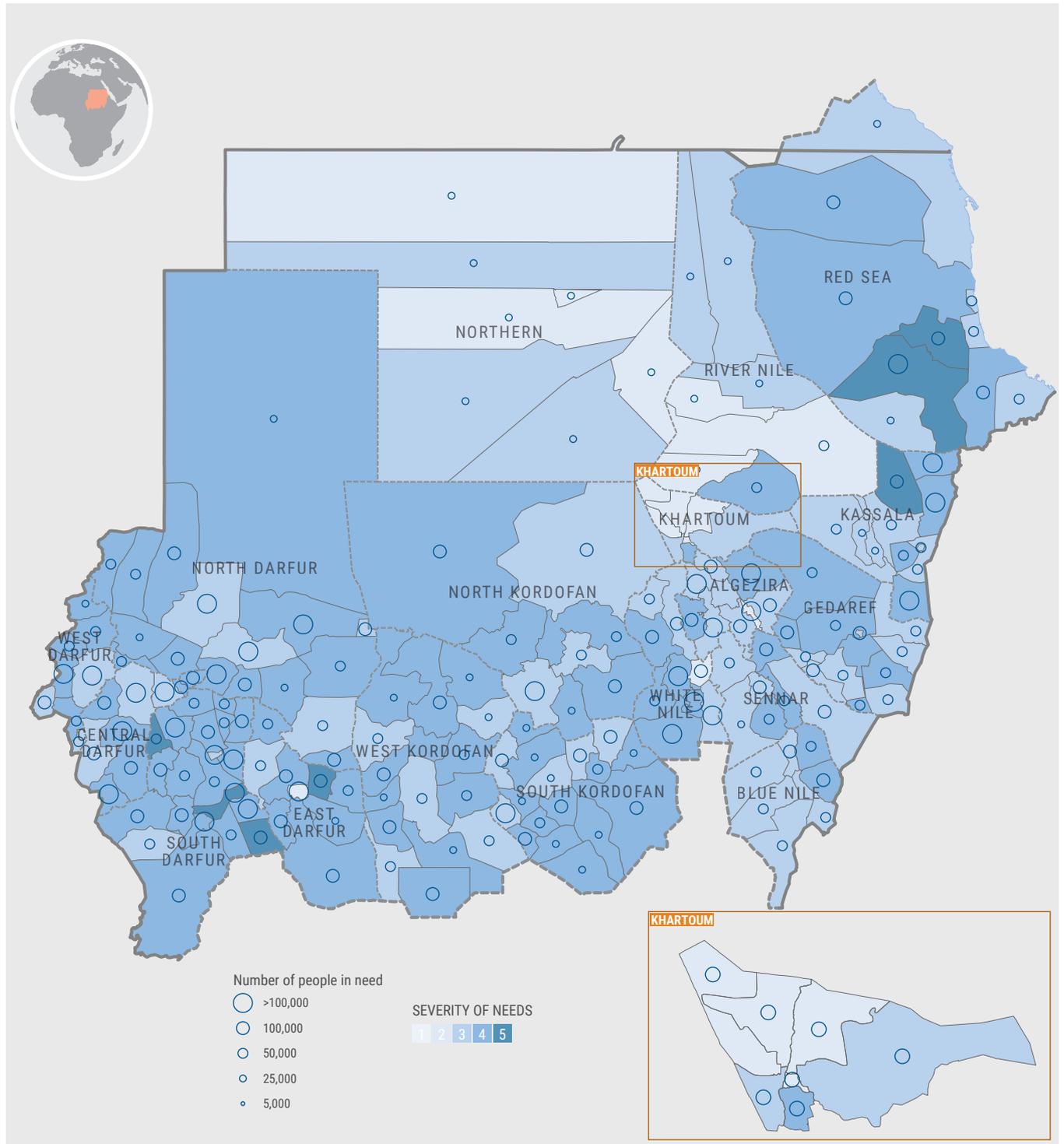
57%

CHILDREN

55%

WITH DISABILITY

15%



Key Findings



Severity of needs

People in Need of humanitarian assistance

MINIMAL

16M

STRESS

17.4M

SEVERE

6.1M

EXTREME

6.7M

CATASTROPHIC

0.6M



13.4M

Total people in need

BY POPULATION GROUP

9.8M

Vulnerable residents



2.5M

Internally displaced people



1.07M

Refugees



0.17M*

Returnees



WITH DISABILITY

2M

People with disabilities



BY HUMANITARIAN CONDITION

7.3M
Life-threatening



13.3M
Life-sustaining



BY GENDER

3.4M
Women

3.2M
Boys

2.6M
Men

4.2M
Girls

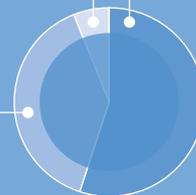


BY AGE

0.8M
Elderly (60+)

7.4M
Children (0-17)

5.2M
Adult (18-59)



* People who have returned to their places of origin in the last 2 years, 2018 - 2019

Context, Shocks/events and Impact of the Crisis

A year after the start of the political transition in Sudan, humanitarian needs continue to grow across the country, despite progress made in the implementation of the objectives of the 39-month transition period and the peace process. The situation is driven by an economic crisis, exacerbated by COVID-19 containment measures, protracted internal displacement that is yet to find durable solutions, unprecedented flooding in 2020, disease outbreaks, and more than 1.1 million refugees and asylum seekers hosted by Sudan.

Humanitarian partners estimate that about 13.4 million people – 29 per cent of the population – will need humanitarian assistance throughout 2021. This is 4.1 million people more compared to 2020 and an increase of 44 per cent in the year. Overall, the number of people in need in Sudan in 2021 is the highest reported in the past decade.

Of the 13.4 million people in need, about 7.3 million need emergency assistance for life-threatening needs related to critical physical and mental well-being. Meanwhile, 13.3 million people require life-sustaining support to meet minimum living standards. The Health sector has the highest number of people in need – 9.2 million, followed by WASH – 9 million, and the Food Security and Livelihoods sector – 8.2 million people in need.

There are 2.5 million internally displaced people (IDPs) in Sudan¹. Most of them are in Darfur, South Kordofan, and Blue Nile, which have been the epicentres of conflict over the past 17 years. These are also the areas where 52 per cent of people in need are concentrated. This means that almost half of the people in need are in non-conflict central and eastern parts of the country, whereas in 2018, 74 per cent of people in need were in conflict areas – Darfur, South Kordofan and Blue Nile.

Over the past three years, the economic crisis and other exacerbating factors have rendered about 4.5 million people in central and eastern Sudan vulnerable and in need of humanitarian assistance.

Of the 1.1 million refugees in Sudan, about 75 per cent (763,000 people) are from South Sudan. Khartoum and White Nile states host two-thirds of all South Sudanese refugees in the country, with Khartoum having the highest number amongst all states.

COVID-19 affected all states, with Khartoum being the epicentre. Although Khartoum state accounts for the majority reported cases in the country, over 60 per cent of all COVID-19-related deaths have been reported from outside the capital, reflecting the low capacity of the health system and testing in peripheral states. Several diseases are endemic in Sudan such as malaria, cholera, dengue fever, and chikungunya with a tendency to cause annual outbreaks across several states.

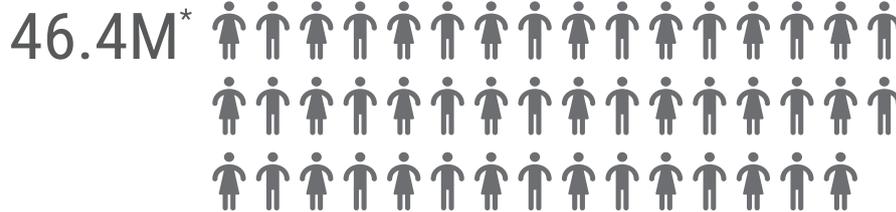
¹ DTM Mobility Tracking figure of 2,399,433 plus the HAC figure for displacement populations in areas not covered by the DTM.



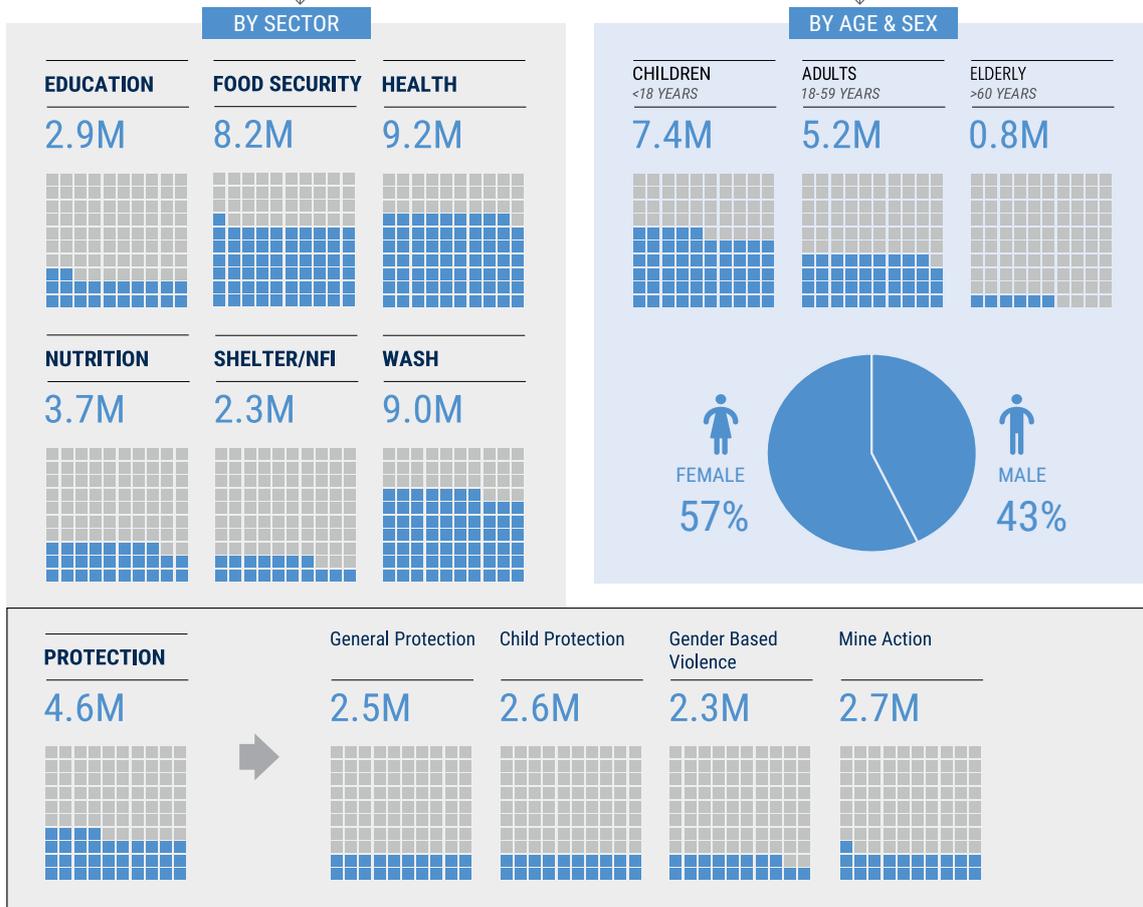
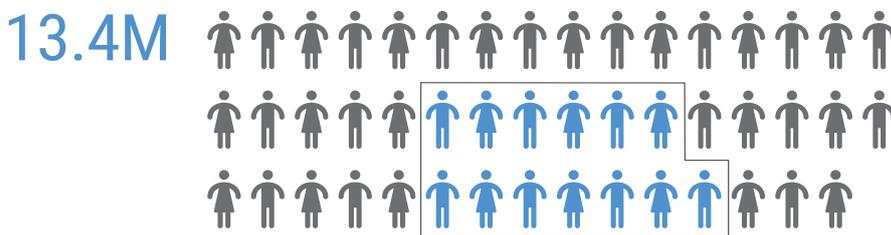
Photo: UNAMID/Albert Gonzalez Farran

Estimated number of people in need

TOTAL POPULATION



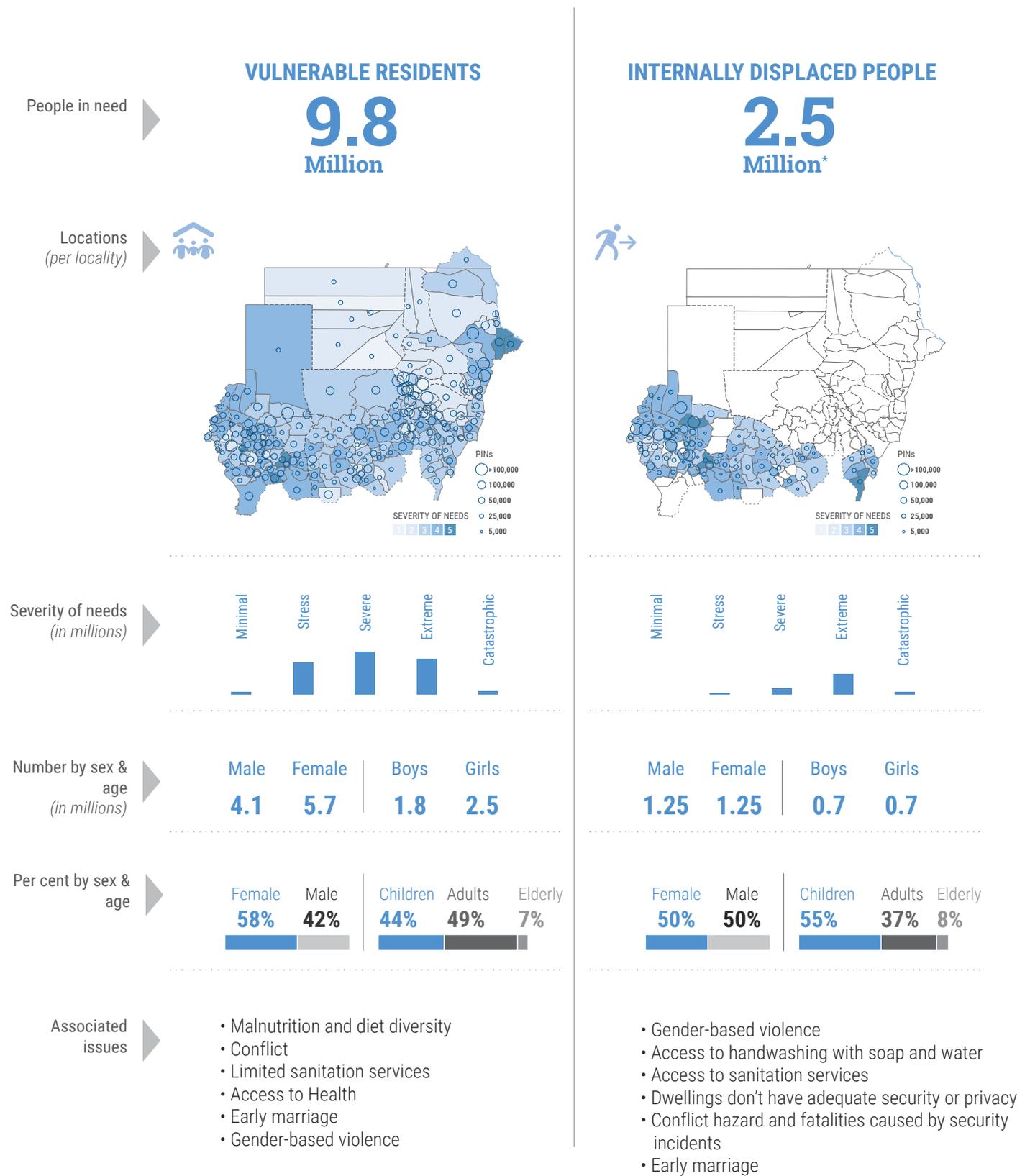
PEOPLE IN NEED



* 45.3M Sudan Central Bureau of Statistics (CBS) 2020 population projection plus 1.1M refugee figure, Refugee Consultation Forum (RCF)

Source: The numbers in the graphic above come from a range of sources including the Humanitarian Aid Commission (HAC), Sectors, CBS, UNHCR, IOM

Severity of humanitarian conditions and number of people in need



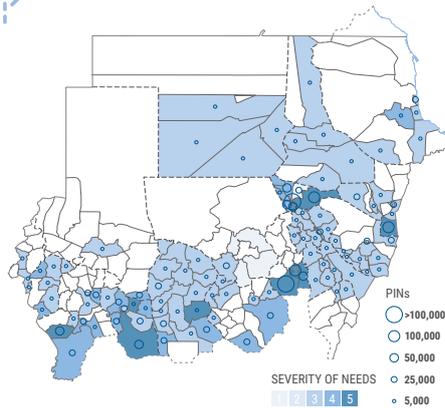
* DTM Mobility Tracking figure of 2,399,433 plus HAC figure for displacement populations in areas not covered by the DTM

Source: (Top graphic) Humanitarian Aid Commission, Sectors, Sudan Central Bureau of Statistics, Refugee Consultation Forum.

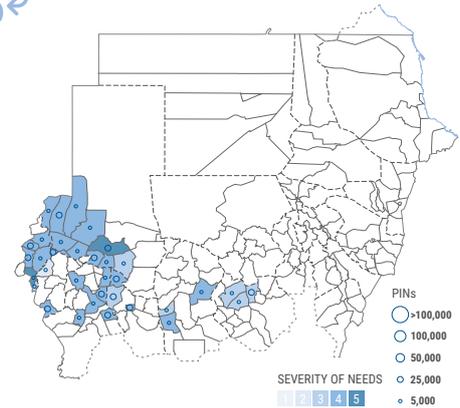
People in need ▶

REFUGEES
1.1
Million

Locations (per locality) ▶



RETURNEES
0.17
Million**



Severity of needs (in millions) ▶

Minimal Stress Severe Extreme Catastrophic



Number by sex & age (in millions) ▶

Male	Female	Boys	Girls
0.6	0.5	0.4	0.3

Per cent by sex & age ▶



Associated factors ▶

- Lack of documentation
- Lack of physical safety
- Access to Health
- Access to Education
- Access to WASH services

Minimal Stress Severe Extreme Catastrophic



Male	Female	Boys	Girls
0.08	0.09	0.5	0.5



- Access to basic water services
- Access to sanitation services
- Access to handwashing with soap and water
- Explosive remnants of war
- Access to health
- Early marriage
- Gender-based violence

** People who have returned to their places of origin in the last 2 years, 2018 - 2019

Part 1:

Impact of the Crisis and Humanitarian Conditions

LABADO VILLAGE, EAST DARFUR,

Abubakar Usman walks in the camp for Internally Displaced Persons (IDP) placed next to the UNAMID base.
Photo: UNAMID/Albert González Farran



1.1

Context of the Crisis

Over the course of the first year in the transition period, the Government has taken bold steps to advance Sudan's economy, stability, and peace, yet humanitarian needs continue to grow. Some 13.4 million people (29 per cent of the population) including 7.6 million women and girls, will need humanitarian assistance in 2021.

A decline in the economy is driving food insecurity, further disrupting health services, including the availability of medicines with 15 per cent of essential drugs available in the country. The severe decline in GDP as well as a loss of approximately 42 per cent of fiscal revenues has had a concomitant impact on services. The country continues to face the humanitarian consequences of COVID-19, with over 18,254 people contracting the virus, including 1,265 deaths².

Large protracted displacement remains, with limited returns. There are 2.5 million IDPs and 1.07 million refugees and asylum seekers who need humanitarian assistance and protection support, both in and out of camps and in host communities³. Continued sporadic violence in Darfur, South Kordofan, and tribal frictions, have generated significant clashes in East Sudan, Red Sea and Kassala states leading to displacements, tensions and increased humanitarian needs.

Transitioning towards durable solutions remains one of the main priorities of the Government given the commitment, enshrined within the Constitutional Declaration as an aim to "end the war by addressing the root causes of the Sudanese problem and handling its effects." The Juba peace agreement signed on 3 October 2020

offers an opportunity to progress towards durable solutions and enhance coordinated life-saving and stabilization support for new and protracted IDPs and host communities.

Sudan remains prone to various hazards, including localized conflict, floods and cyclical disease outbreaks, which drive humanitarian needs and affect thousands each year. In 2020, almost 900,000 people were affected in the worst flooding in 100 years. An estimated 2.2 million hectares of agricultural land was flooded, representing 26.8 per cent of cultivated areas in the 15 assessed states⁴.

Political Context

In September 2019, a 39-month power-sharing agreement was reached between military and civilian representatives in Sudan that resulted in the swearing in of a government under Prime Minister Abdallah Hamdok and the establishment of the Sovereign Council led by General Abdel Fattah Abdelrahman Burhan. Within days of taking office Prime Minister Hamdok stated his aspiration for a comprehensive peace during the first six months of his tenure as well as structural reforms of the Sudanese economy. Key milestones in the first year of the Government included Sudan's amendment of several laws to ensure people's and especially women's freedoms, and the criminalizing of female genital mutilation. Despite the efforts to bring stability in the country and international support to the newly established Government, sporadic protests still took place across the country.

In 2020, significant political gains were made in achieving peace. Discussions focused on security,

² Source: Federal Ministry of Health (FMoH), 30 November 2020.

³ This includes individuals officially registered by UNHCR and the Government of Sudan's Commissioner of Refugees (COR), as well as official estimates based on other Government and UN sources. The Government of Sudan estimates that overall, there are 2 million refugees and asylum seekers living in the country.

⁴ Sudan Flood Impact Rapid Assessment, September 2020, FAO http://www.fao.org/fileadmin/user_upload/emergencies/docs/The%20Sudan%20Flood%20Impact%20Assessment.pdf



ROSEIRES, BLUE NILE

During a regular growth monitoring session, health workers measure a child's height on a scale at the Gennis Health Centre.

Photo: UNICEF/Shehzad Nooranipher

power sharing, revenue sharing, land ownership and return of displaced populations. The signature of a peace deal on 3 October between the Sudan Revolutionary Front (SRF), the Sudan Liberation Movement – Minni Minnawi (SLM-MM) and the transitional Government, represented a key step forward for the implementation of the tasks of the 39-month transitional period. The peace agreement had been under negotiation since peace talks began between the transitional authorities and a coalition of 10 armed groups and alliances, under the auspices of the President of South Sudan, in Juba on 11 September 2019. The agreement attempts to address the root causes of conflict and included several protocols with one dealing specifically with the return of displaced people and refugees. The peace deal signed on 3 October, however, does not

include the faction of the Sudan People's Liberation Movement – North (SPLM-N)⁵ loyal to leader Abdelaziz Al-Hilu – which has been participating in talks separately with the Government – nor the Sudan Liberation Army loyal to Abdul Wahid (SLA-AW).

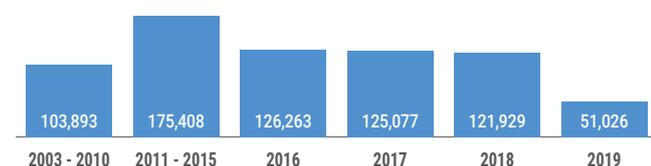
Demographic Profile

While metropolitan areas – particularly Khartoum – are expanding rapidly, two-thirds of Sudan's population remains in rural areas. Sudan has a young population with the median age being 19 years, and half of the population are below that age. About 47 per cent of the population lives on less than USD\$1.25 per day. Darfur and Kordofan states are the poorest areas, with poverty rates as

⁵ On 3 September SPLM-N Abdelaziz Al-Hilu and Prime Minister Hamdok signed a joint agreement on principles for maintaining the cessation of hostilities throughout the peace process until security arrangements were agreed. In the agreement the parties also affirmed that the future constitution should be based on the separation of religion and state, in the absence of which the right to self-determination must be respected.

high as 67 per cent in Central Darfur and South Kordofan. Red Sea (51 per cent) and White Nile (41 per cent) follow⁶. There are 2.5 million IDPs in Sudan, and over 764,874 are living as refugees in neighbouring countries⁷.

Returnees per year (2003 - 2019)



Source: International Organization for Migration (IOM)

Sudan hosts an estimated 1.1 million refugees, including 762,704 from South Sudan, out of whom 51 per cent are women. Among the refugee population, 48 per cent are under 18 years old⁸. Voluntary return is not an option for a vast majority of these refugees due to the situation in their countries of origin and limited resettlement opportunities. Eastern Sudan hosts more than 133,000 Eritrean and Ethiopian refugees and asylum-seekers, including both new arrivals and protracted refugees, living across Aj Jazirah, Gedaref, Kassala, Red Sea and Sennar states. Syrian and Yemeni refugees are considered as “brothers and sisters” by the Government of Sudan under the Arab/Islamic notions of asylum and are not required to register with UNHCR and the Commissioner for Refugees upon arrival. About 95,000 Syrian and Yemeni refugees are estimated to live in Khartoum by UNHCR and COR.

The inter-communal conflicts in Central African Republic (CAR) since 2017 have resulted in continued new arrivals of CAR refugees in Central and South Darfur. Flows of new CAR refugee arrivals are anticipated to continue through to the end of 2020 and into 2021.

Economic Profile

The economy has been in crisis due to a recession and high inflation since January 2018. The GDP

declined by two per cent in 2018 and 2019, and is expected to decline by eight per cent by the end of 2020. While COVID-19 containment measures prevented the spread of the virus, they impacted the large informal service sector in urban areas and affecting daily workers, particularly women. Inflation doubled in 2018 to 60 per cent following an increase of bread prices and import duties, and rose to 254 per cent by November 2020 and is expected to remain in triple digits into 2021. The crisis is driven by a persistent and large trade deficit and an increasingly unsustainable fiscal deficit. Without access to international finance the Government has been monetizing the deficit driving double-digit inflation. The persistent trade deficit combined with reductions in foreign direct investment since the separation of South Sudan in 2011 have driven the devaluation of the Sudanese Pound with the rate on the parallel market declining nine-fold since January 2018 from 27 SDGs to the USD to 250 SDGs in November 2020.

The Sudanese economy is in a vicious cycle of low savings, investment, wages, productivity and skills, and high unemployment and poverty. High inflation, while exacerbated by monetization of the fiscal deficit, is largely cost-push inflation as shown by the price index. In 2020 inflation averaged 254 per cent, with the rate at 277 per cent in rural areas and 226 per cent in urban areas. Transport costs increased by 585 per cent, reflecting seven-fold increase in rural and four-fold increase in urban areas, thanks to the partial removal of fuel subsidies. Further reductions in fuel subsidies will continue to drive inflation. The transitional Government plans to compensate the negative impact of removing subsidies through the World Bank family support programme and expansion of cooperatives. Reduced smuggling of basic goods and gold exports can pave the way for the recovery of the Sudanese economy. The expected \$500 million reduction in remittances in 2020 due to loss of jobs in the Gulf will partly offset these gains.

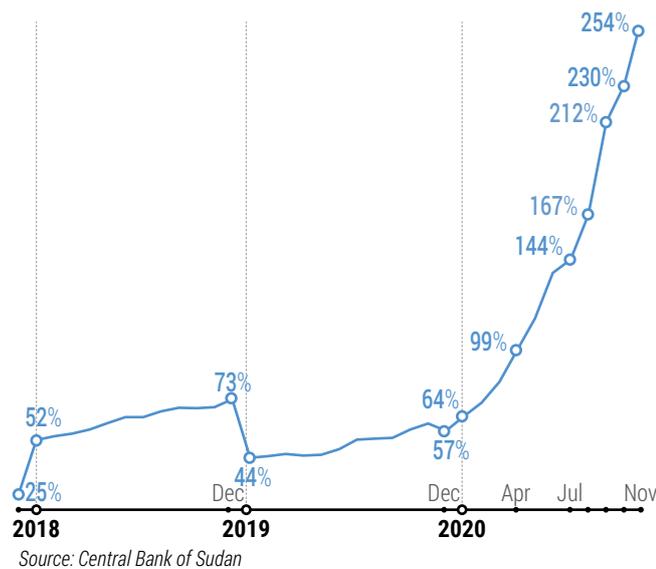
⁶ African Development Bank Sudan Poverty Profile, 2018.

⁷ UNHCR, November 2020.

⁸ The refugee population in Sudan is expected to see ongoing new arrivals and population growth increasing the number of refugees in need of assistance to 1.2 million by the end of 2021. This includes refugees from the Central African Republic (CAR), Chad, the Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Somalia, South Sudan, Syria and Yemen.

The agreement reached with the US Government for the removal of Sudan from the State Sponsors of Terrorism List in late October 2020 should open up direct banking relations between Sudan and the global financial system. The unification of the exchange rate that the Government plans to undertake as part of its staff-monitored program with the International Monetary Fund (IMF) will only be able to stabilize the exchange rate if the Government gets access to foreign exchange reserves, with which to meet speculative demands and stabilize the exchange rate at a more competitive level.

Sudan inflation rates



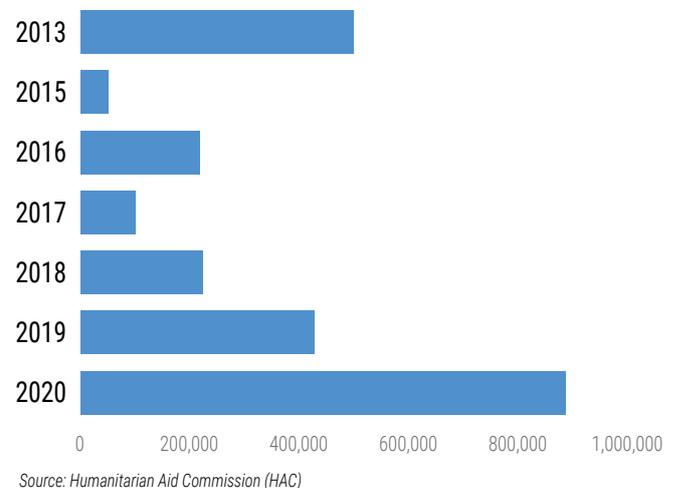
Environmental Profile

Sudan continues to face the cost of climate change in the form of natural disasters, including yearly recurring floods. In 2020, Sudan was hit by the worst flooding in 100 years that affected the lives of nearly 900,000 people across 18 states. The most affected states were North Darfur, Khartoum, Blue Nile, West Darfur and Sennar. An estimated

177,000 homes were damaged or destroyed after weeks of flooding, putting over 10 million people at a risk of contracting water-borne diseases.

Major cities and towns are along rivers and seasonal water courses that are flood prone areas. There is limited understanding of the climate change-related flood risks and impacts. A high per centage of urban housing has been built in a flood plain area, resulting in destructive impacts this decade. Another key root cause of urban flooding is lack of sewage, storm and rainwater collection systems and inadequate maintenance mechanisms for the existing systems. Sudan experiences sandstorms frequently impacting basic infrastructure on sewage and rainwater collection.

Flood affected people (2013 - 2020)



On the other hand, limited water sources beyond the Nile and climate change related droughts pose a challenge to farming and contribute to inter-communal tensions. Most of the Sudanese population depend on agriculture and cattle as a main source of income which is threatened by the effects of desertification and irregular rainfall.



KHOR ABEICHE, SOUTH DARFUR

A displaced woman is pictured inside the UNAMID base.
Photo: UNAMID/Albert González Farran

1.2 Shocks and Impact of the Crisis

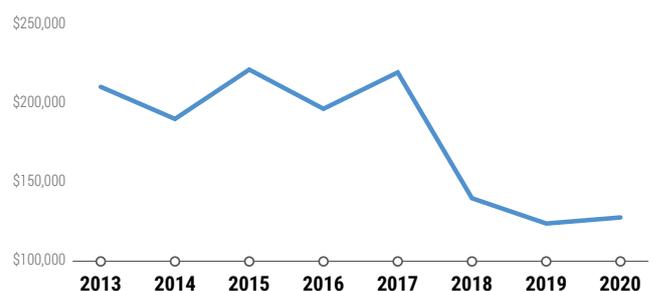
Impact on Services and Systems

The ability of households to meet and access basic needs and services, including purchase of food, has been severely affected. While a significant proportion of Sudan's population is struggling to meet basic needs and services, this is aggravated among the most vulnerable including IDPs and refugees. With the current economic situation, this is likely to result in new and increased case-loads of people requiring humanitarian assistance.

The COVID-19 epidemic that started in March 2020 and the containment measures introduced after that compromised an already collapsing

health system. Since 2017, Sudan has struggled to sustain adequate supply of medicines and medical items as a result of the economic crisis and hard currency shortages.

Import of medicines 2013 - 2020



Source: Foreign Trade Statistical Digest 2013 - 2020, Central Bank of Sudan (CBoS)

This is a critical impediment to effectively respond to COVID-19, as well as to ensure people's general well-being and survival. Between March and July 2020, COVID-19 lock-down measures prevented children from accessing routine vaccinations. Disease surveillance efforts shifted focus from routine surveillance to COVID-19. The increase in COVID-19 cases led to the closure of many health facilities. In Khartoum state, 70 per cent of the primary health clinics were closed due to COVID-19 containment measures and in some facilities, stigma resulted in patients not being admitted for treatment of other illnesses. About 8.1 million students have been unable to resume their studies and the re-opening of schools was postponed until 2021. Also, in 2020, 559 schools in Sudan were damaged or destroyed by the impact of the floods, and 63 schools were used as temporary shelters by people displaced.

Refugees are often living in poorer areas with host communities who are similarly under served and have limited access to public services. Although supported by the host community, refugees have limited access to services and protection assistance. This is aggravated by overcrowding

and gaps in assistance in refugee camps and out-of-camp settlements. In camps, health clinics normally absorb demand for health services from host communities, with 30-50 per cent of all consultations comprised of host community members. In out-of-camp and urban locations, refugees are normally asked to pay for services at a higher rate than Sudanese nationals. Also, in these areas, there is limited access to quality secondary and tertiary medical care treatment, including no access to treatment for chronic illnesses. Refugees face mental health service gaps despite trauma related to persecution, asylum flights, and other mental health care needs.

Access to education, healthcare, and income is less likely for people with disabilities, and these inequalities are intensified by COVID-19. Approximately 15 per cent of Sudan's population are people with disabilities, and there are no legislative measures ensuring equitable access to services for them. Data and information on their specific needs and protection concerns, including those emerging from or exacerbated by COVID-19, are not currently available. Additionally, existing gender inequalities are compounded

COVID-19 Containment Measures and Humanitarian Access (August 2020)

State	Closed international borders	Market times restricted	Gatherings Banned restrictions	Curfew	Cargo and goods movement restricted	Intrastate travel banned	Interstate travel banned
Aj Jazirah	Y	Y	Y	N		Y	
Blue Nile	Y		Y	Y			Y
Central Darfur	N	N	N	N	N	N	
East Darfur	Y			Y	Y	Y	
Gedaref	Y	Y		Y	Y	Y	
Kassala	Y	Y	Y	Y	Y	Y	
Khartoum	Y	Y	Y	Y	Y	Y	Y
North Darfur	N	N	N	N	N	N	
North Kordofan	Y			N	Y	Y	
Northern	Y			N			
Red Sea	Y		Y	Y		Y	
River Nile	Y			Y		N	N
Sennar	Y			Y			
South Darfur	Y	N	N	N	N	N	N
South Kordofan	Y		Y	N	Y		
West Darfur	Y	Y	Y	Y	N	Y	Y
West Kordofan	Y			N			
White Nile		Y	Y	Y	Y	Y	

by the breakdown of protection mechanisms, deterioration of essential services and economic structures, and the lack of recognition of women's crucial contribution to the survival and recovery of a crisis-affected community.

Rule of law, access to justice and government social protection remains weak across the country, but particularly in conflict-affected areas. In 2020, the economic crisis and scarcity of resources has further impacted public service delivery and heightened the socio-economic vulnerability of vulnerable people, particularly IDPs, and refugees. UNAMID's withdrawal will leave gaps in protection of civilians in Darfur, which coupled with a gradual decrease of presence of humanitarian partners in IDP camps / sites will have a negative impact on protection support.

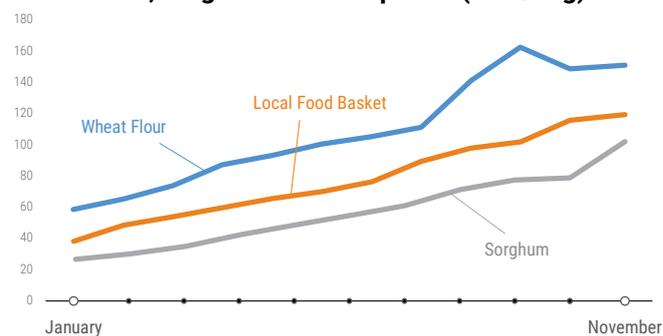
Impact on people

The economic crisis, including inflation, and a surge in food prices, exacerbated by COVID-19, resulted in record-high numbers of food-insecure people. The COVID-19 measures significantly affected commodity movement, market functionality and cross-border trade, and compromised livelihoods and daily labour opportunities. This reduced households' purchasing power and access to food for the most vulnerable people.

Shortages of foreign currency and limited imports of food and agricultural commodities drove up prices. In May 2020, the average national price of sorghum increased by 15.6 per cent compared to the previous month, 191 per cent compared to the previous year, and 534 per cent compared to the five-year average. Retail prices of sorghum and millet continued to increase between May and June 2020 across most markets in Sudan and remained

150 to 250 per cent higher than the year before.

Wheat flour, sorghum and LFB prices (SDG/1kg)



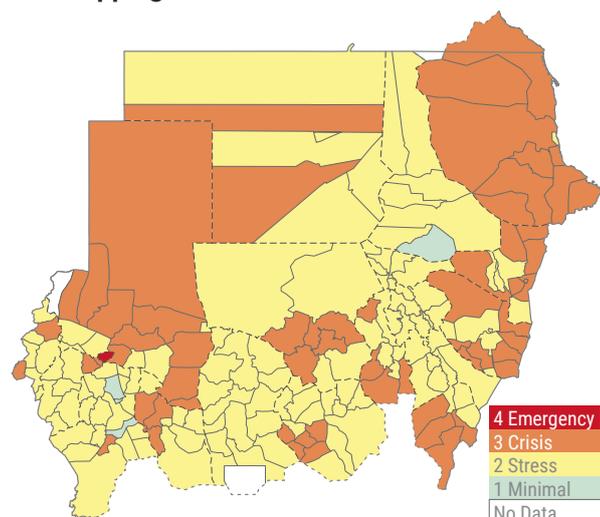
Source: WFP Monthly Market Monitor

In 2020, food insecurity increased in areas not traditionally targeted for humanitarian assistance. An estimated 7.1 million people are severely food insecure needing urgent action, according to the latest Integrated Food Security Phase Classification (IPC) report⁹. Nearly 1.3 million people are facing emergency levels of acute food insecurity and facing large food consumption gaps (IPC phase 4), while nearly six million people are facing crisis levels of acute food insecurity and marginally able to meet minimum food needs (IPC phase 3). Another 17 million people are estimated to be under stress - they have minimally adequate food consumption but are unable to afford some essential non-food expenditures (IPC phase 2); any additional shock could push them to severe levels of hunger. Localities from all 18 states in Sudan have been IPC classified, except At Tina locality in North Darfur, and Abyei PCA box, where no data was collected. The states with the highest increases in severe food insecurity in the past year are North Kordofan (>335 per cent) and Aj Jazirah (>219 per cent). Some localities in North Kordofan have seen food insecurity increase by more than 700 per cent. Khartoum state continues to have the highest numbers of food insecure people in absolute terms, given its high overall population¹⁰.

⁹ Sudan: Integrated Food Security Phase Classification Snapshot, June - December 2020, <https://reliefweb.int/report/sudan/sudan-integrated-food-security-phase-classification-snapshot-june-december-2020>

¹⁰ IPC Acute Food Insecurity Analysis June - December 2020 Issued July 2020, http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_Acute-FoodInsecurity_2020JuneDec_Report.pdf

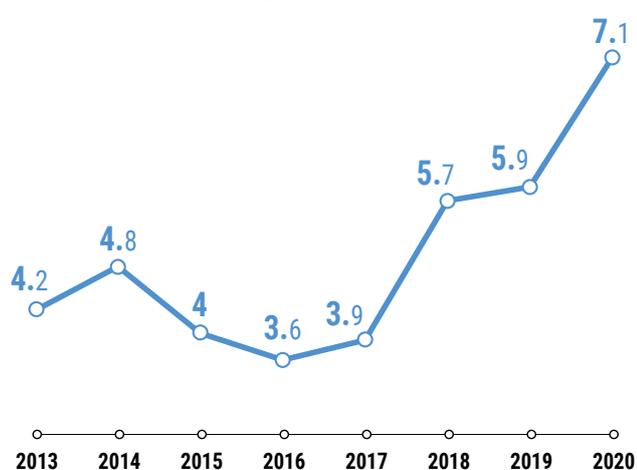
IPC mapping October - December 2020



Source: Sudan, Acute Food Insecurity Projection Update October - December 2020

High malnutrition rates remain, driven by poverty, weak WASH and health systems, and high prices. In 2020, there has been an increase in the cost of basic foods. Recent IPC data show a large decline in the proportion of people who could afford the local food basket. This contributes to an inadequate food intake, which negatively impacts children’s growth from early an early age. Approximately 522,000 children under five are severely malnourished, and 2.2 million children are moderately malnourished (MAM). The prevalence of global acute malnutrition (GAM) in children under five is 14.1 per cent. The prevalence of MAM among pregnant and lactating women is 6.3 per cent¹¹.

IPC food insecure people (millions)



Source: Integrated Food Security Phase Classification (IPC)

Protracted displacement remains, with an estimated 64 per cent of displaced between 2003 and 2010 at the height of the Darfur crisis, and a further 32 per cent were displaced between 2011 and 2017. New displacement reduced in 2020 but remains a concern. There are approximately 2.5 million IDPs in Sudan. Of these IOM’s Displacement Tracking Matrix (DTM) has identified an estimated 2.4 million situated across the five Darfur states, as well as South and West Kordofan. The four states with the highest concentration of IDPs are South Darfur (33 per cent), North Darfur (21 per cent), Central Darfur (16 per cent) and West Darfur (14 per cent). Armed conflict was the primary reason for the majority of the displaced (90 per cent), followed by communal clashes (37 per cent) due to ethnicity, land and/or livestock. Most of the people have been displaced within the same state, mainly due to the logistical and security concerns associated with their sudden movement. Intermittent inter-communal tension and violence in parts of Darfur, eastern Sudan and the Kordofan regions have heightened protection and rule of law concerns amongst the population. While there has been less new displacement due to conflict or inter-communal violence over the past few years, 2.5 million remain protracted IDPs.

The Government of Sudan is generous in welcoming refugees but they are largely reliant on humanitarian assistance and have limited access to livelihood opportunities. Although the influx of new refugees into the country has slowed, partially due to the border restrictions implemented as a precaution against COVID-19, in November 2020, military confrontations started in Ethiopia between the Ethiopian Defense Forces (EDF) and Tigray People’s Liberation Front (TPLF). As a result of the fighting in Tigray, close to 45,000 Ethiopian refugees have crossed the border into Sudan by 7 December. Initial population profiles indicate over 40 per cent are children. The UN and partners are projecting 100,000 arrivals from Ethiopia to Sudan over the next six months. As of 31 October 2020, Sudan hosted 26,523 CAR refugees. Many CAR refugees living in Central or South Darfur

11 Simple, Spatial, Survey Method (S3M II) for Sudan - 2018, <https://data.humdata.org/dataset/simple-spatial-survey-method-s3m-ii-for-sudan-2018>

live in remote areas that are hard to reach. They lack access to local public services and have very limited coverage of refugee-specific health and nutrition services.

Impact on humanitarian access

In 2020, there have been improvements in humanitarian access as the transitional Government continues to reform the humanitarian framework in Sudan. This has allowed humanitarian partners to reach people in areas previously inaccessible. The Government has committed to improve coordination between government agencies to remove obstacles to humanitarian procedures, facilitate access to areas under control of armed movements, and establish a notification system for the movement of humanitarian personnel instead of issuing travel permits.

However, heavy administrative procedures continue to present obstacles to the provision of timely and quality humanitarian assistance. Administrative measures vary considerably between federal and state levels authorities, and among states. This results in a disjointed administration of humanitarian access and difficulties for the aid agencies to execute their programs as planned.

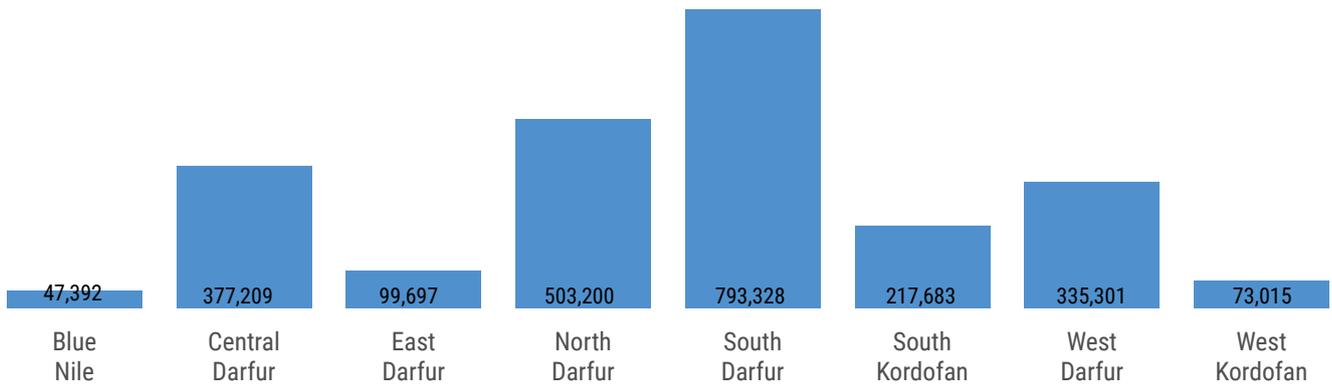
As the COVID-19 pandemic hit Sudan in March 2020, the Government introduced measures to contain the spread of the virus. In line with most other countries, Sudan closed international borders, banned public gatherings and interstate movement, while the states introduced curfews. The Government made provisions for the movement of humanitarian cargo, allowing aid operations to partly continue. Despite difficulties in movement and suspension of face-to-face activities, such as monitoring visits and community engagement, humanitarians managed to partly continue their work and assist 8.8 million people until September 2020.

Shortages of fuel across Sudan affected the delivery of humanitarian assistance as transportation of aid supplies was delayed while transporters waited to access fuel. Due to the combined effect of fuel shortages, the high inflation rates, and the differences between the official exchange rate and the parallel market rate, some humanitarian organisations reported that they reached fewer people, in some cases one in four, as the increased prices and delays in procurements drained their budgets. For instance, contractors in South Kordofan were unable to deliver on contracts due to increased transportation costs.

The unprecedented floods that caused havoc during the rainy season aggravated access challenges. Flooding combined with a difficult physical terrain made roads in several states impassable, causing delays to aid activities particularly during August-September. Several areas were affected. For example, in Jebel Marra (Central Darfur) the road to Kwila was partly washed away due to flooding. Similarly, damage to road infrastructure made it difficult to reach areas in South Kordofan and Blue Nile, with some villages were accessed only by boat or helicopter.

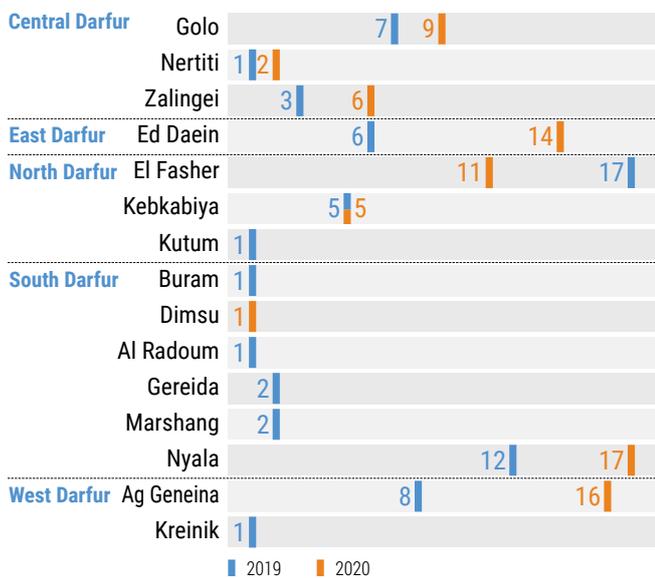
Inter-communal conflict, civil unrest and criminality continued in some parts of the country delaying humanitarian assistance, with Darfur, East Sudan and South Kordofan being the most affected states. In September in West Darfur, armed men ambushed a humanitarian convoy on its way to Masterei, looted personal effects of the passengers and temporarily detained the passengers. Between 31 August and 5 September, UNHAS suspended flights to Port Sudan and Kassala, following ethnic clashes in the wake of the controversial appointment of a civilian governor. Despite the constraints, humanitarians were able to conduct assessments and respond in areas affected by inter-communal conflict including Masterei and Geneina, Kassala and Kadugli.

IDP individuals per state



Source: HAC and IOM

Number of incidents against humanitarian personnel and assets



Source: OCHA Security Incidents Database

Accountability to Affected People (AAP)

It is essential to systematically engage with communities to jointly define aid priorities and plan response interventions based on people’s own perceptions of their needs and preferences. To increase relevance and effectiveness of humanitarian response, it is important to inform communities of the work of humanitarian actors and enable them to provide feedback through established and confidential feedback mechanisms that all population groups can access.

The 2020 Multi-Sector Needs Assessment (MSNA) collected data about affected people’s perceptions of their priority needs and ability to access information in Sudan.

The MSNA dataset which informed the HNO AAP analysis contained interviews with 13,769 households, out of whom 27 per cent were women and 73 per cent men. Although the dataset has limitations, such as under-representation of women and displaced people, it is a good starting point to better understand affected people’s priority needs and improve accountability towards communities.

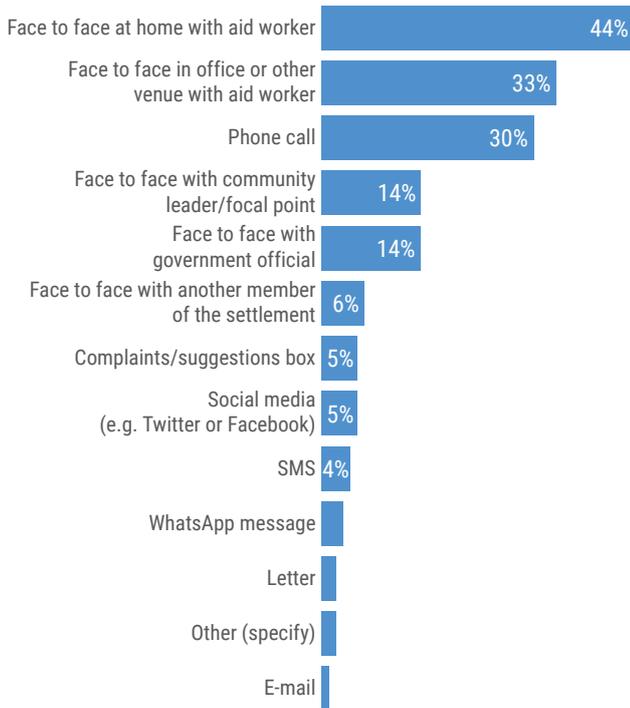
The overall MSNA findings suggest that health, livelihoods and education are the top three priority needs identified by surveyed households, however, the results varied depending on gender and the status of the respondent. Female-headed households prioritised livelihoods, health, and education, whereas male-headed households reported education, livelihoods, and health.

Internally displaced people (IDPs) reported livelihoods, education and shelter were their main priorities. For refugees shelter was their main need, followed by health and livelihoods. For people living in camps and informal settlements, priority needs were livelihoods, health, shelter, education and water.

Ways of communicating with affected people also can better target people’s preferences. The MSNA results suggest that face-to-face communication appears to be the preferred means of receiving information and providing feedback. However,

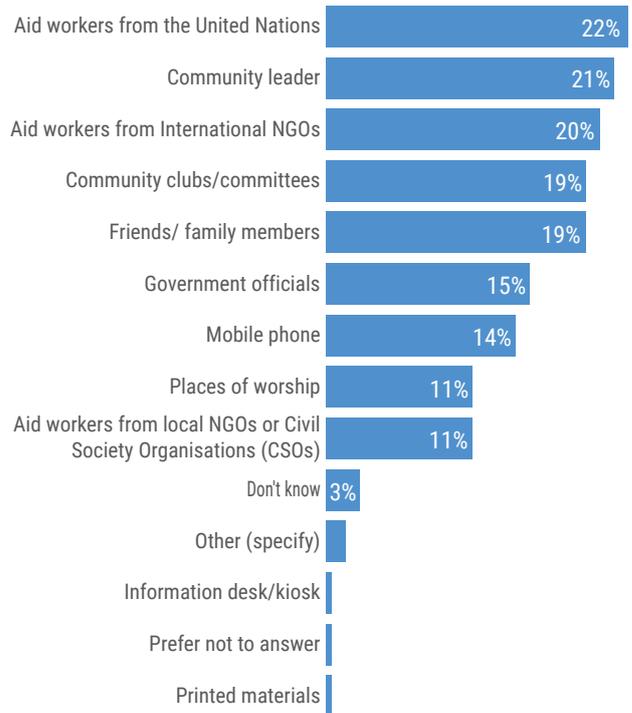
the surveyed households trusted a wide range of sources of information, including friends, family members, aid workers, Government, and community youth groups.

How would you like to receive humanitarian information?



Source: MSNA 2020

Whom do you trust to give you humanitarian information?



Source: MSNA 2020

NORTH DARFUR, SUDAN

COVID-19 awareness session for community leaders

Photo: UNAMID



1.3 Scope of Analysis

The HNO covers all 18 States of Sudan and Abyei PCA, identifying the humanitarian needs of IDPs, refugees, returnees and vulnerable people in Sudan.

POPULATION GROUPS BY STATE

	VULNERABLE RESIDENTS	IDPs	REFUGEES	RETURNEES
Aj Jazirah	Yes	No	Yes	No
Blue Nile	Yes	Yes	Yes	No
Central Darfur	Yes	Yes	Yes	Yes
East Darfur	Yes	Yes	Yes	Yes
Gedaref	Yes	No	Yes	No
Kassala	Yes	No	Yes	No
Khartoum	Yes	No	Yes	No
N. Darfur	Yes	Yes	Yes	Yes
N. Kordofan	Yes	No	Yes	No
Northern	Yes	No	Yes	No
Red Sea	Yes	No	Yes	No
River Nile	Yes	No	Yes	No
Sennar	Yes	No	Yes	No
S. Darfur	Yes	Yes	Yes	Yes
S. Kordofan	Yes	Yes	Yes	Yes
W. Darfur	Yes	Yes	Yes	Yes
W. Kordofan	Yes	Yes	Yes	Yes
White Nile	Yes	No	Yes	No

In 2020, for the first time in Sudan, a nationwide multi sectoral needs assessment (MSNA) was conducted. Its results were the main source of primary data and was used to complement data from inter-sectoral and sectoral assessments undertaken between 2018 and 2020 – as outlined below. See annex 4.3 for list of sector indicators used for the HNO analysis.

The MSNA was conducted across all 18 states and Abyei PCA between 16 August and 27 October 2020. It surveyed households of vulnerable residents, IDPs and both in-camp and out-of-camp refugees. Data collection targets were determined proportionally, based on population size, with ≥ 33 HH surveys (30 + 10 per cent buffer) per population

group in a specific locality (stratum). Strata-specific sampling weights were applied to data when calculating results. Wherever possible, phone-based surveys were conducted considering the prevailing COVID-19 situation. Where phone-based surveys were not possible (e.g., due to lack of mobile network), face-to-face surveys were conducted, with precautions to prevent the spread of COVID-19. The household surveys were conducted using snowball sampling.

The MSNA data was collected in three phases.

- Phase one took place between 16 August and 7 September in 12 states, consisting of 2,508 household surveys, with 19 per cent of women respondents.
- Phase two of data collection was undertaken from 7 - 27 September, which brought the total number of household surveys to 9,003. This phase covered 17 states, 27 per cent of women respondents. The analysis of the AAP section is based on data collected up to phase two.
- Phase three took place between 27 September and 27 October and brought the total households surveyed to 13,769.

The national S3M II assessment conducted in 2018 complemented data for five sectors - health, nutrition, WASH, GBV, shelter and NFI. The S3M II survey included data for smaller geographical areas within localities as well as from the national, state and locality level. The survey used the Simple Spatial Survey Method (S3M), an area-based sampling methodology that uses settlement locations for sample selection. The survey was designed to be spatially representative of the whole country with the exception of few inaccessible areas.

The food security and livelihoods sector used data from the main national assessment and routine monitoring system – Comprehensive Food Security

SECTOR	DATA SOURCE	COVERAGE
Education	MSNA 2020, EMIS (2020), MRM (2020), 4W, School data (2020)	Whole of Sudan
Food Security	Food security assessment, Agriculture survey (e.g. CFSAM) (2020), Ministry of Agriculture, Satellite imagery, MSNA (2020)	FSMS: Blue Nile, All Darfurs, South Kordofan; CFSA: Blue Nile, All Darfurs, Gedaref, Kassala, All Kordofans, Red Sea, White Nile
Health	FMOH data base on disease surveillance and health services, S3M II (2018), WHO, UNICEF, UNFPA, MSNA (2020)	Whole of Sudan
Nutrition	Simple Spatial Survey Method - S3M II (2018), MSNA (2020)	Whole of Sudan
Protection	ACLED (2020), UNDSS Report (2020), Protection Sector Inter-communal Conflicts Tracker (2020), Protection Monitoring Reports (2020), OCHA Hazard Ranking (2020), IDP Settlement By Risk Level Analysis, MSNA (2020)	Whole of Sudan
Child Protection	Service mapping (2020), MSNA (2020), CP Needs Assessment, DTM (2020), CPIMS (2020), MRM IMS (2020)	All Darfur, All Kordofans, Blue Nile, White Nile, Khartoum
GBV	S3M II (2018), MSNA (2020)	Whole of Sudan
Mine Action	MSNA (2020), IMS for MA (2020)	South Kordofan, Blue Nile, Kassala, Gedaref
Shelter/NFI	5Ws (2020), Sector needs assessments (2020), IA/Rapid Assessments, PDMs, DTM (2020), MSNA 2020, NFI data tracking (NFI CP), S3M II (2018)	Whole of Sudan except NFI data tracking (Blue Nile, All Darfur, South Kordofan)
WASH	S3M II (2018), MSNA (2020)	Whole of Sudan

Assessment and the Food Security Monitoring System (FSMS). The Comprehensive Food Security and Vulnerability Assessment (CFSVA) Q1 2020 was conducted from November 2019 to February 2020 against the ongoing backdrop of economic instability and persistent chronic food insecurity and malnutrition. A total of 35,500 household interviews were completed in 179 localities distributed among all states.

The 30th round of the Food Security Monitoring System (FSMS) was conducted between November 2019 and February 2020, the harvest season in Sudan. The FSMS aimed to ascertain the food security situation of refugee households and IDP households. Data was collected from 13,493 refugee and IDP households across 132 locations in all five Darfur states, all three Kordofan states, as well as White Nile, Blue Nile and Kassala states.

The long-standing presence of partners and

humanitarian operations in the Darfur states, Kordofan states, and Blue Nile resulted in more secondary data availability compared to other geographical areas.

The MSNA ensured the collection of primary data provided a nationwide snapshot of the humanitarian situation providing a base to understand prevailing humanitarian needs. Sectors undertook consultations at state level to complement the findings from the data.

The severity of need maps were validated at national and state level by operational partners through the Inter Sectoral Coordination Group (ISCG) and through the Humanitarian Programme Cycle (HPC) consultation workshops where UN organisations, NGOs and donors participated.

Due to challenges brought about by COVID-19, the MSNA was delayed and analysis from all three



phases was not available until November 2020. Data collected during the first two phases was used to complement the HNO analysis.

Data in the other two phases was used to complement the narrative of the HNO. After completion of the MSNA data collection, analysis using the full preliminary dataset was done to ascertain whether the full dataset would draw different conclusions from those drawn by the analysis that was done using data collected in the first month (phase one) - the complete dataset drew the similar conclusions from the phase one data. This proved that the phase one data that was used for the HNO quantitative analysis was a good sample of the overall data collected.

Despite the data and information challenges identified, the available analysis is a good base for a comprehensive multi – sectoral response. Plans are being developed to address identified data limitations and challenges - as outlined in annex 4.2.

NIFASHA CAMP, NORTH DARFUR, SUDAN

A woman waits to collect water from a water point in Nifasha camp for Internally Displaced Persons (IDP), North Darfur. Photo: UNICEF/Photographer

1.4

Humanitarian Conditions and Severity of Needs

In 2021, a total of 13.4 million people are expected to be in need across all of Sudan's 18 States, of whom 7.6 million are women and girls. Some 9.8 million people in need are vulnerable residents or people affected by years of conflict and economic crisis, while 2.5 million are IDPs, 1.1 million refugees, and 0.17 million returnees. Within these population groups, some of the vulnerable people that have specific needs include children, women at risk, elderly people, pregnant and lactating women and children under five with high levels of malnutrition.

In 2021, 7.3 million people are affected by life-threatening conditions and 13.3 million people cannot adequately meet minimal living standards. Most people that face life-threatening situation also cannot meet minimal living standards, however, the same is not true in reverse - i.e. not everyone that has living standards issues is facing life-threatening issues. An overlap is expected, however the number of people facing life-threatening issues is high when compared with other protracted humanitarian emergencies. One out of five people cannot meet the minimum living standards in Sudan. For the indicators that produce the severity of needs for life-threatening and life-sustaining humanitarian conditions, please see annex 4.3.

Malnutrition

Weak health and wash systems and increase of food prices drive malnutrition in Sudan, and poor nutrition constitutes a threat to the development of children under-five. The rate of malnutrition has changed little in three decades, with an estimated 52 per cent of cases living in non-conflict

states. Around three million children under five suffer from acute malnutrition out of which an estimated 570,000 have severe acute malnutrition (SAM). The prevalence of underweight children in Sudan is among the highest in the world¹² Under-nutrition exacerbates morbidity and mortality, and contributes to underdevelopment and a weak immune system.

Desert locusts and floods

Throughout most of 2020, the risk of desert locust remained in Sudan. As of September, the situation developed rapidly in winter and summer breeding areas, particularly at the summer breeding belts of the Red Sea and Kassala states¹³. Ongoing surveillance has spotted solitary hopper infestations, and a total of 34,600 hectares was surveyed in desert locust summer and winter breeding areas in October 2020, at the Red Sea, River Nile, North Kordofan, Northern and Gedaref states. There is a high risk for desert locust developing in Sudan, and more mature and immature swarms are expected to arrive from neighbouring countries and invade winter breeding areas at the Red Sea.

All 18 states of Sudan were affected by flooding in 2020, destroying over 100,000 houses and damaging over 37,000 houses. Infrastructure damage was reported to 559 schools, over 2,600 health facilities and over 1,800 water resources. Approximately 54 per cent of all people affected were in North Darfur, Khartoum, Blue Nile, West Darfur and Sennar. The recent floods compounded the impact of the economic crisis and derived large productive sector out of production cycle in the affected areas, resulting in large numbers of people needing

12 Prevalence and Causes of Under-nutrition among Under-five Sudanese Children: A Mini-review - <https://www.journaljammr.com/index.php/JAMMR/article/view/30602>.

13 Sudan's Plant Protection Directorate (PPD) and the United Nation's Food and Agriculture Organization (FAO).

humanitarian assistance; the hardest hit community segments were daily wage, agricultural labour, and local business owners who lost their capital.

Sexual and Gender Based Violence (SGBV)

Women and girls, boys and men continue to face the risk of different types of GBV contributing to factors including low economic status with no or little livelihood opportunities, lack of community awareness on women's rights and GBV due to traditional and social norms. GBV risks remain significant in Sudan, particularly with women and girls on the move, working in fields or undertaking livelihoods activities. Women and girls are disproportionately affected by the impact of the humanitarian crises in Sudan due to gender inequality, intersecting with other factors of discrimination and disadvantage, including age, ethnicity, and marital status. Girls are at high risk of abuse; in 2020 sexual violence, killing and maiming were the most common forms of violations against children, with all survivors of sexual violence being female¹⁴. The position of women and girls is further diminished due to their lack of access to - and control of - the resources and viable coping strategies they need to survive and recover, as well as the protection of their human rights and their recourse to justice.

Weak Health and WASH systems:

Approximately 70 per cent of the Government expenditure is allocated to security, while health, education, and social welfare receive only 10 per cent¹⁵. Across Sudan, clinics and hospitals lack critical medicines. This was already a challenge due to the economic crisis which increased prices and was exacerbated by the COVID-19 outbreak which in turn disrupted supply chains. Since the COVID-19 pandemic started, over 30 per cent of existing health facilities are not functioning mainly due to lack of staff, personal protective equipment

(PPE) and financing. 33 per cent of health facilities offer the complete basic healthcare package¹⁶. Disruptions in services have been reported across the country due to closure of private health facilities. Over 110,000 children have missed essential vaccinations. Routine vaccination (Penta3) fell by 13 per cent from May 2019 to May 2020, and MCV1 fell by 9 per cent¹⁷. Distribution of medical supplies has been affected by importing challenges. Reportedly, only 15 per cent of the essential medicines and medical supplies are available in the market¹⁸. Most health facilities lack quality services for survivors of GBV including clinical management of rape.

Safe access to water remains limited, and COVID-19 revealed WASH gaps in urban and densely populated areas such as Khartoum. Lack of WASH infrastructure in schools across the country, including hand washing stations and latrines, remains a challenge and increases the risk of disease outbreaks. Poor WASH conditions combined with a lack of knowledge about infant and young child nourishment, drive food insecurity and malnutrition.

Limited access to education

More than 2.9 million of vulnerable children need life-sustaining humanitarian support in education. There are 1.8 million vulnerable children at schools experiencing crisis, emergency or catastrophic levels of food insecurity. These children are at high risk of dropping out of school or having their educational attainment curtailed if they are not adequately supported.

Lack of quality education also affects refugees, with children being particularly vulnerable. Nine out of ten secondary school aged refugee children are not receiving any formal education, with refugees from South Sudan particularly affected. Many refugee children work outside the home to supplement the

14 Monitoring and reporting mechanism of grave child rights violations.

15 Pressure from the People in Sudan, <https://www.chathamhouse.org/2019/03/pressure-people-sudan>.

16 Health Sector 2020.

17 By end of May 2020, over 229,000 children missed their Penta3 and 262,000 missed their measles vaccination ["Impact of Covid-19 on immunization"]. Over 200 cases of measles have been reported in Kassala. ["Impact of Covid-19 on continuity of health services"].

18 Health Cluster Bulletin-COVID-19 Response and Impact on Continuity of Essential Health Services March-June 2020

family's income.

In 2020, these risks were exacerbated by the negative impact of COVID-19, including long periods of school closure, which will likely continue into 2021. According to the education sector, this is significantly worse for nomadic communities, with already more than three quarters of nomadic children out of school prior to school closures. The difficulty to cover basic needs is often accompanied with negative coping mechanisms including school drop-outs, child labour, social tensions with host communities, early/child marriage and GBV issues.

Access to livelihoods

In Sudan, approximately 80 per cent of population depends on agriculture for income generation and livelihoods. Livestock – including trade and movement of cattle, sheep and goats – constitutes a significant source of income. In 2020, natural disasters – including floods and locusts' infestations – compounded by COVID-19 mobility restrictions, worsened an already dire situation to access livelihood opportunities and curtailed livelihood opportunities, mainly on the informal sector.

The livestock sector also is also impacted by the prevalence of epidemic diseases which may directly affect cattle, producing losses.

Protection services

Access to protection services remains a concern, coupled with weak rule of law and social protection mechanisms. Approximately 4.7 million people need better access to protection services. IDPs and refugees are highly vulnerable, particularly at risk of not accessing basic services such as birth registration and may suffer harassment and direct violence triggered by displacement.

Information available suggests that 22 per cent of households have one or more members who do not possess any form of documentation¹⁹. Community support networks have weakened and are not sufficient, and lack of formal dispute resolution mechanisms influence the escalation of localized clashes into larger inter-communal conflicts. In 2020, having contributed to reducing risks in Darfur, UNAMID's withdrawal will leave gaps in civilian protection.

Number of human rights violations in Darfur

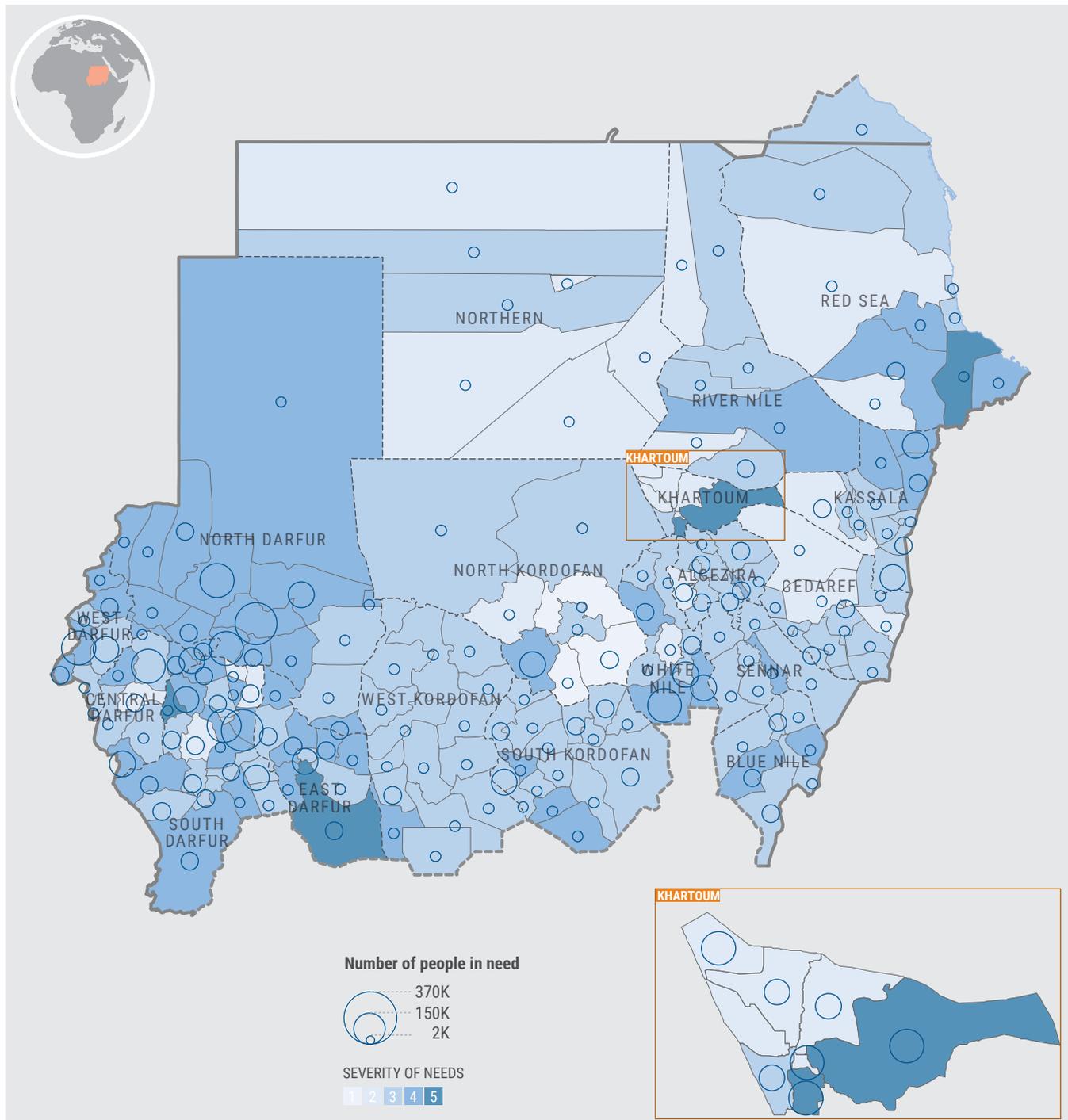


Source: UNAMID

¹⁹ MSNA 2020.

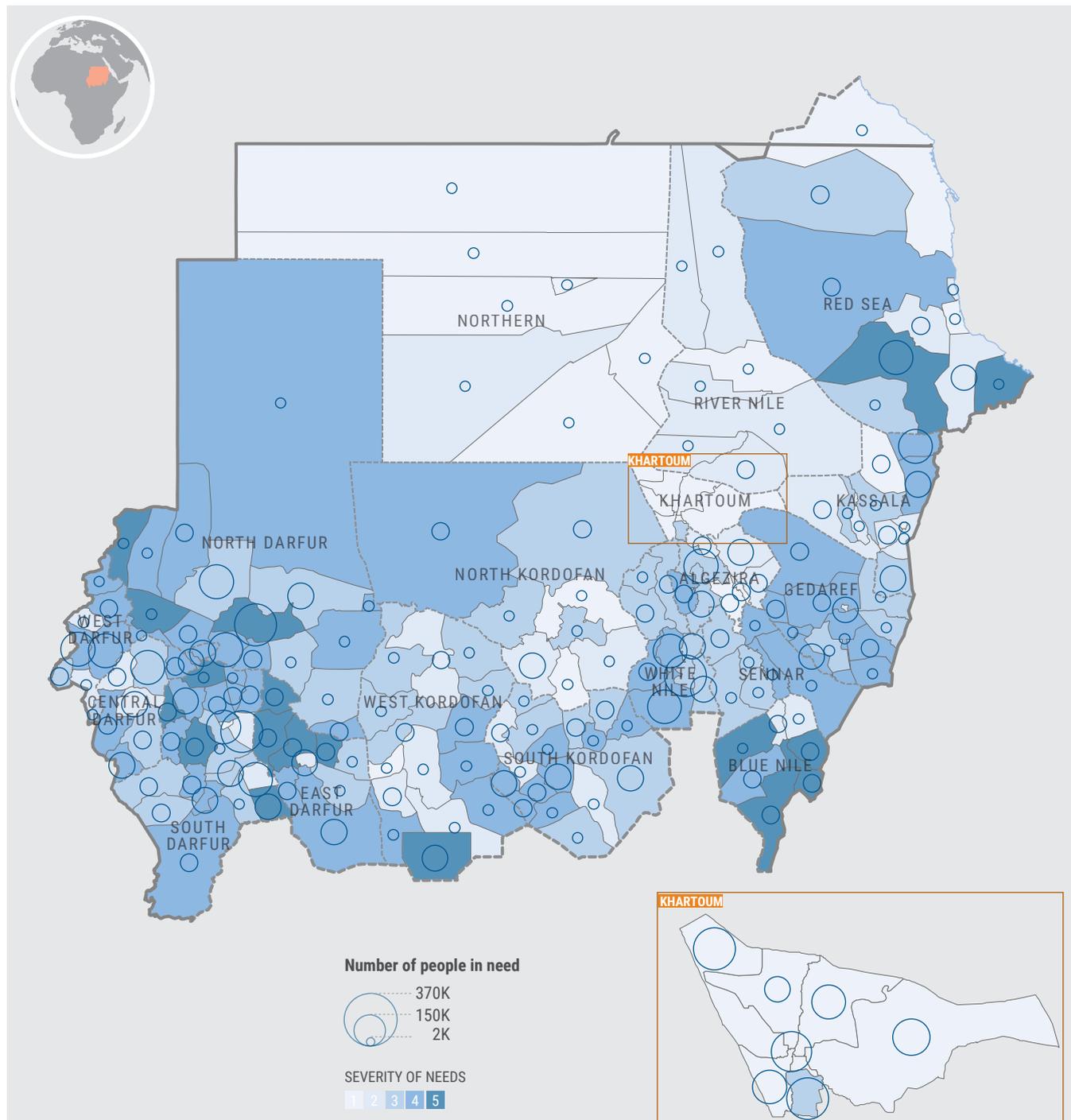
Life-Threatening Conditions (critical physical & mental well-being issues)

Life-threatening conditions can cause loss of life, physical and psychological harm or threats to a population and their dignity. Excess morbidity or mortality, malnutrition, psychosocial trauma, grave human rights violations such as killing, maiming and rape drive life-threatening conditions. Under this category, needs arising from sudden shocks such as conflict, floods, or natural disasters are also considered.



Life-Sustaining (critical living standards)

Life-sustaining conditions require actions to enable the affected people to meet their basic needs, including having access to essential goods and services such as water, shelter, livelihoods, healthcare, education and protection among others. These are measured by accessibility, availability, quality and use of essential goods and services.



Population groups in the life-threatening and life-sustaining categories



Source: Joint Inter-sectoral Analysis Framework 2021 - Note that the People In Need figure is not the addition of the live saving and life-threatening categories since people in one category are often in the other.

1.5 Severity of Needs by Vulnerable Group

Severity of needs		People in Need of humanitarian assistance.		
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
16M	17.4M	6.1M	6.7M	0.6M

Indicators of need are grouped into those that relate to life-sustaining and those that are life-threatening. For example, not having enough water is life-threatening, how long it takes to walk to a source of clean water would be considered under life-sustaining.

Of the 13.4M people in need

- The lives of 7.3M people are threatened by the humanitarian situation
- The life-sustaining conditions of 13.4M people are so low that they need emergency humanitarian support
- Nearly all those in the life-threatening group

are also in the life-sustaining group.

The largest population group in need is vulnerable residents - Sudanese people that are in need of humanitarian assistance. They are spread throughout the country with the highest increase in the centre and east compared to 2020.

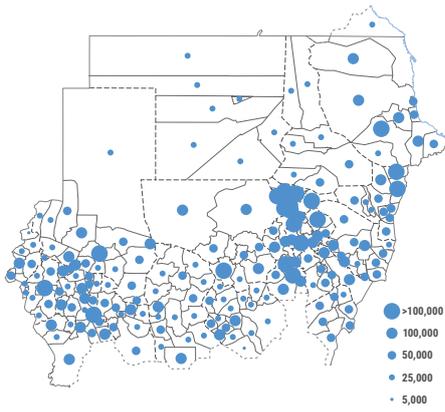
People who are displaced due to conflict are concentrated in the Darfur States which has 31 per cent of the total displaced.

The majority of refugees are in Khartoum and White Nile with significant clusters in need around metropolitan Khartoum.

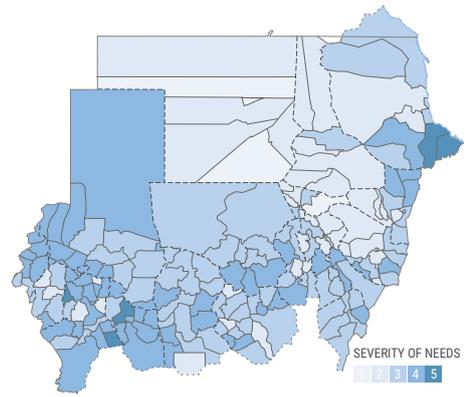
PEOPLE IN NEED PER STATE BY SEVERITY, AGE AND GENDER AND POPULATION GROUP

District	People in need	Of which: Severe	Extreme	Catastrophic	By gender Women / Men (%)	By age Children / Adults / Elders (%)	IDPs	Refugees	Vulnerable residents	Returnees
Abyei PCA	0.09M		0.09M		57/43	55/39/6			0.09M	
Aj Jazirah	0.88M	0.70M	0.18M		57/43	55/39/6		0.02M	0.86M	
Blue Nile	0.33M	0.24M	0.09M		57/43	55/39/6	0.05M	0.00M	0.28M	
Central Darfur	0.91M	0.41M	0.50M		57/43	55/39/6	0.45M	0.01M	0.45M	0.02M
East Darfur	0.54M	0.15M	0.30M	0.08M	57/43	55/39/6	0.14M	0.08M	0.31M	0.03M
Gedaref	0.55M	0.33M	0.21M		57/43	55/39/6		0.03M	0.52M	
Kassala	0.67M	0.20M	0.41M	0.06M	57/43	55/39/6		0.11M	0.56M	
Khartoum	1.60M	1.33M	0.26M		57/43	55/39/6		0.32M	1.27M	
North Darfur	1.44M	0.66M	0.78M		57/43	55/39/6	0.49M	0.02M	0.88M	0.05M
North Kordofan	0.48M	0.25M	0.23M		57/43	55/39/6		0.01M	0.47M	
Northern	0.11M	0.11M			57/43	55/39/6		0.00M	0.11M	
Red Sea	0.55M	0.13M	0.19M	0.22M	57/43	55/39/6		0.01M	0.54M	
River Nile	0.17M	0.13M	0.04M		57/43	55/39/6		0.00M	0.17M	
Sennar	0.33M	0.18M	0.15M		57/43	55/39/6		0.01M	0.32M	
South Darfur	1.91M	0.25M	1.41M	0.25M	57/43	55/39/6	0.79M	0.08M	1.06M	0.03M
South Kordofan	0.74M	0.29M	0.45M		57/43	55/39/6	0.22M	0.04M	0.47M	0.01M
West Darfur	0.59M	0.29M	0.31M		57/43	55/39/6	0.31M	0.00M	0.26M	0.02M
West Kordofan	0.46M	0.14M	0.32M		57/43	55/39/6	0.07M	0.06M	0.32M	0.00M
White Nile	1.10M	0.31M	0.79M		57/43	55/39/6		0.26M	0.84M	
Grand Total	13.44M	6.11M	6.72M	0.61M	-	-	2.50M	1.07M	9.80M	0.17M

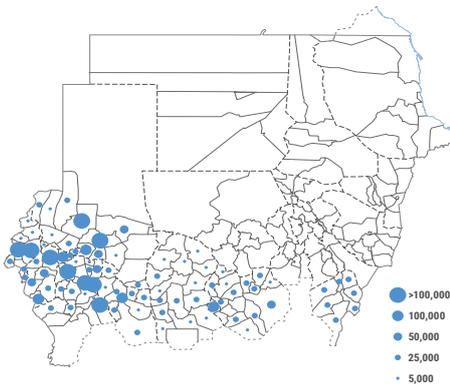
VULNERABLE RESIDENTS IN NEED



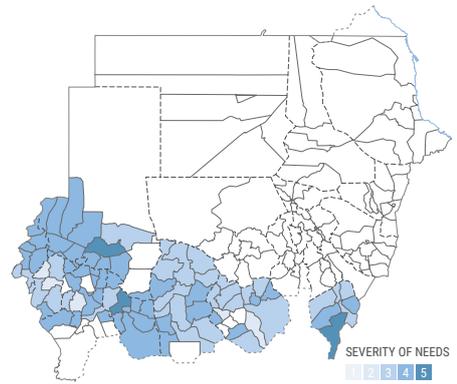
VULNERABLE RESIDENTS SEVERITY OF NEEDS



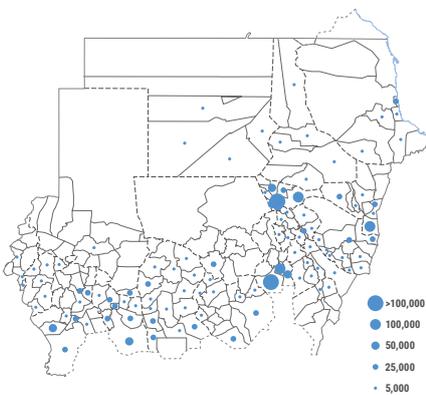
INTERNALLY DISPLACED PEOPLE IN NEED



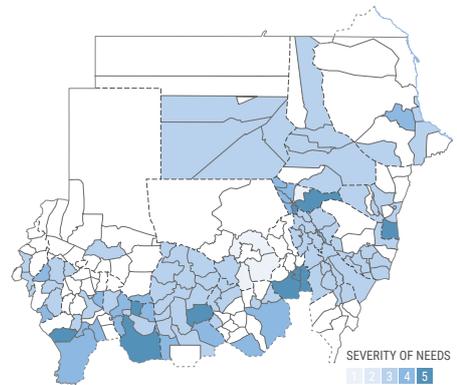
INTERNALLY DISPLACED PEOPLE SEVERITY OF NEEDS



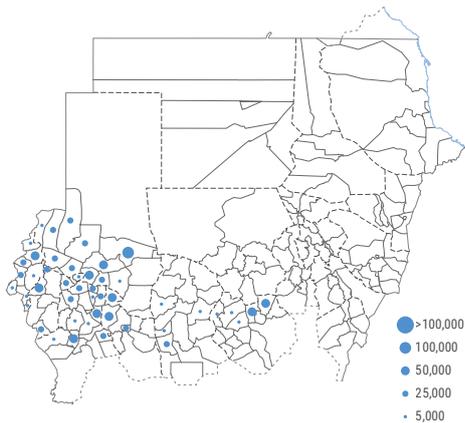
REFUGEES IN NEEDS



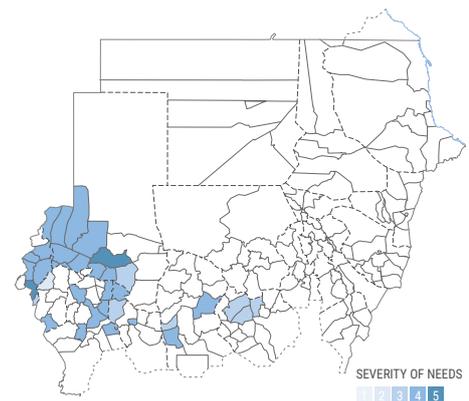
REFUGEES SEVERITY OF NEEDS



RETURNEES IN NEEDS



RETURNEES SEVERITY OF NEEDS



Part 2

Risk Analysis and Monitoring of Situation and Needs

SUDAN FLOOD, OCTOBER 2020

Photo: UNFPA



2.1

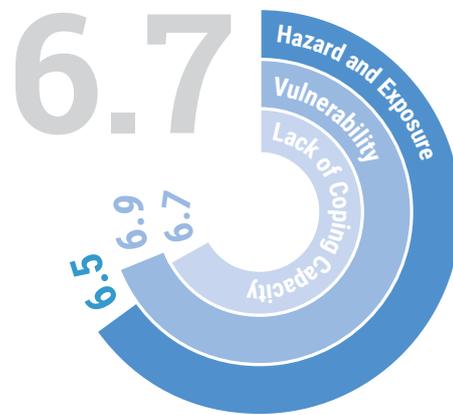
Risk Analysis and Projection of Needs

Drivers of humanitarian needs

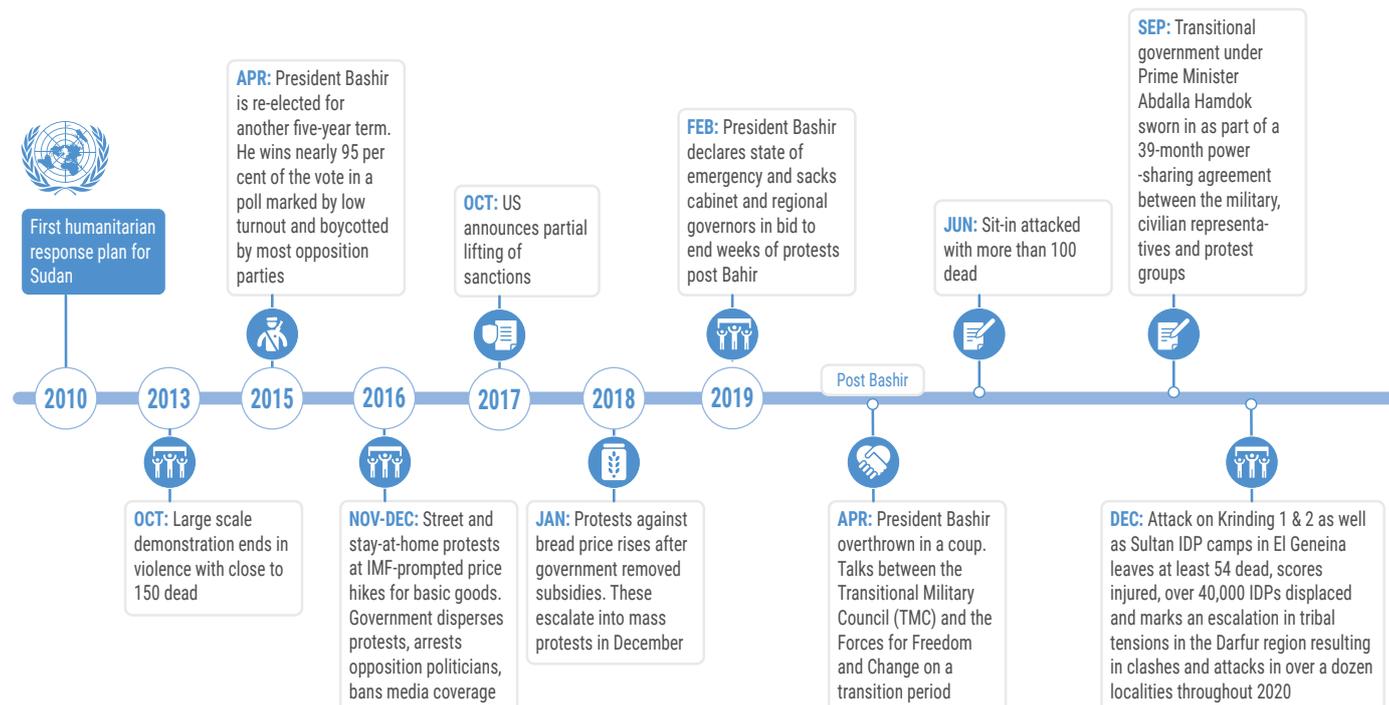
Sudan is one of the world’s longest protracted humanitarian crisis. The humanitarian situation in the country is compounded by deep-rooted poverty and an economic crisis. The country faces a number of overlapping challenges including internal large-scale population displacement triggered by conflict and climatic and socio-cultural conditions leading to high levels of food insecurity and malnutrition. It is the collapsing economy, however, that is in the spotlight of the elevating numbers of people in need. The impact on people of these drivers is projected to grow in 2021. The INFORM index for risk management assess Sudan to be the tenth most at risk country globally with an overall index of 6.7 out of a maximum of 10. International support towards the transitional Government has not yet translated into substantive financial and policy support to contribute to a progressive reversal of the situation. For the HNO 2021, the drivers

of need have been broken down into five main categories; the economy, localized conflict and protracted displacement, natural hazards, disease outbreaks, and food insecurity.

INFORM - overall risk figures



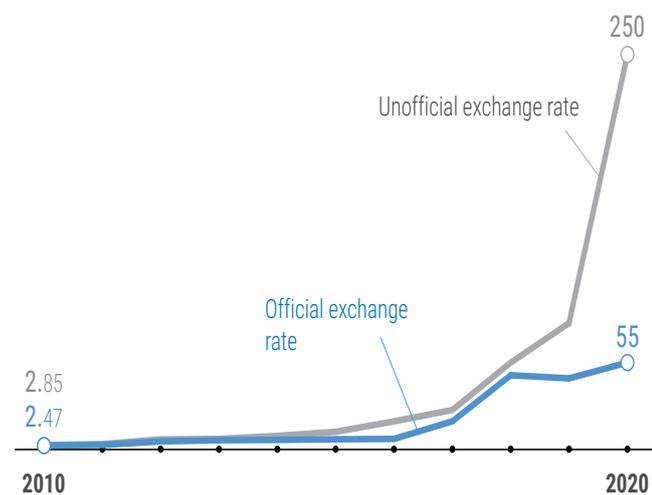
Timeline of events



The economy

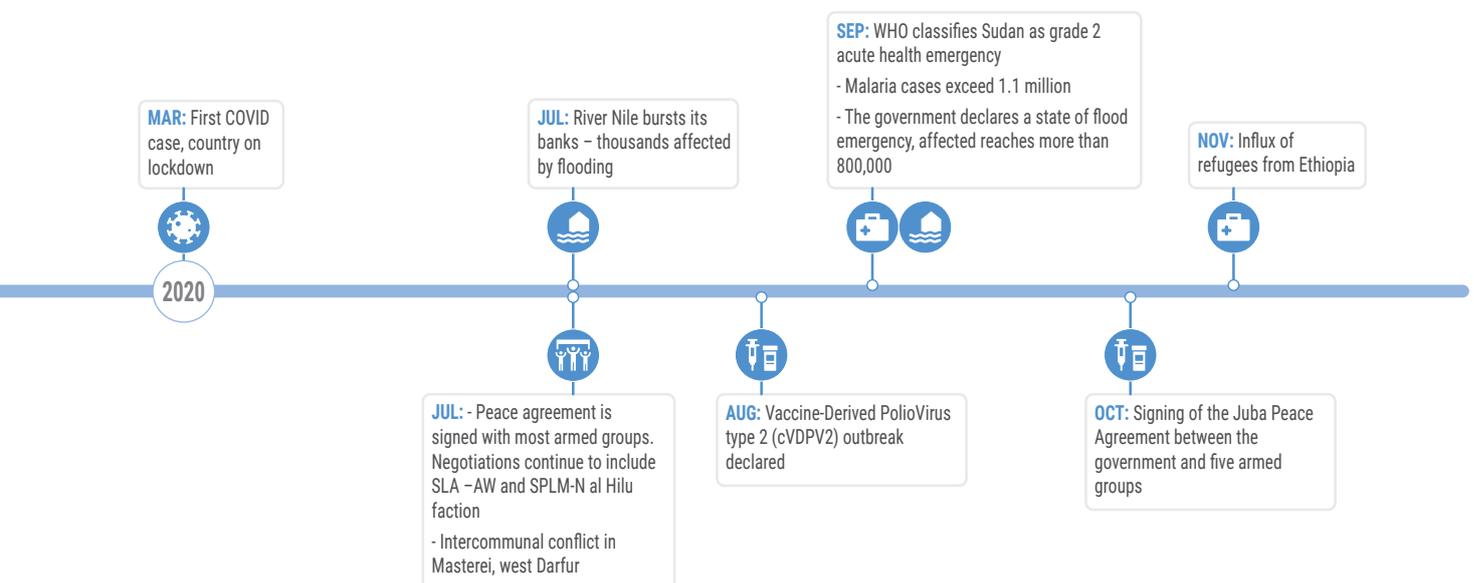
Since January 2018, the economy has been in a double crisis of recession and high inflation, with GDP declining by over 2 per cent in 2018 and 2019. In 2020, a further decline is expected by a further 8 per cent due to the impact of COVID-19, floods, desert locusts, and shortages of critical production inputs. While the COVID-19 containment measures managed to prevent countrywide spread of the pandemic, it negatively impacted the large informal service sector in urban areas and affecting daily workers - particularly women - who grapple with abject poverty.

Exchange rates 2010 to 2020



By November 2020, inflation has risen to over 254 per cent. This upward trend started in 2018, when inflation doubled to 60 per cent following doubling bread prices and an increase on imports. In 2021, inflation is expected to remain in triple digits, driven by persistent and large trade deficit-combined with reductions on foreign direct investment - and an unsustainable fiscal deficit. Between January 2018 and November 2020, the devaluation of the Sudanese Pound has declined a nine-fold with the rate on the parallel market, from 27 SDGs to the Dollar to 250 SDGs respectively. In 2020 inflation averaged 254 per cent nationally, with a rate at 276.8 per cent in rural areas and 225.4 per cent in urban areas.

The Sudanese economy is in a cycle of low savings, investment, wages, productivity, labour skills, high unemployment and poverty. The partial removal of subsidies increased the cost of basic services; transport costs increased by 585 per cent nationally, reflecting a 744 per cent increase in rural and 393 per cent in urban areas. Education costs only rose by 2.8 per cent, whilst the food component, which was highly impacted by transport costs, rose by 195 per cent. Further reductions in fuel subsidies will continue to feed inflation. The Government plans to compensate for the negative impact of subsidy



removal through the World Bank implemented Family Support Programme and expansion of cooperatives. Reduced smuggling of basic goods and gold exports can pave the way for the recovery of the Sudanese economy. The expected USD \$500 million reduction in remittances in 2020 due to loss of jobs in the Gulf will partly offset these gains.

The agreement reached between the civilian transitional Government and the United States for the removal of Sudan from the State Sponsor of Terrorism List in late October 2020 should open up direct banking relations between Sudan and the global financial system. The unification of the exchange rate planned by the Government as part of its monitored program with the IMF will only stabilize the exchange rate if Sudan gets access to foreign exchange reserves.

Localized conflict and protracted displacement

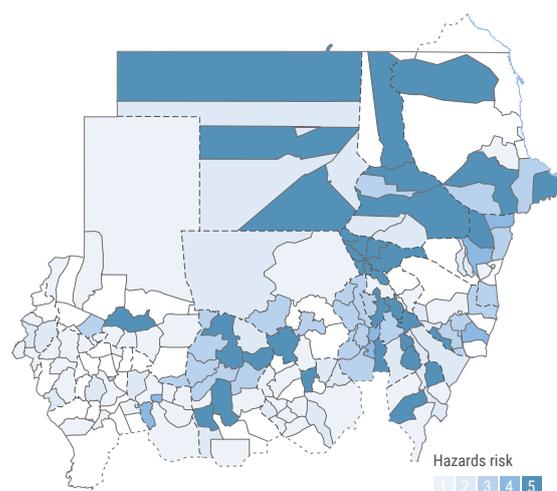
Protracted displacement remains high with limited sustained returns. In 2020, the estimate of the number of IDPs is 2.5 million. Close to 100,000 people have been displaced in 2020 due to inter-communal and armed conflict. However, most have since returned. Although the number of people displaced is still less than in the worst years of the conflict, 2020 has witnessed tensions in areas previously stable. The Protection sector and UNAMID identified 200 farming villages particularly vulnerable to attacks. Besides leading to displacements, the attacks usually result in crop destruction, killings, maiming and other abuses including sexual violence²⁰. The Juba Peace Agreement of 3 October sets a solid base for discussions while negotiations continue with the two main groups that are not part of the agreement - Darfur-based Sudan Liberation (Army-AW) faction and the Sudan People's Liberation Movement-North Aihilu (SPLM-N). While the agreement and negotiations are a positive step forward, it is likely going to take time to fully address the root causes and long-standing

grievances and competition for resources between communities. As a result, some clashes and tensions are likely to continue in 2021.

Natural hazards

Heavy flooding occur seasonally in Sudan, peaking from July to September. In 2020, close to 900,000 people were affected in all 18 states against a five-year average of 203,000 (2015 to 2019) - an increase of over 105% from the people affected in 2019 (430,000). The most flood prone states include Kassala, Gedaref, and Sennar in the East; Blue Nile and White Nile; Khartoum; North, Central, West and South Darfur; and South and West Kordofan. Impacts of climate change and poor drainage and infrastructure are likely not to change in 2021, factors attributed to the increase of people affected, thus the risk of flooding will remain.

Flood risk



Source: hazards data - HAC flood trends

Disease outbreaks

Sudan remains prone to several communicable diseases, including measles, cholera, chikungunya and dengue. In 2020, Sudan faced outbreaks of viral haemorrhagic fevers (VHF)²¹, malaria,

²⁰ In West Darfur, following inter-communal fighting in late December 2019, some 46,000 people were displaced around El Geneina; by June, some 4,000 remained displaced. Between May and July, several inter-communal clashes took place which displaced 17,599 people in Beida, Jebel Moon, and Geneina localities [IOM]. Over 2,400 houses were burned or severely damaged [Protection Cluster]. In South Darfur, some 23,000 people were displaced in 2020 including close to 13,000 people in Kass locality due to inter-communal conflict between the Meseria and Fur tribes [IOM]. Displacement also took place in areas of North and Central Darfur, displacing approximately 7,500 people.

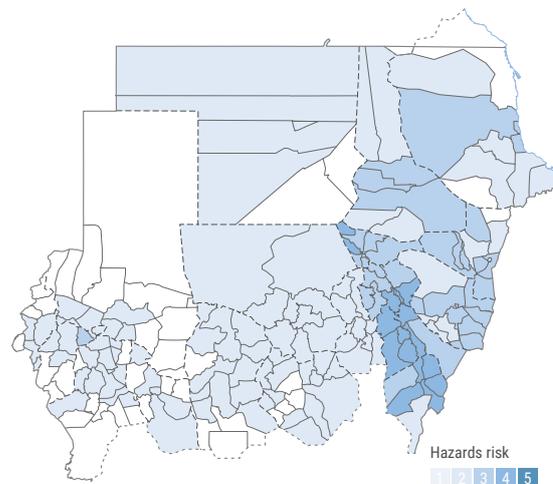
²¹ Epidemic and pandemic-prone diseases, Current outbreaks in the WHO Eastern Mediterranean Region, October 2020, <http://www.emro.who.int/pandemic-epidemic-diseases/outbreaks/index.html>.

vaccine derived polio-virus and chikungunya. This is mainly attributed to low access to safe drinking water and sanitation; poor environmental sanitation; and low vaccination coverage. It is also exacerbated by weak health and WASH infrastructures. The underlying factors will take time to address and are likely not to improve drastically in 2021. The risk of disease outbreaks therefore remains high in 2021. This is compounded by the impact of COVID-19 on the health system, which has weakened the response capacity. The surveillance system- which covers less than 40 per cent of health facilities - has been spread thin to cope with reporting on COVID-19 suspected cases. Disruptions in services have been reported across the country due to closure of private health facilities, as part of COVID-19 containment measures. Routine services in hospitals and other health facilities have been affected due to sporadic closures after confirmation of COVID-19 case in the facilities. Routine vaccination (Penta3) fell by 13 per cent from May 2019 to May 2020, and MCV1 fell by 9 per cent²².

COVID-19: COVID-19 has put additional pressure on factors that drive vulnerability and risk. UNCT analysis estimates that export earning losses could be around \$700 million (or 17.5 per cent), primarily from oil and livestock. At the same time prices for oil imports (and subsidies) were expected to fall with lower global oil prices and less demand,

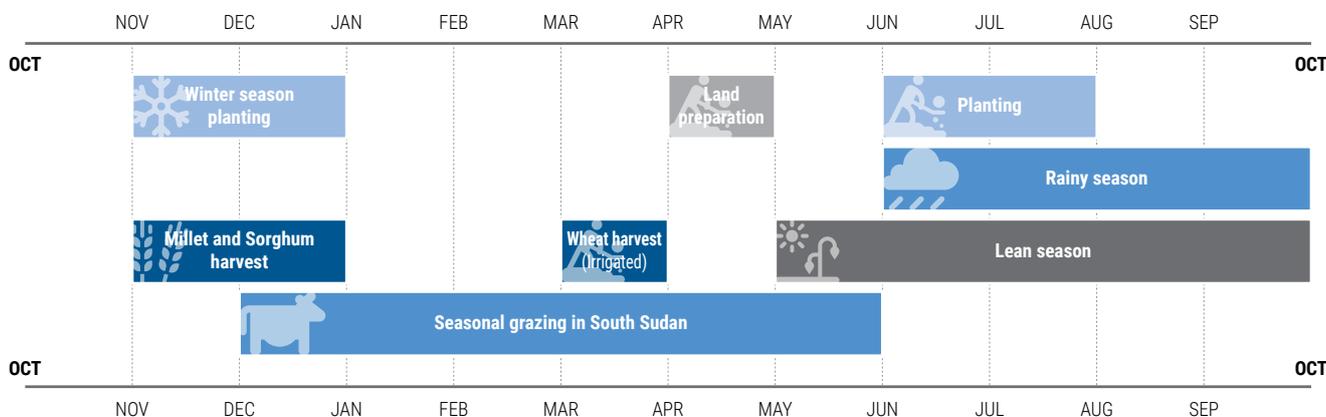
potentially saving \$1 billion²³. Levels of food imports are expected to remain below average as a result of the growing shortage of foreign exchange and COVID-19 measures. Foreign exchange shortages, together with increasing dependence on imports for food, agricultural inputs, and medical supplies, among other items, are putting even more pressure on Sudan’s foreign exchange demands²⁴ and in turn, the ability to deliver on basic social services, weakening the ability of the population to respond to shocks.

Disease outbreaks risk



Source: hazards data - WHO disease outbreaks analysis

Seasonal calendar



22 By end of May 2020, over 229,000 children missed their Penta3 and 262,000 missed their measles vaccination [“Impact of Covid-19 on immunization”]. Over 200 cases of measles have been reported in Kassala. [“Impact of Covid-19 on continuity of health services”].
 23 UNCT socioeconomic impact, October 2020.
 24 FEWSNET, November 2020 , <https://fewsn.net/east-africa/sudan>.

Food Insecurity

The unprecedented floods of 2020 had a negative effect on agriculture, an estimated 7.1 million people face crisis or worse levels of food insecurity (IPC phase 3 and above), a 22 per cent increase from last year. Some localities affected by floods shifted to higher levels of food insecurity compared to June 2020 projections. The rains also brought about favourable farming conditions for some areas and the impact of this on food security is yet to be seen. Inflation continues to drive increases in prices in essential imported commodities making them out of the reach of vulnerable populations. The desert locust risk remains high. The ecological conditions are remained favourable in the eastern part of the country particularly in the Red Sea state as well as along the Nile valley. This poses a risk for desert locusts developing and spreading in Sudan and negatively impacting the food security of vulnerable populations.

Scenarios

Despite the efforts made by the transitional Government to advance Sudan's economy, stability and peace, humanitarian needs continue to grow. The severe economic crisis that started in 2017, following the substantial reduction in wheat subsidies and oil exports, continues. Should the Government decide to completely lift subsidies on fuel and wheat, there is a high likelihood of an even sharper increase in food insecurity. People's coping capacities have declined, and large parts of the population are facing food insecurity and nutrition crisis, particularly vulnerable groups such as IDPs and refugees. The planned UNAMID's withdrawal is likely to create additional protection concerns in Darfur.

Existing vulnerabilities of refugees are increased due to the deteriorating economic situation and protracted displacement. Sudan also hosts over one million refugees including 814,000 from South Sudan. Refugees continue to arrive in Sudan with a projected 40,500 arrivals in 2021 excluding the influx of refugees from the Tigray region of Ethiopia. Depending on the security situation in

the neighbouring countries, this situation is likely to remain unchanged and humanitarian needs are expected to persist.

Within this context, there is an urgent need for more durable solutions that support greater self-reliance and enhanced protection of IDPs, returnees and refugees, which also benefits host communities. Longer-term solutions are needed to strengthen the resilience of refugees and their host communities, and to support refugees' self-reliance, especially for those who are living in out-of-camp settlements. While the Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan (R-ARCSS) was signed in September 2018, no organized returns are planned for 2021 as the conditions for safe and dignified return have not yet been met in South Sudan.

Efforts to support the current humanitarian situation remain necessary as Sudan pursues the path to peace. With the signing of the Peace Agreement on 3 October, there is a renewed optimism for the path to development. Negotiations are ongoing with the two groups that did not sign the peace agreement - Darfur-based Sudan Liberation Army (SLA-AW) faction and the Sudan People's Liberation Movement-North AlHilu (SPLM-N).

The political transformation brings a window of opportunity. Gaining access to debt relief and International Financial Institutions' (IFI) financing is key in ensuring that the opportunity is not missed, however, that will take time. Underlying drivers of need remain and are likely to persist in 2021. Economic reform efforts remain at risk, as donor support is not yet at the level to mitigate the full range of painful impacts of the drivers of need on the population. The current economic situation is likely to limit improvements to health systems, with significant disease outbreaks likely to continue. The lack of development funding will also have a negative effect in addressing protracted needs for displaced populations as this requires significant investment in durable solutions, services and infrastructure.

DRIVERS OF NEED	CURRENT (2020)	MOST LIKELY	TREND (2018 - 2020)	PROJECTED 2021 TREND
Economy	<ul style="list-style-type: none"> Since January 2018, double crisis of recession and high inflation GDP declined by over 2 per cent in 2018 and 2019. In 2020, an expected decline of 8 per cent due to the impact of COVID-19, floods, desert locusts, and shortages of critical production inputs Inflation at 225% (Oct 2020). 	<ul style="list-style-type: none"> Removal of Sudan from the US State Sponsor of Terrorism List in late October 2020 and unification of the exchange rate paves the way for Sudan to access foreign exchange reserves. However, immediate impact on the economy not likely. 	Inflation rate 	↑
Food insecure	<ul style="list-style-type: none"> IPC projection October – December 2020: 7.1 million people (16% of the population) facing high levels of acute food insecurity (IPC Phase 3 or above) 	<ul style="list-style-type: none"> Continued increase acute food insecurity (IPC Phase 3 or above) likely as the economy declines 	Food insecure population 	↑
Flood affected	Close to 900,000 people affected in all 18 states, reaching water levels not seen for nearly a century. Significant damage to infrastructure <ul style="list-style-type: none"> 100,000 houses destroyed, damage to 37,000 houses, 559 schools and over 1,800 water resources. 2.2 million hectares of agriculture land flooded loss of 108,000 head of livestock 	<ul style="list-style-type: none"> Impact not at the level of the 2020 floods (1 in 100-year flood), however, scale and magnitude of people affected likely to be in-line with the three years average of people affected ~ 517,000 people. 	Flood affected population 	↓
Conflicts	<ul style="list-style-type: none"> Close to 100,000 people displaced as a result of inter-communal conflict (most of them returned to their places of residence) More than 2.5 million people remain internally displaced. Over 1 million refugees hosted by the Government of Sudan A new influx of refugees from Ethiopia (currently 40,000 as at 23 November) 	<ul style="list-style-type: none"> Inter-communal conflict is likely to increase. In 2020 there were tensions in areas that were previously stable - trend set to continue. Tensions remain high with clashes over land and livestock. Protracted displacement likely to remain high but steady, with limited returns A projection of 100,000 refugees expected from Ethiopia 	IDPs Returnees Refugees 	↑
Disease Outbreaks	Multiple disease outbreaks, including, dengue fever, chikungunya, malaria and COVID-19. <ul style="list-style-type: none"> 16,052 cases and 1,116 deaths of COVID-19 (as of 16 November, 7.6% CFR) 103 cases of chikungunya (20 Nov) 67 cases of dengue (20 Nov) 1.7 million malaria cases - epidemic threshold passed in 15 states 2,888 cases and 64 deaths of Viral Hemorrhagic Fever (VHF), (25 October) First vaccine derived polio-virus outbreak in the last decade – 39 cases across 13 states reported (Nov 2020) 	<ul style="list-style-type: none"> Overall situation likely to remain unchanged. The health infrastructure is likely to continue feeling the strain from responding to COVID-19, impacting on the ability to respond to other diseases. An increase in COVID-19 numbers likely given the expected reopening and restoration of normal life. Children under five (close to 10 million) receive polio vaccines 	Malaria Chikungunya Dengue 	↔

2.2 Monitoring of Situation and Needs

Humanitarian partners, through the different coordination mechanisms, will closely monitor the humanitarian situation and evolution of needs, to ensure an effective proactive response that evolves with changing needs. Learning from 2020, partners will continue to review and improve on existing data collection systems and processes and seek better integration and subsequent triggers for multi-sectoral action. Sectors have identified a set of indicators that will be monitored on a regular basis (see annex). A summary of the inter-sectoral indicators, data and processes that will be used to monitor the situation in 2021 are listed below:

- A nationwide humanitarian needs assessment will be conducted, building on the 2020 MSNA to help with monitoring the situation and also setting a base for the 2020 HNO.
- Humanitarian partners will continue undertaking multi-sectoral humanitarian needs assessments particularly in area that have not been assessed for long periods of time.
- The IOM's displacement tracking matrix will continue to monitor population movements producing reports every three months.
- Food Security and Livelihoods needs will continue to be regularly monitored through WFP's Comprehensive Food Security Assessment (CFSA) and the Food Security Monitoring System (FSMS).
- Refugee needs will be monitored and assessed by partners through the UNHCR coordinated Refugee Consultation Forum (RCF) and the Government's Commissioner of Refugees (COR). This includes the implementation of the Participatory Assessment, which gathers information on protection concerns of refugees and asylum-seekers in Sudan.
- Building on the work done in 2020, humanitarian partners will continue the work of establishing a coherent and more systematic method for country wide needs monitoring, including reviewing and identifying common indicators to monitor the situation through regular sectoral and inter-sectoral assessments.



Photo: UNAMID/Albert Gonzalez Farran

PiN by severity phase and location

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
Abyei PCA	Residents	151,288	56,733		94,555			168%
	IDPs							
	Refugees							
	Returnees							
Aj Jazirah	Residents	5,302,399	2,111,771	2,308,425	863,674			49% ▲
	IDPs							
	Refugees			5,925	12,604			5% ►
	Returnees							
Blue Nile	Residents	1,277,063	356,963	592,130	230,304	47,975		41% ▲
	IDPs				26,720	12,422	6,770	41% ▼
	Refugees				3,780			6% ►
	Returnees							
Central Darfur	Residents	1,700,275	479,667	306,417	234,855	219,569		28% ▲
	IDPs				306,500	139,890		24% ▲
	Refugees				1,576	6,534		298% ▲
	Returnees				5,000	17,404		87% ▼
East Darfur	Residents	1,157,587	205,780	416,094	44,603	224,891	37,204	78% ▲
	IDPs				120	121,648	14,158	77% ▲
	Refugees				14,409	26,797	37,502	27% ▼
	Returnees				14,640	19,965		0.06% ►
Gedaref	Residents	2,356,880	890,511	917,843	390,864	132,572		61% ▲
	IDPs							
	Refugees				25,740			14% ▲
	Returnees							
Kassala	Residents	2,735,558	995,668	1,073,406	244,208	311,336		22% ▲
	IDPs							
	Refugees				29,053		81,929	0% ►
	Returnees							
Khartoum	Residents	8,818,353	3,959,618	3,262,852	1,274,549			135% ▲
	IDPs							
	Refugees				12,720	83,167	225,446	21% ▼
	Returnees							
North Darfur	Residents	2,761,440	99,582	1,221,898	466,703	413,365		80% ▲
	IDPs				25,401	279,823	182,642	15% ▲
	Refugees				1,170	20,772		1% ►
	Returnees				868	35,666	14,746	5% ►
North Kordofan	Residents	2,133,919	967,776	683,871	254,926	219,754		32% ▲
	IDPs							
	Refugees				7,592			11% ▼
	Returnees							
Northern	Residents	970,365	509,445	351,100	109,315			11% ▲
	IDPs							
	Refugees				1,201			6% ►
	Returnees							
Red Sea	Residents	1,517,728	331,932	640,301	266,534	156,796	114,785	62% ▲
	IDPs							
	Refugees				7,377	3		7% ►
	Returnees							
River Nile	Residents	1,633,088	952,064	512,193	165,901			1% ►
	IDPs							
	Refugees				3,936			6% ►
	Returnees							
Sennar	Residents	2,027,302	1,003,450	693,910	171,388	150,476		87% ▲
	IDPs							
	Refugees				10,522			5% ►
	Returnees							

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
South Darfur	Residents	3,784,562	407,229	1,466,973	404,640	515,057	139,171	66% ▲
	IDPs				15,441	775,049		50% ▲
	Refugees				14,935	38,421	29,041	77% ▲
	Returnees					31,598		78% ▲
South Kordofan	Residents	1,941,027	349,891	854,367	368,963	103,745		67% ▲
	IDPs				117,644	100,991		30% ▲
	Refugees				4,878	34,026		6% ►
	Returnees				6,873			42% ▼
West Darfur	Residents	1,838,849	860,767	383,597	76,425	187,056		24% ▲
	IDPs				57,416	248,536		73% ▲
	Refugees				478			11% ▲
	Returnees				510	23,509	625	72% ▲
West Kordofan	Residents	1,812,772	787,259	566,098	187,667	135,318		7% ►
	IDPs				39,920	31,366		389% ▲
	Refugees				39,043	24,973	407	7% ►
	Returnees				173	1,378		
White Nile	Residents	3,259,977	1,000,109	1,156,243	691,397	148,719		90% ▲
	IDPs							
	Refugees						263,509	3% ►
	Returnees							
Sub-total		46.4M	16.3M	17.4M	6.1M	6.7M	611K	
Total PIN			13.4M					34% ▲

ZAM ZAM IDP CAMP, EL-FASHER, DARFUR, SUDAN

During a household visit, Nafisa Ali Abdullah, Health Awareness Counsellor, shows Zainab Ahmed Khamiz how to feed Plumpy Nut to Maria, her 11 months old daughter, who suffers from malnutrition. Photo: © UNICEF/Shehzad Noorani



Part 3

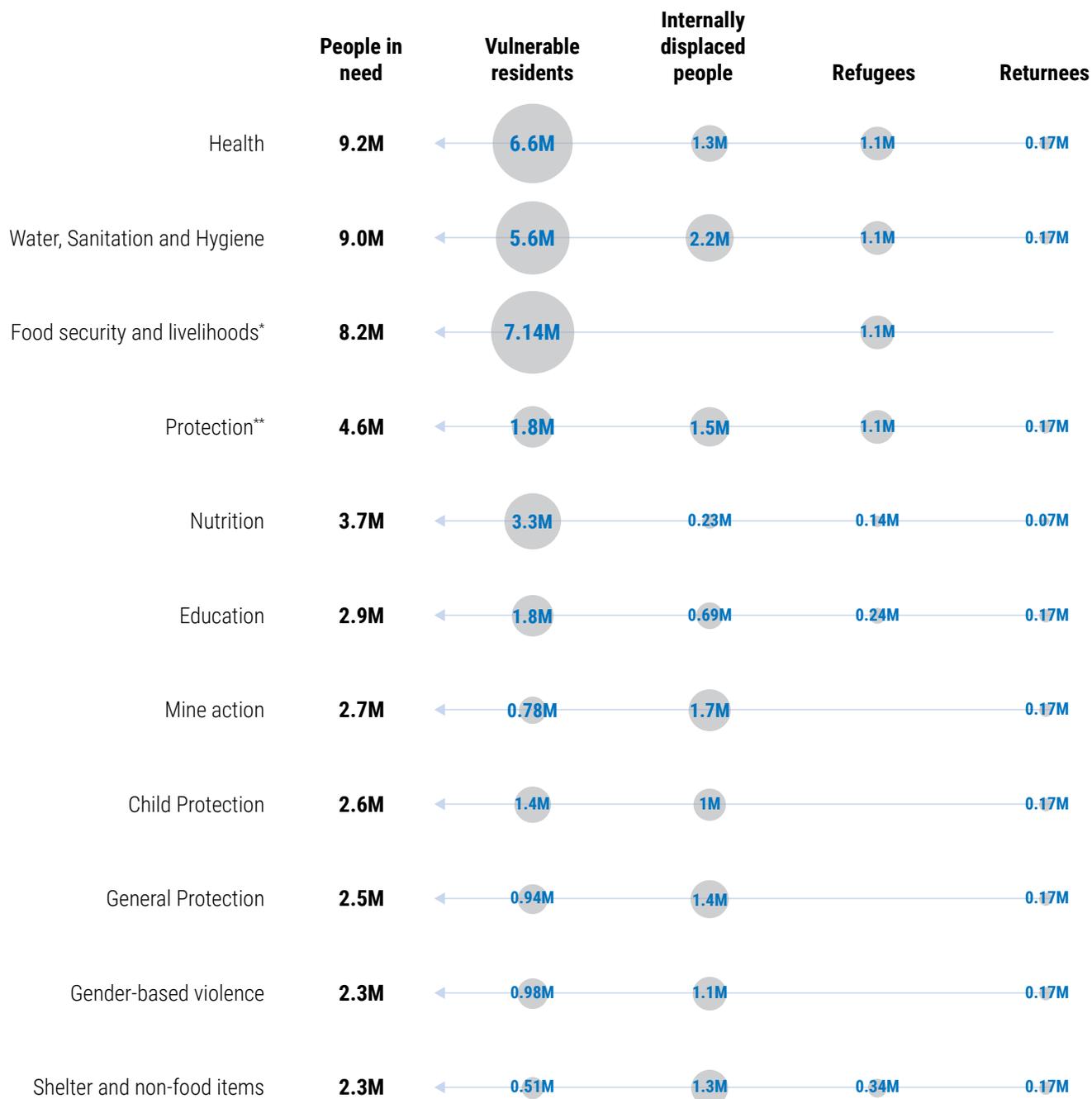
Sectoral Analysis

ZAINAB HAS COME TO THE HEALTH CENTRE TO SEEK ADVICE AND TREATMENT FOR MARIA.

Zainab lost two children during childbirth due to miscarriage, one child died when only 11 months old because of infection and fever. She now has two children, Maria, 11 months old, who suffering from malnutrition, and another son, 5 years old, who stays with his grandmother. UNICEF/Shehzad Noorani



Population groups by sector



* The breakdown of the population groups for food security and livelihoods assistance is not available.

** For the 1.1M refugees in need of protection a breakdown by areas of responsibility is not available.

3.1 Education

PEOPLE IN NEED

2.9M

TREND (2015-2020)



SEVERITY OF NEEDS

14%
None/Minimal

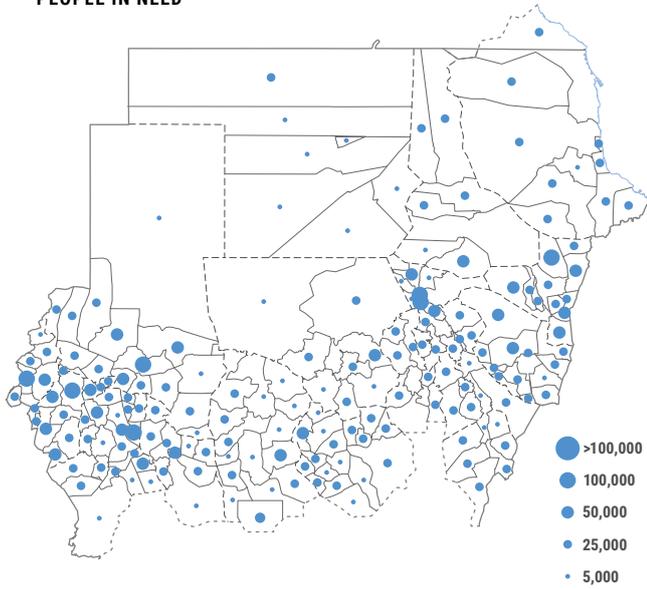
42%
Stress

30%
Severe

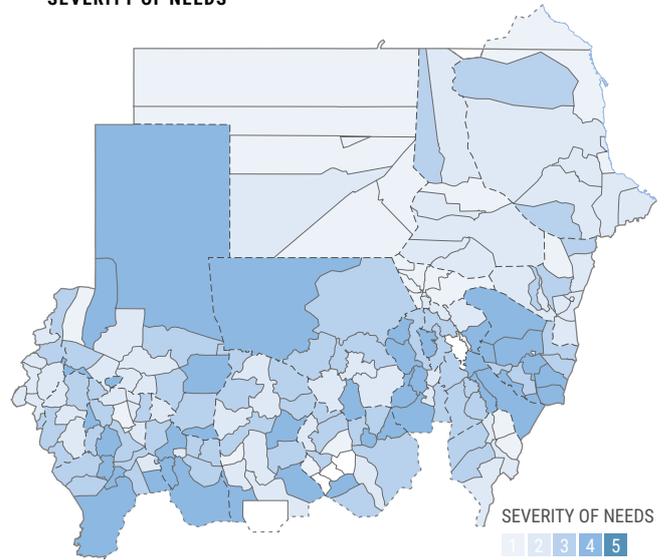
14%
Extreme



PEOPLE IN NEED



SEVERITY OF NEEDS



3.2. Food security and livelihoods

PEOPLE IN NEED

8.2M

TREND (2015-2020)



SEVERITY OF NEEDS

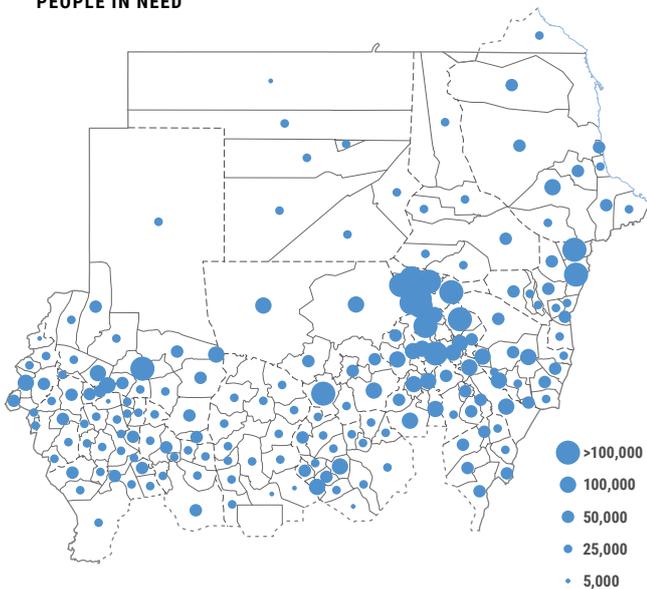
1.5%
None/Minimal

58.4%
Severe

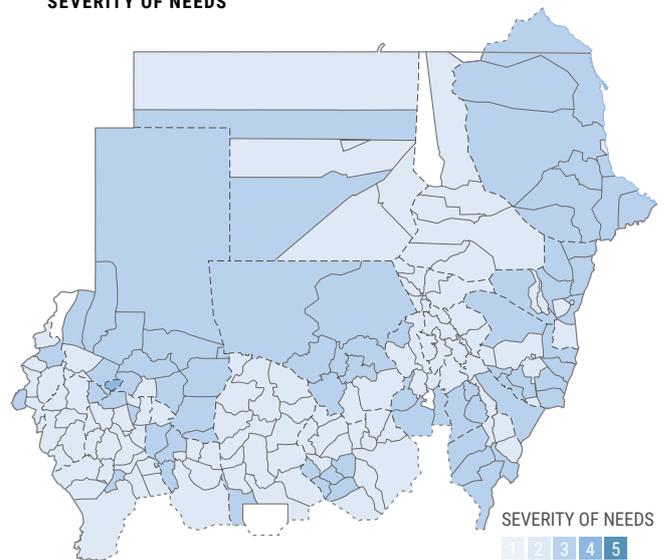
40.1%
Extreme



PEOPLE IN NEED



SEVERITY OF NEEDS



3.3 Health

PEOPLE IN NEED

9.2M

TREND (2015-2020)



SEVERITY OF NEEDS

0.3%
Stress

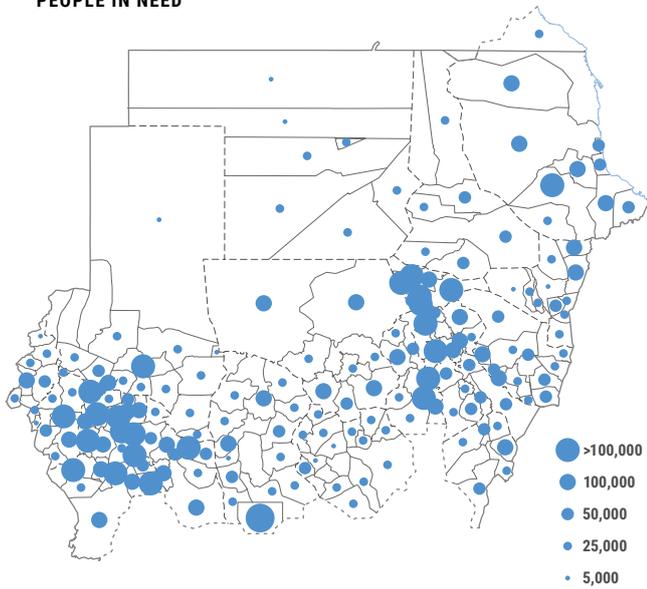
30%
Severe

59.9%
Extreme

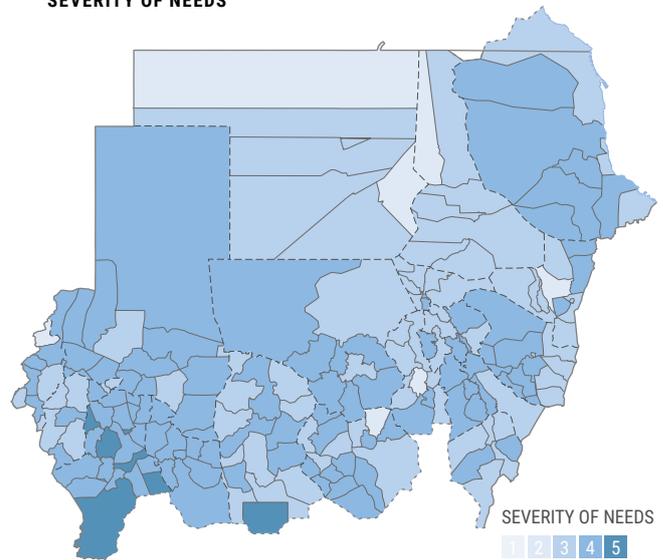
9.8%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 Nutrition

PEOPLE IN NEED

3.7M

TREND (2015-2020)



SEVERITY OF NEEDS

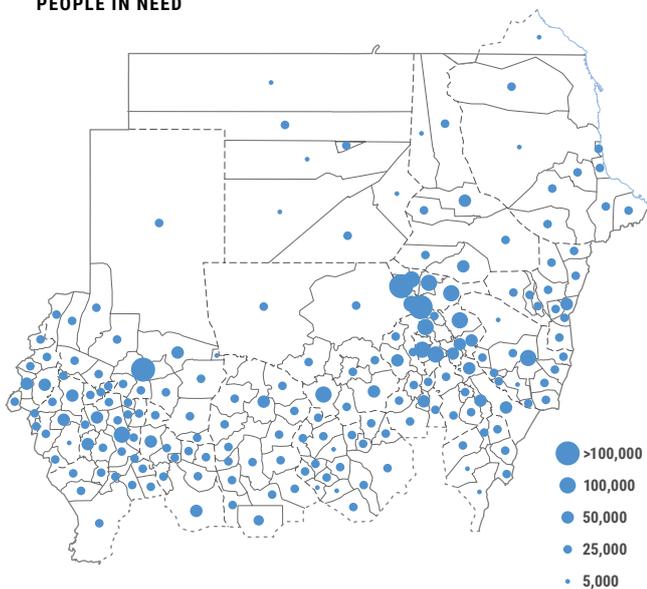
22.6%
Severe

73.4%
Extreme

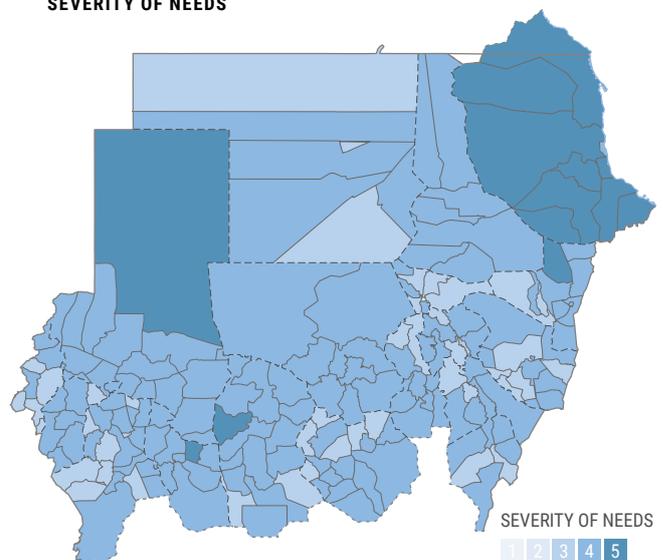
4%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 Protection

PEOPLE IN NEED

4.6M

TREND (2015-2020)



SEVERITY OF NEEDS

8.5%
Stress

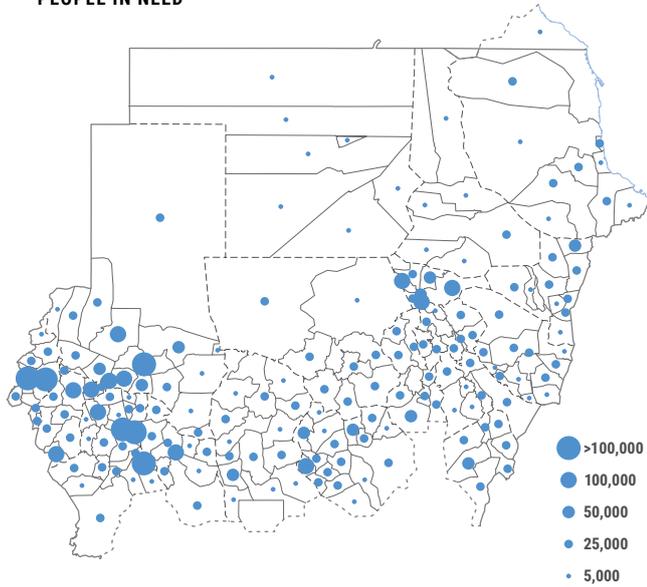
39.4%
Severe

46.7%
Extreme

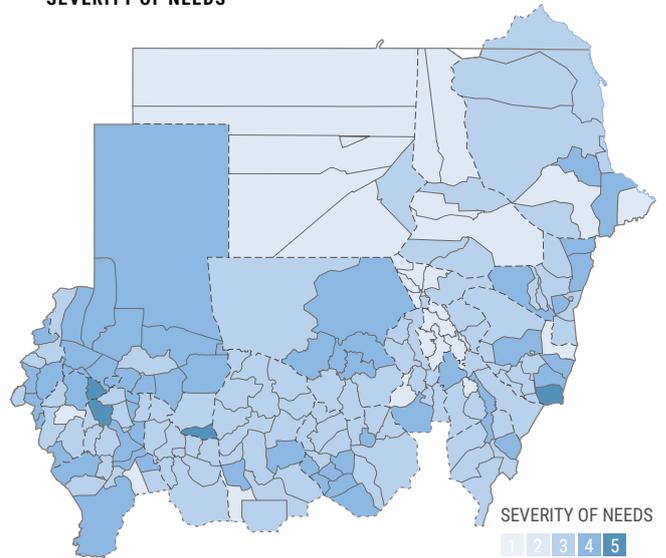
5.4%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 b Child Protection

PEOPLE IN NEED

2.6M

TREND (2015-2020)



SEVERITY OF NEEDS

32.1%
Stress

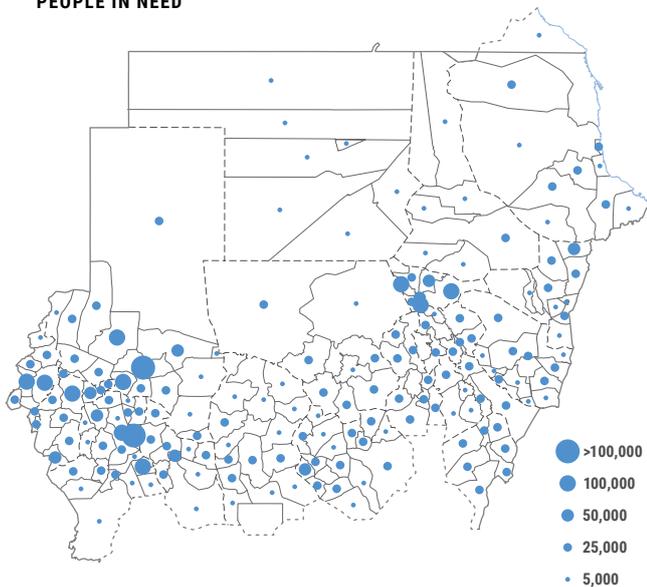
20.4%
Severe

47.2%
Extreme

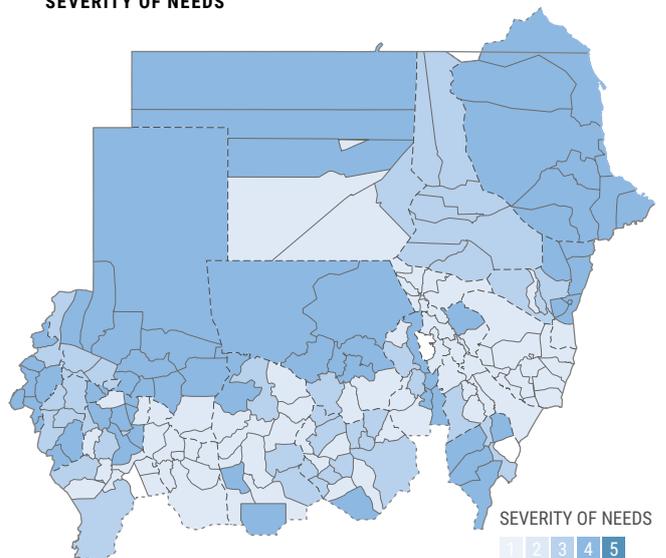
0.2%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 c Gender-based violence

PEOPLE IN NEED

2.3M

TREND (2015-2020)



SEVERITY OF NEEDS

1%
Stress

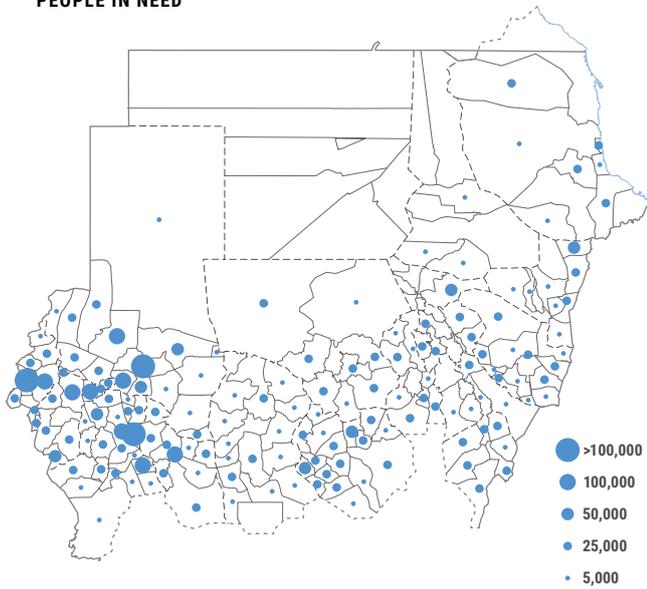
19.4%
Severe

56.2%
Extreme

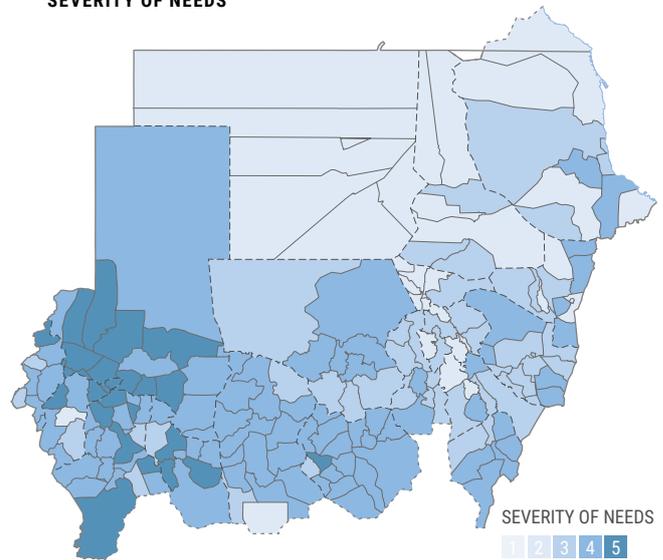
23.4%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 d General protection

PEOPLE IN NEED

2.5M

TREND (2015-2020)



SEVERITY OF NEEDS

17.5%
Stress

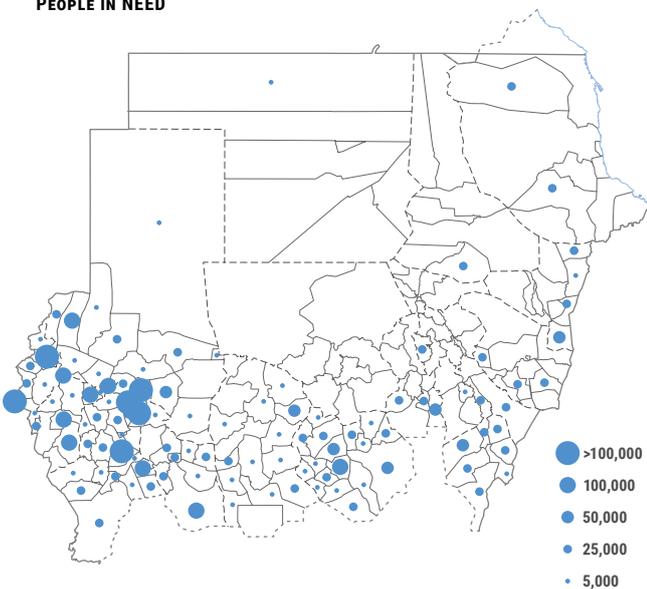
48.6%
Severe

25.1%
Extreme

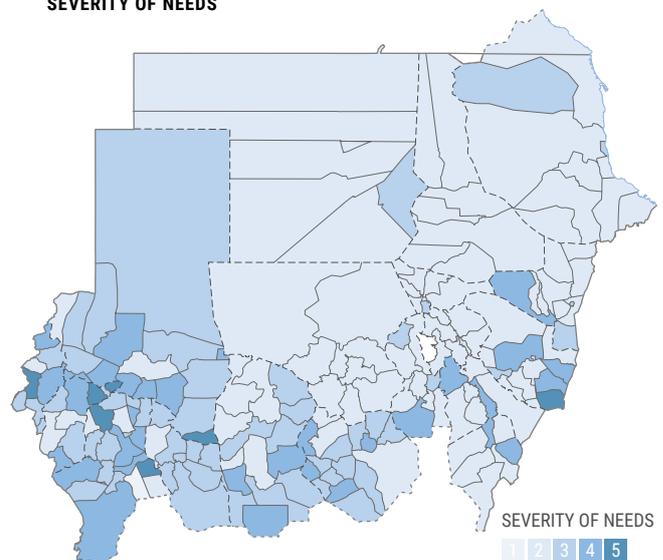
8.8%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 e Mine action

PEOPLE IN NEED

2.7M

TREND (2015-2020)



SEVERITY OF NEEDS

1.5%
Stress

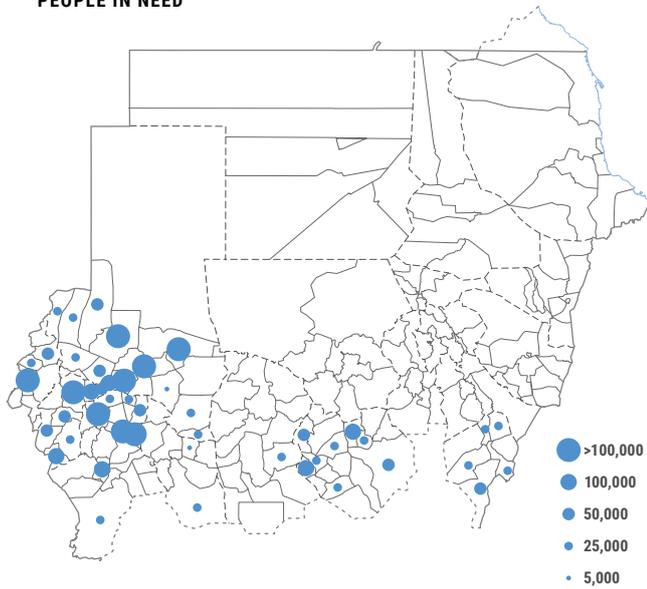
25.7%
Severe

22%
Extreme

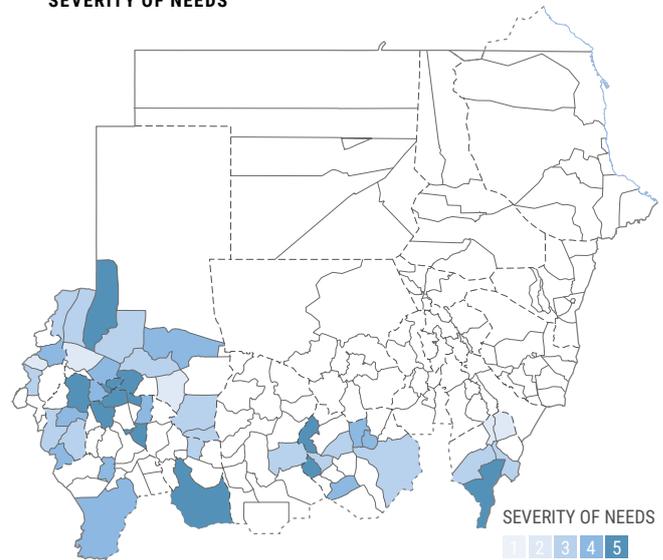
50.7%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.6 Shelter and non-food items

PEOPLE IN NEED

2.3M

TREND (2015-2020)



SEVERITY OF NEEDS

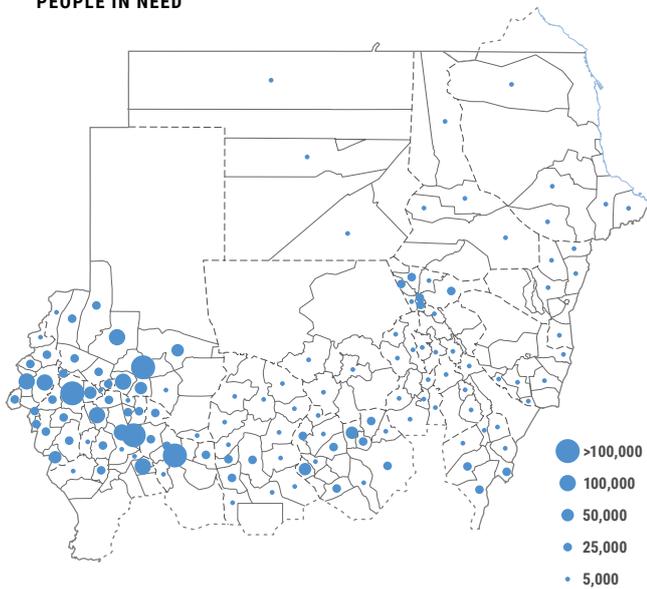
1.8%
Severe

31.9%
Extreme

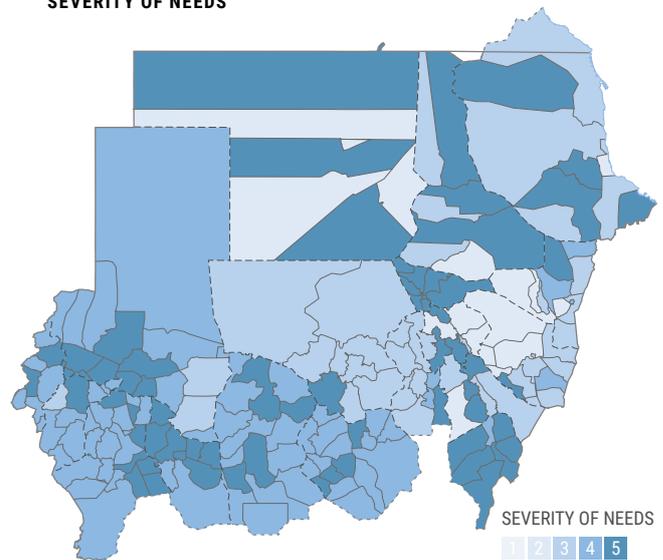
66.3%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.7 Water, sanitation and hygiene

PEOPLE IN NEED

9M

TREND (2015-2020)



SEVERITY OF NEEDS

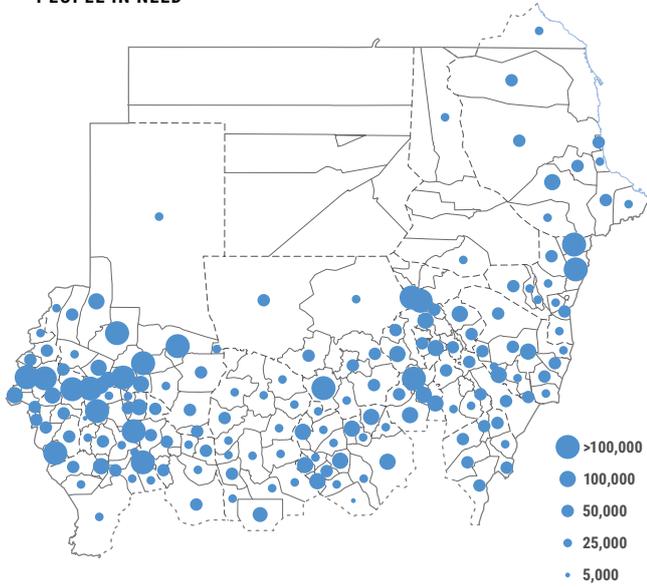
43.8%
Severe

42.3%
Extreme

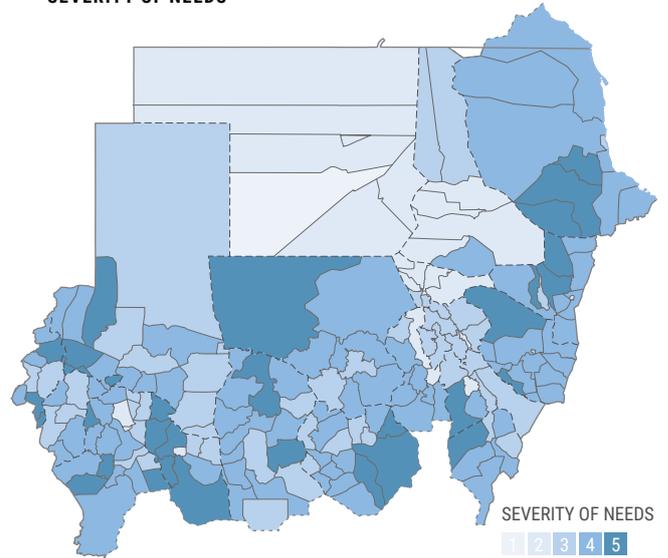
13.9%
Catastrophic



PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Education



PEOPLE IN NEED

2.9M

WOMEN

55%

CHILDREN

100%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

1.8M

INTERNALLY DISPLACED PEOPLE

687K

REFUGEES

245K

RETURNEES

173K

Analysis of Humanitarian Needs

More than 2.9 million of Sudan's most vulnerable children need life-sustaining humanitarian support to continue their formal education. By the end of 2018, an estimated 4.4 million school-aged children (6-16 years) were out of school, many of whom live in the most vulnerable or conflict-affected communities. In 2020, the education of 9.6 million children was affected by COVID-19 when all schools were closed in March and the scheduled reopening of schools in September was postponed to 2021.

While previously the academic calendar included a 'Group B' schedule running during the dry season when nomads remain in seasonal settlement areas, for the 2020-2021 academic year, Sudan is transitioning to a standard academic calendar starting in September during the rainy season, putting nomadic children at an even higher risk of dropping out of school. There were also challenges transitioning to a new academic calendar and curriculum for the 2020-2021 academic year, which was compounded by flooding damaging more than 570 schools and rendering unusable an additional 70 schools that were used to shelter displaced families.

In the first half of 2020, child protection risks were already on the rise, with a reported 24 per cent increase in early marriage (girls more affected than boys) and a 35 per cent increase in child labour (boys more affected than girls). Without adequate support, including remote and accelerated learning opportunities to mitigate against long periods of absence from school, many children may never return to formal education. In Sudan, a third of schools do not have latrines and fewer than half of schoolchildren have access to soap and water for hand washing at school.

Affected Population

The population groups most in need of humanitarian assistance to continue their education include IDPs, refugees and returnees, host community members facing severe food insecurity, nomadic populations, children with disabilities and, in some communities, girls.

More than 631,00 IDP children are currently out of school, with an additional 55,000 IDP children facing severe food insecurity. The five Darfur states in addition to South and West Kordofan are currently hosting the highest numbers of school aged IDP children. Many of these children have endured protracted conflict and continue to be

exposed to ongoing clashes. Conflict-affected children need psychosocial support, a protective learning environment and the normality of a school routine. However, due to large influx and frequent displacements in some localities, many of the learning spaces are extremely overcrowded or become dysfunctional. Children have reduced access to learning supplies, seating and latrines and the pupil to teacher ratio is often over a hundred to one.

Approximately seven out of ten primary school aged and nine out of ten secondary school aged refugee children are not receiving any formal education, with refugees from South Sudan particularly affected. About 70 per cent of refugees in Sudan are living outside of camps and do not have adequate access to life-sustaining goods and services. Refugees from Eritrea, Ethiopia and South Sudan face additional barriers to accessing education due to the language of instruction in Sudan differing from that of their country of origin, making it challenging for them to integrate into the Sudanese national education system. Additionally, families of refugee children are often unable to cover school fees and associated costs such as school uniforms. Many refugee children work outside the home to supplement the family's income.

There are currently 1.8 million non-displaced children in Sudan enrolled at school who are experiencing crisis, emergency or catastrophic levels of food insecurity. These children are at high risk of dropping out of school or having their educational attainment curtailed if they are not adequately supported through a full package of educational interventions, including school feeding. These risks are expected to be further exacerbated in 2021 due to long periods of school closure during 2020 as well as increased food insecurity due to Sudan's deepening economic crisis.

Nomadic and pastoral children in Sudan face significant challenges accessing education as they are unable to attend a static school during the

usual daytime hours of a conventional school year. Additionally, the high costs of schooling, limited educational facilities within a safe walking distance and the perception that education is not useful, particularly for girls, all present barriers to nomadic and pastoral children fulfilling their right to education. More than three quarters of nomadic children were out of school prior to school closures (compared to 27 per cent of children out of school across all population groups).

Although there is limited data available on children with disabilities in Sudan, it is estimated that 15 per cent of children have at least one disability, which translates to 2 million school-aged children (ages 6-16) living with disability. Children with disabilities are often out of school and require specialized support to access, and then remain, in education. For these children, school environments can offer an additional layer of protection and help them access specialized community support services.

Overall, there is a high degree of gender parity across Sudan in terms of access to education. However, in some specific states, most notably West Darfur and West Kordofan, girls' primary school enrolment is significantly lower than boys (22 and 20 per centage points lower in those two states respectively). The gender gap becomes even wider at secondary school level, and particularly so for rural areas where only 20 per cent of secondary school aged girls attend school.

Projection of Needs

Educational needs are projected to remain high throughout all of 2021, with a slight peak in September due to the annual floods which directly impact schools and schoolchildren at the beginning of the academic year. The projection assumes that schools will reopen in 2020. If the academic year is cancelled or the reopening of schools is further postponed the number of children in need of educational support will rise significantly. In this case, a robust strategy would be required to



facilitate remote learning, ensure children return to school when schools reopen, and offer accelerated learning at school to mitigate against learning losses caused by prolonged absence from school.

Monitoring

Quarterly reporting through the Who, What, Where, When and for Whom tool monitors the progress of the Education Sector and its partners to achieve the objectives defined in the response plan. The needs and response are also monitored using the Secondary Data Review (SDR), Multi-sectoral Needs Assessment (MSNA) and the Joint Education Needs Assessment (JENA).

The Education sector also monitors the humanitarian situation through several feedback mechanisms and post-distribution surveys. These enable children, parents and teachers to tell the sector if they are satisfied with the humanitarian education interventions and how they might be improved.

The monitoring of education activities is aligned with the Interagency Network for Education in Emergencies (INEE) Minimum Standards for Education. The sector tracks progress in terms of access to education, improvements in learning environments, education quality, and support to teachers and other education personnel.

NYALA, SOUTH DARFUR

Internally displaced child from Kalma camp.
Photo: © UNAMID/Albert Gonzalez Farran

3.2 Food Security and Livelihoods



PEOPLE IN NEED

8.2M

WOMEN

51%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

INTERNALLY DISPLACED PEOPLE

REFUGEES

RETURNEES

1.1M

Analysis of Humanitarian Needs

Food insecurity remains alarmingly high in Sudan with increased and protracted displacement, economic decline and inflation, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic and the high inflation rates. The lock-down measures to prevent the spread of COVID-19 significantly decreased commodity movement, market function and cross-border trade, and compromised livelihoods and daily labour opportunities, reducing household purchasing power and food access of the vulnerable population.

An estimated 7.1 million people face crisis or worse levels of food insecurity (IPC Phase 3 and above) and need urgent action to save lives. This represents a 22 per cent increase from 5.8 million compared to the same period last year (IPC analysis 2019). Nearly 1.3 million of the 7.1 million food insecure people are facing emergency levels of acute food insecurity (IPC Phase 4) and around 6 million people are facing crisis levels of acute food insecurity (IPC Phase 3). An additional 17 million people are estimated to be under stress (IPC Phase 2), and any additional shocks like floods, inflation and poverty can push them to severe levels of hunger.

Some localities in areas affected by flooding have

shifted to higher levels of food insecurity compared to the June 2020 projection; five localities shifted from minimal IPC phase 1 to phase 2, while 10 localities shifted from stress (IPC Phase 2) to crisis levels of food insecurity (IPC Phase 3). A few localities reported that 5-10 per cent of the affected population has shifted to emergency levels of food insecurity (IPC phase 4).

Destruction of homes and displacement led to further disruption of food security systems and access to markets for vulnerable population. The floods are further deepening already existing vulnerabilities due to disease outbreaks such as COVID-19, conflicts, inflation and poverty.

Affected Population

Based on various food security assessments, the most vulnerable groups are IDPs, returnees, refugees and host communities.

The highest severity of acute food insecurity is recorded in the 61 localities classified as IPC phase 3 in North Darfur, South Darfur, West Darfur, Central Darfur, East Darfur, Kassala, Red Sea, Blue Nile, White Nile, North Kordofan, South Kordofan, Gedaref, Northern. There is one locality under phase 4, North Jebel Marra in Central Darfur.

In order to identify the basic needs of the most vulnerable groups, the FSL sector considered a group of indicators that cover a range of food security standards. A severity scale from one to five is applied to each indicator in order to better respond to needs of the population. The indicators are: Integrated Phase Classification (IPC); Household Dietary Diversity Score (HDDS), measuring qualitatively households' access to a variety of foods; and Food Expenditure Share which focuses on households' food expenditure.

According to WFP (Food Security Monitoring Survey for Q1, 2020), 44 per cent of refugee households in Sudan are food insecure. The level of food insecurity is particularly high among refugee households in Darfur, where 58 per cent are food insecure compared to 37 per cent in Southern and Eastern Sudan. Female-headed households are more prone to food insecurity. Furthermore, 11 per cent of refugee households have poor food consumption. Those living in camps and large out-of-camp settlements remain largely dependent on monthly food distributions. Movement restrictions due to COVID-19 further reduced the capacity for self-reliance by preventing refugees from moving to areas in Sudan with better work opportunities.

Projection of Needs

Food security needs will remain at similar levels in 2021 as in 2020, with a likelihood of worsening of the situation as the underlying causes remain unresolved. The key factors that will affect future needs are the continued spread of COVID-19 coupled with the economic decline, natural shocks and civil unrest.

Monitoring

The Food Security and Livelihoods sector is committed to improve data collection and providing robust analysis of the humanitarian situation. Indicators will be established to measure progress, inform decision making and ensure timely adjustments to humanitarian operations. The data collection and analysis will integrate gender, disability, age and protection.

Food Security and Livelihoods sector provides a 4Ws/3Ws matrix which gives an understanding of partner presence and operational response and contributes to programme planning to avoid duplication and complementarity. Also, the sector produces Periodic Monitoring Report/ Gap Analysis, interactive dashboard and bulletins to examine whether progress is being made in reaching strategic and sector objectives based on the achievements of the sector's partners.



Photo: UNAMID/Albert Gonzalez Farran

3.3 Health



PEOPLE IN NEED

9.2M

WOMEN

72%

CHILDREN

25%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

6.6M

INTERNALLY DISPLACED PEOPLE

1.3M

REFUGEES

1.1M

RETURNEES

173K

Analysis of Humanitarian Needs

Sudan's humanitarian crises impacted the already fragile health systems' capacity to provide basic health services. The health system struggles to handle the multiple emergencies affecting the country. Health needs are exacerbated by the deteriorating economy, conflict, civil unrest, floods, and disease outbreaks. In September, WHO classified Sudan as grade 2 acute health emergency.

Patients pay 70 per cent of their medical costs²⁵ and in 2020, these costs increased by 90 per cent²⁶. At the same time, the availability of emergency medicines declined steadily. As of September, only about half the medicines required were available²⁷.

The first case of COVID-19 was in March 2020. By mid-September 13,535 cases had been reported with 836 fatalities. The case fatality ratio (CFR) reached 6.1 per cent - one of the highest in the region. The highest CFRs were reported from Central Darfur (50 per cent), North Darfur (32 per cent), and East Darfur (24 per cent). A lack of designated facilities, health staff and equipment contributed to the high fatality rate. There is a shortage of ventilators (there are only 160 and most of them are in Khartoum) and specialized staff for intensive care management. No ventilators are available in North Darfur. There are only two

ventilators in each of the following states: River Nile, Blue Nile, West Darfur, West Kordofan, and South Kordofan.

The lack of a full-strength health cadre not only affects access to basic services but also hinders the scale up of the COVID-19 response. According to figures by the federal and state ministries of health, there are 5,457 doctors (one doctor for every 8,200 people), 12,601 nurses, and 17,343 midwives in the country. WHO's health workforce requirements for universal health coverage is 4.45 health workers per one thousand people. Sudan has 0.81. The state with the lowest ratios of medical professionals are in White Nile, West Kordofan, East Darfur, Northern, and Central Darfur.

The DPT3 vaccine coverage plummeted in 2020 to reach 63 per cent and the coverage of measles vaccination was 71 per cent. The decline is due to the deteriorating economy's impact on vaccination programs as well as COVID-19 contingency measures such as restriction of movement, and reallocation of the healthcare workers to the COVID-19 response.

In August 2020, the Federal Ministry of Health (FMOH) declared an outbreak of vaccine-derived PolioVirus type 2 (cVDPV2) after positive samples

were collected from patients with Acute Flaccid Paralysis (AFP), the environment, and from asymptomatic children. By mid-September, 23 cases of cVDPV2 were confirmed from AFP patients across 10 of Sudan's 18 states indicating a wide spread of the virus.

By the end of week 34 of the 2020 epidemiological year, 900,000 malaria cases had been reported. This accounted for 13.3 per cent of all patients' visits to health facilities. Despite the increased use of sentinel surveillance sites - an additional 128 reporting health facilities were setup (up from 1,659 at the beginning of 2019 to 1,787 in 2020) - the facility-based disease surveillance system only covers around 30 per cent of health facilities with significant disproportionality between urban and rural coverage.

Affected Population

The impact of a fragile health system and multiple emergencies has affected the majority of Sudanese; specific groups were affected disproportionately due to inherent vulnerable status, the impact of economic crisis, and lack of availability of essential services in their geographical residence. Women and girls living in remote areas have little or no access to reproductive health services, adequate antenatal care, or emergency obstetric care – leading to unwanted pregnancies and potential for serious health consequences in cases of complicated deliveries.

Across Sudan, around seven million women of reproductive age lack access to basic emergency obstetric and new-born care services (BEmONC) and comprehensive emergency obstetric and new-born care services (CEmONC). Around 70 per cent of babies are delivered at home with suboptimal BEmONC and CEmONC service coverage and there is a weak referral system. Despite having 127 health facilities across Sudan, only 15 facilities are dedicated for basic services (BEmONC). Out of the 23 CEmONC

facilities in Khartoum only 30 per cent were fully operational during the second half of 2020. Clinical management and psychological support to gender-based violence survivors, including clinical management of rape, is still burdened by lack of services and a weak referral system, stigma, lack of awareness, and lack of qualified staff both at the facility and community level.

Children under five are exposed to vaccine-preventable diseases due to reduced coverage of immunization program and a high prevalence of malnutrition. Based on 2020 vaccination coverage, around two million children under five might miss one or more of their vaccinations during 2021.

Elderly people are the most affected by complications from COVID-19 and are more likely to die due to the high prevalence of non-communicable diseases, lack of free medicines, and the reduced access to specialized health care. It is estimated that 1.8 million people above the age of 60 are among the most vulnerable and in need of access to regular health services.

Of Sudan's 2.5 million IDPs, an estimated 765,000 live in areas with a severe lack of health services and need lifesaving and life-sustaining support, with Darfur states having the highest burden. Those who live in IDP and refugee camps, including undocumented, are specifically in need of support due to their complete dependency on humanitarian aid and the lack of service coverage by health institutions.

Refugees often live in remote areas with limited health infrastructure that are understaffed and have a shortage of medical supplies. While refugees in camps have better access to health services, 70 per cent of refugees are living out of camps and do not have consistent access to primary health care. When accessing public health services refugees struggle to pay the out of pocket fees in a situation compounded by economic contraction and limited income opportunities.

The 2020 rainy season and associated floods - the worst in Sudan in a century - put further pressure on the fragile health system. Over two million people will be affected by vector-borne diseases and around five million people will be at risk of water-borne diseases. Data is lacking on the prevalence of disability in Sudan; an estimated 15 per cent of the total population have some type of disability. Their condition is exacerbated by the deteriorating economy, lack of supportive social networks, and shortages in specialized health care providers.

According to the 2020 Multi-Sectorial Needs Assessment (MSNA), 55 per cent of those seeking health assistance had to pay for medical consultations, 74 per cent had no access to free medicines, 23 per cent reported shortages in the availability of medical treatments, and 63 per cent could not find the medicines they needed. High cost of transportation is a major issue hindering access to health services with 27 per cent of people reporting difficulties to reach health facilities because of it.

Projection of Needs

During 2021, the health needs are expected to remain high with anticipated disease outbreaks of endemic, water-borne, and vector-borne diseases like haemorrhagic fevers and malaria. Vaccine-preventable diseases can recur on a wide scale due to low immunity among children and shortages in immunization coverage in several areas. Seasonal rains and floods are still the main hazards that can

affect hundreds of thousands of people and increase the chance of cholera outbreaks specifically because of the chronic shortages and solutions to address the suboptimal WASH infrastructure. Conflict increases burden on the health system and further reduces the availability and access to specialized services. The pressure on the health system will be exacerbated by the continuous shortages in essential medical supplies and medicines.

In the context of the second wave of COVID-19, it is necessary to maintain isolation and case management facilities, strengthen the surveillance system and maintain the rapid response teams.

Monitoring

Through the quarterly Who What Where reports, the health cluster and health actors will assess the health situation and emerging needs. The delivery of humanitarian assistance will be monitored and compared with the severity of need to ensure addressing of the gaps. The sector will participate in joint assessment missions and liaise with health authorities to identify issues in health programs, disease and early warning surveillance systems, medicines' availability, the status of basic and emergency services, and vaccination coverage.

The health sector will monitor key indicators outlined in the 2021 response plan. Monitoring will be disaggregated by disability, gender and age. In addition, IOM's Displacement Tracking Matrix (IOM DTM) will inform the sector of priority action in cases of sudden displacement.

3.4 Nutrition



PEOPLE IN NEED

3.7M

WOMEN

62%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

3.3M

INTERNALLY DISPLACED PEOPLE

224K

REFUGEES

135K

RETURNEES

66K

Analysis of Humanitarian Needs

Malnutrition in all its forms is a serious public health challenge in Sudan. When nutritional needs are not met, it is impossible for an individual to achieve optimal physical and mental health. This creates limitations on educational and employment opportunities.

The rate of malnutrition in Sudan has changed little in the last three decades, with an estimated 52 per cent of cases living in the nine non-conflict states. Drivers of malnutrition include high income poverty, poor WASH conditions leading to epidemics, limited access to health services, illiteracy and high food prices contributing to inadequate food intake and dietary diversity at household level. Inappropriate feeding practices and cultural norms affect children's growth and development from an early age.

Displacement is another important determinant of malnutrition. Frequent displacement, limited access to land, livelihood opportunities and the influx of refugees from South Sudan have exacerbated the situation since needs have increased in certain geographical areas. Almost 900,000 people were affected by the flooding resulting in displacement, disease outbreaks and disruption in health and

nutrition services (including access issues and destruction of food commodities).

COVID-19 pandemic exacerbated prevailing conditions. Loss of livelihoods disrupted access to food and the health care system. COVID-19 containment measures limited the scale of response vis a vis the planning targets for 2020 for humanitarian partners. The Government scaled up the nutrition response since the start of the outbreak. However, considerable scale up of nutrition including prevention services will be required to reduce the overall prevalence of malnutrition.

Due to lack of resources and capacity among humanitarian actors, only 40 per cent of the total 3.2 million acutely malnourished children under five were targeted for treatment, leaving the rest susceptible to morbidity and mortality. The most vulnerable communities live in areas ranked as severity four and five in terms of malnutrition – sensitive indicators for food security, clean drinking water and low social protection coverage. Furthermore, micro-nutrient deficiencies are common with only 7.6 per cent of households using iodized salt for instance (S3M II survey). The development of malnutrition is underpinned by high food insecurity, poor WASH conditions and

poor knowledge and practices among mothers on infant and young child nutrition. Despite efforts in 2020 to scale up nutrition services, a significant gap remains.

There has been an increase in the cost of basic foods and recent IPC data indicate a large decline in the proportion of people who could afford the local food basket in 2020. According to the latest IPC report, around 7.1 million people are severely food insecure. Food availability was further impacted by flooding which affected arable land and destroyed harvests.

Affected Population

Children under five and pregnant and lactating women (PLW) are the main groups of concern as their nutritional needs are relatively high and deficiencies readily manifest when nutritional needs are not met. Under nutrition exacerbates morbidity and mortality risks especially for children, and cause physical and mental underdevelopment including cognitive development and a weak immune system in the long term. Globally, 45 per cent of all child deaths are associated with under nutrition. In the context of Sudan, this implies approximately 40,000 child deaths annually.

In 2020, 15 out of the 18 states had high global acute malnutrition (GAM) rates. Around 95

localities reported extremely high levels of malnutrition. Around three million children under five suffer from acute malnutrition out of which an estimated 570,000 have severe acute malnutrition (SAM). Additionally, in the case of maternal nutrition approximately 883,000 pregnant and lactating women (PLW) suffer from acute malnutrition annually in Sudan. Scaling up maternal nutrition services remains a concern with approximately 647,623 PLW in of need moderate acute malnutrition (MAM) management services to attain adequate diet. Also, one million mothers need appropriate infant and young child nutrition (IYCN) counselling services.

Sustaining health and nutrition screening services for refugees at border crossing points and reception centres remains a challenge. Standard Expanded Nutrition Survey (SENS) conducted among refugees in White Nile, East Darfur, South and West Kordofan indicate 'critical' rates (>15 per cent) of global acute malnutrition (GAM) and severe acute malnutrition (SAM) (>3 per cent) among children between six to 59 months of age. The survey also indicates high rates of anemia (>40 per cent) among children and women (aged 15-49 years), as well as low Vitamin A supplementation coverage for refugees in all above-mentioned refugee-hosting states.

Projected needs (2020-2021)

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS
June 2020	502k	482k	482k	482k	482k	20k	Conflict
December 2020	347k	247k	247k	247k	247k	100k	Drought
June 2021	331k	155k	155k	155k	155k	176k	Internal displacement
December 2021	290k	90k	90k	90k	90k	200k	Conflict

3.5 Protection



PEOPLE IN NEED

4.6M

WOMEN

62%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

1.8M

INTERNALLY DISPLACED PEOPLE

1.5M

REFUGEES

1.1M

RETURNEES

173K

3.5 a General Protection - Area of Responsibility



PEOPLE IN NEED

2.5M

WOMAN

62%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

841K

INTERNALLY DISPLACED PEOPLE

1.4M

RETURNEES

173K

Analysis of Humanitarian Needs

The Transitional Government of Sudan – as spelled out in the National Plan for the Protection of Civilians (NPPOC) and recent peace agreements – is committed to ensuring the rights of its citizens, including those affected by protracted displacement. The key challenges are limited access to public services, protection of civilians, inter-communal conflict, recurrent disasters, and lack of durable solutions.

Rule of law, access to justice and government social protection remains weak in conflict-affected

areas of Darfur, South Kordofan and Blue Nile. In particular, police, courts, civil registries and social welfare institutions have limited presence outside of urban centres and are ill-equipped to address the scale of protection needs among IDPs in camps and informal sites, and returnees in rural villages. The deepening economic crisis and scarcity of resources has further impacted public service delivery and heightened the socio-economic vulnerability of displaced families.

Movement restrictions due to COVID-19 have also severely impacted livelihoods and mobility,

and the damage caused by annual flooding has left families without basic shelter and livelihoods, and consequent heightened vulnerability to protection risks. Durable solutions for IDPs, returnees and refugees remain elusive, with no national durable solutions strategy in place. Roadmaps for implementation of peace agreements are yet to be agreed on, and the areas in Darfur, South Kordofan and Blue Nile that are under control of armed opposition groups continue to face access restrictions, lack of basic services and barriers to provision of humanitarian assistance.

General protection needs are most severe in specific districts of Darfur, South Kordofan and Blue Nile, where incidents of inter-communal conflict have been documented throughout 2020. Such clashes are exacerbated by the proliferation of firearms, competition over land and water resources between farmers and herders, unregulated migratory routes of nomads, and weak systems for land administration. As a result of such incidents in 2020, hundreds of civilians were killed or wounded with their property damaged, looted, destroyed or occupied; thousands of families were displaced; and civilian sites – such as schools and hospitals – were occupied.

Affected Population

Overall, there are 4.7 million people in need of protection support across the country. This includes 1.5 million IDPs, 369,000 returnees, 1.1 million refugees and 1.6 million vulnerable Sudanese. Years of conflict and protracted displacement, lack of basic services and the deteriorating economic situation, have all had profound consequences on conflict-affected persons' immediate physical and mental well-being, living standards, and their long-term resilience.

Vulnerable groups - such as women, children, elderly, persons with disabilities and chronic illnesses - face a range of challenges unique to their individual circumstances, compounded by their displacement where familial/community support networks have broken down or are overstretched.

They suffer disproportionately from various protection risks, including violence, sexual and other forms of exploitation and abuse, and a range of human-rights violations.

For women and girls, risks of GBV remain significant, particularly when they are on the move, working in fields, collecting water or firewood. Boys and men remain especially at risk of physical violence, injury and death during inter-communal clashes and arbitrary arrests, as they are often suspected of supporting armed opposition groups. Child marriage and child labour are on the rise. Access to birth registration continues to be a challenge in most locations, placing both IDPs and refugees at significant risk of not accessing basic services and even possible statelessness. Persons with disabilities continue to be marginalized and neglected, with few government or humanitarian services targeted to meet their unique needs. Access to health care, particularly for the elderly and those with chronic illnesses, who are at heightened risk due to COVID-19, remains limited.

Unable to meet their basic needs, many vulnerable families have been compelled to adopt negative coping strategies. These include lax adherence to COVID-19 prevention measures in order to pursue economic survival, engagement in unsafe or exploitative labour, begging, and engaging in opportunistic economic crimes (e.g. theft); while others undertake deadly journeys to Europe, exposing themselves to abuse and exploitation by smugglers and traffickers along the way. Displaced youth have been reported to increasingly resort to violence to resolve disagreements with community leaders.

Also, familial and community support networks in conflict and disaster affected areas of Sudan have eroded over time, due to multiple displacements, and prolonged dependency on dwindling humanitarian aid. At the same time, localized disputes – e.g. between farmers and herders, IDPs and host communities, and IDP returnees and non-displaced – continue to escalate into violence and larger conflict.

Over half of the refugee population (556,000) in Sudan are under 18 years old and a significant number are unaccompanied and separated children (UASC). Children's vulnerabilities have been further exacerbated by COVID-19. Children – and in particular UASC, (many of whom require family reunification support, alternative care arrangements and assistance) – continue to remain at heightened risk of harassment, exploitation, neglect and abuse.

Projection of Needs

General protection needs among conflict and disaster affected populations across Sudan is expected to remain high in 2021. The severity of protection needs are very critical in 62 localities in 13 of the 19 states in Sudan, especially in North Darfur where 15 out of 17 localities fell into the extreme and catastrophic severity ranking, followed by South Darfur (9 localities), South Kordofan (7 localities), Central Darfur (5 localities) and West Darfur (5 localities). In addition, MSNA data indicates that 22 per cent of households have one or more members who do not possess any form of civil documentation, with significantly higher proportions in some localities.

Several contextual factors further validate the conclusion that needs remain high: (i) the GoS' National Plan for the Protection of Civilians (NPPOC) and recent peace agreements are yet to be implemented; (ii) rule of law, access to justice and government social protection mechanisms remains weak in conflict-affected areas; (iii) certain areas of Sudan, including some IDP camps, remain under the control of armed opposition groups and state security actors are not recognized in such areas; (iv) UNAMID withdrawal will leave

gaps in the civilian protection apparatus in Darfur after having contributed to reducing risks to the population; (v) humanitarian presence in IDP camps/sites has gradually decreased over the years as a result of limited funding, thereby leaving serious gaps in protection support; and (iv) the dire economic situation in Sudan continues to contribute to poor living conditions and limited livelihood opportunities, leading to heightened protection risks, exploitative practices, and limited coping capacities.

Monitoring

Conflict and disaster affected populations will be monitored directly and remotely throughout 2021. This will be conducted through the Protection sector, community-based protection networks and multi-sectoral rapid assessments during new emergencies. Information generated through protection and return monitoring, incident tracking, Community Based Protection Networks, as well as through the Protection sector's service mapping and response monitoring (5Ws), will be systematically used for needs, gaps and trends analysis, and to enable evidence-based response planning and advocacy.

The sector will use available data from protection and durable solutions-oriented community consultations, MSNA findings, as well as proxy indicators from other sectors needs assessments, to better understand needs and plan the response. The Protection sector will work closely with other sectors in mainstreaming protection to mitigate or respond to protection risks and concerns, and to generate data on protection concerns through such sectors.

3.5 b

Child Protection - Area of Responsibility



PEOPLE IN NEED

2.6M

WOMEN

51%

CHILDREN

100%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

1.4M

INTERNALLY DISPLACED PEOPLE

1M

RETURNEES

173K

Analysis of Humanitarian Needs

Children's lives and their well-being is threatened by conflict, floods, disease outbreaks, poverty, displacement, and unemployment, causing high levels of life-altering traumatic injuries and stress.

Children continue to be at risk of abuse. According to the monitoring and reporting mechanism of grave child rights violations, at least one form of grave child rights violation was recorded against 183 children (35 per cent of whom are girls) in 2020. Sexual violence, killing and maiming were the most common forms of violations, with all survivors of sexual violence being female.

Children and their families are exposed to daily risks of mutilation and death in the areas with exploitative remnants of war (ERW). According to the Information Management System for Mine Action (IMSMA), some parts of the country remain littered with ERW, including landmine and other explosive hazards.

The COVID-19 pandemic compounds protection risks and well-being of girls, boys and their caregivers. According to the Family and Child Protection Unit of the police (FCPU) over 12,000 children (30 per cent of whom are girls) witnessed or experienced domestic violence in 2020, with

the highest number in South Darfur, Blue Nile and Khartoum. Due to COVID-19 and conflict, during the first half of 2020, the number of children requiring family tracing and reunification services reached 65,000 (40 per cent female). According to a recent child protection assessment conducted across 16 states, child protection risks were already on the rise in the first half of 2020 compared with the same period in 2019, with a reported 24 per cent increase in child marriage (girls more affected than boys) and a 35 per cent increase in child labour; boys more affected than girls.

According to the MSNA, an average of three quarters of children (40 per cent girls) reported having challenges accessing quality child protection response services, including but not limited to: clinical care, Psychosocial services, social workers, legal services, community-based child protection structures, and referral systems.

Based on the MSNA data, 27 per cent of people reported lack of accessibility due to high cost of transportation to reach health facilities.

There are significant funding gaps in the Child Protection AoR, contributing to challenges in providing quality services to children in need of care and support. Whilst child protection interventions have been scaled up in 2020,

challenges remain. There is a need for institutional/system strengthening through more sustainable methodologies such as coaching, mentoring and additional partnerships between international and national actors based on collaborative and principled partnership models. Poor quality of services is, within itself, a protection risk to children as it may cause further harm.

Child and adolescent survivors of sexual abuse are some of the most vulnerable given their age, dependency on adults, and limited participation in decision-making processes. GBV survivors, especially child survivors of sexual abuse, need access to quality response services – including clinical care, PSS, and case management. These life-saving services need to be tailored to child and adolescent survivors, especially of sexual abuse.

Affected Population

Out of 2.6 million children in need, approximately 1 million (51 per cent female) are IDPs, 285,000 (55 per cent female) returnees, and 1.2 million (52 per cent female) are vulnerable children from the host communities. Children with disabilities, who constitute 15 per cent of the child population, continue to experience physical and social barriers in accessing essential services and are more vulnerable to violence, exploitation and abuse.

Children with extreme and catastrophic needs (severity categories four and five) live in 140 localities across Central Darfur, North Darfur, Blue Nile, South Darfur, Khartoum, South Kordofan, Sennar, Gaderef, Red Sea, Khartoum, West Darfur, West Kordofan and White Nile states.

According to UNICEF, approximately 38 per cent of girls in Sudan are married before the age of 18, and 12 per cent of them are married before their 15th birthday. Child marriage is most prevalent in South and East Darfur (56 per cent of girls), Central Darfur (55 per cent), Blue Nile (50 per cent) and Gedarif (49 per cent). About 10,000 boys and girls are living outside of a family environment as either unaccompanied or separated children and need protection.

Boys and girls recruited by armed groups are subject to detention, separation from their families, and experience acute psychosocial distress. They also face challenges with reintegration into their communities, and barriers in access to education and other services.

Projection of Needs

Needs of children are likely to remain high in 2021, with an expected increase in areas affected by localized conflict such as Jebel Mara. This is particularly during the lean season, when there is often an increase in conflict and attacks on farmers. Needs of adolescents are likely to increase as their specific concerns including safety, property rights and livelihoods remain unaddressed.

Child Protection AoR activities will be monitored using the 5W's, Monitoring and Reporting Mechanism for grave Child Rights Violations (MRM+), the Child Protection Information Management System, service mapping, safety audits and protection monitoring reports. In addition to the MSNA, a CP stand-alone assessment will be conducted in 2021.

3.5 c

Gender-Based Violence Area of Responsibility



PEOPLE IN NEED

2.3M

WOMEN

80%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

983k

INTERNALLY DISPLACED PEOPLE

1.1M

RETURNEES

173k

Analysis of Humanitarian Needs

Gender Based Violence (GBV) is a key concern within the communities affected by emergencies i.e. conflicts, tribal clashes/tensions, floods, drought as well as disease outbreaks. Women and girls amongst the IDP communities and refugees are especially at a risk of GBV.

In 2020, communal tension and conflict affected dozens of villages in over twenty localities resulting in GBV risks including gang rape, abduction, physical assault, harassment, and humiliation. Analysis shows that conflict-related sexual violence (CRSV) is especially common in IDP camps and in the vicinity of camps. Girls and young women in Darfur face a high risk of sexual violence.

During the farming season, a high number of attacks on IDPs was registered including rapes, killings and physical assaults. In Darfur, 32 per cent of the community perceive their environment as unsafe due to GBV. Domestic violence, child marriage and female genital mutilation (FGM) remain a common practice. In a recent GBV study by UN-Women, four out of five women interviewed in Darfur recognized domestic violence as a problem, 70 per cent identified economic violence as an issue, while five per cent cited rape as a concern. Lack of services, negative coping

mechanisms and negative social norms were identified as some of the exacerbating factors contributing to GBV.

Survivors of GBV lack access to quality specialized lifesaving GBV services, such as clinical management of rape (CMR), and psycho-social support (PSS), legal aid, GBV case management and referral mechanisms. These services continue to be unavailable or of low quality in over 90 per cent of localities. CMR services are available in less than one in five health facilities. The gap in services is exacerbated by the lack of trained personnel and weak referral pathways. Survivors face procedural obstacles e.g. complicated and lengthy police form. According to the MSNA data, 29 per cent of households have access to GBV services with 87 per cent of households preferring reporting GBV cases to the police, while 24 per cent preferring leaders, four per cent preferring social worker, and only one per cent preferring health staff, community midwife, teacher or NGO staff. Also, people are 27 per cent less likely to report GBV cases to the police in South Darfur compared to Khartoum and the other states, which reflects varying levels of confidence in police. There is a gap of survivor-friendly integrated services, such as one stop centres, with only three states in Darfur having functional GBV confidential corners.

GBV is underreported due to a culture of denial, social stigma, fear of harassment, physical and psychological trauma, the lack of protection afforded to victims and witnesses, and the perceived inaction of law enforcement and justice institutions. Access to justice for GBV survivors is limited due to community lack of awareness on GBV vis-a-vis legal / justice mechanisms, lack of legal aid, shortage of female police officers, community distrust of formal legal mechanisms, transport costs, legal fees as well as weak coordination and referral mechanisms.

The collapse of traditional community support structures has increased the vulnerability in particular people with specific needs, including those living with disabilities. COVID-19 exacerbated GBV risks for girls and women with anecdotal reports suggesting an increase in domestic violence and sexual abuse.

Few localities have functioning community-based protection networks and women centres. The existing centres have limited capacities and thus do not function optimally in GBV prevention and response. Low levels of GBV awareness among communities make it challenging to ensure prevention, mitigation and access for survivors to the relevant multi-sectoral services.

Sudan still suffers from lack of GBV data and lack of information and data adversely affects needs analysis for programming as well as advocacy.

Affected Population

There are 2.3 million people in need of GBV prevention, mitigation and response activities.

Women and girls continue to suffer disproportionately from GBV, poverty and violations of basic rights due to insecurity, low economic status and lack of livelihood opportunities, lack of community awareness on women's rights due to cultural and societal norms. About 55 per cent of IDPs are women and girls, with 27 per cent below the age of 18. According to

available information on GBV cases, women and girls account for over 90 per cent of survivors, and although grossly under-reported, cases of sexual violence against men and boys have been recorded.

Women and girls in IDP camps are particularly exposed to protection risks, such as threats, harassment, and sexual violence from armed men.

Domestic violence rates are high and according to MICS 2014 findings, 34 per cent of women across Sudan agreed it is permissible to be beaten by their husbands. Displacement and poverty heighten cases of domestic violence and this has been reported to have increased in the IDP camps as husbands' demand income from their wives. The lack of dignity kits further exacerbate risks for women and girls of reproductive health age.

The impact of COVID-19 differs for women, men, boys and girls. Women provide most of the care within families and in some areas they are the main breadwinners. Female-headed households and households with many dependants are among the most vulnerable because they now have additional burdens. More women are expected to fall into poverty during the COVID-19 pandemic, severely affecting female-headed households in the country.

UNHCR's 2019 participatory assessment findings for refugees in Sudan indicate risk of GBV as a major issue with physical protection, domestic violence, risk of rape while collecting firewood and early marriage among the top ten issues of concern.

GBV risks are further aggravated by inadequate lighting in camps/settlements, access to energy and water supply gaps that require women and girls to travel long distances to collect water and firewood, and lack of toilets. GBV survivors are treated within traditional justice system as they have very limited access to formal justice and legal aid, these systems are, however, a reflection of the socio-cultural norms in the community and often do not protect the rights of women and girls. There also remain gaps in specialized services for protection, psychosocial support, and medical services.

Projection of Needs

GBV prevention, mitigation and response needs are likely to remain high in 2021 due to the continued erosion in social protection systems, weak response services, and lack of investment by the Government in social protection coupled with prevailing social stigma, existing impunity, crimes and harmful cultural practices. The needs will continue to increase due to effects of COVID-19 measures, communal tensions and tribal clashes, the worsening economic crisis, heightened food insecurity and the flooding and associated disease outbreaks. As affected people become more accessible, and as the protection space opens, demand for services is likely to rise.

Efforts to address the root causes and the immediate drivers of GBV, such as improving social norms, reducing conflict, strengthening access to and availability of justice mechanisms, increasing the awareness of human rights, addressing inequality and strengthening access to multi-sectoral lifesaving services have potential to mitigate GBV concerns as well as shape the conversation on the

issue. Thus, specialized lifesaving GBV services, especially the clinical management of rape (CMR), mental health and psycho-social support (MHPSS), GBV case management and referral mechanisms need to be both available and accessible. This is in addition to strengthening GBV coordination both at national and sub-national level.

Monitoring

GBV will be monitored throughout 2021 and will continuously inform the sectors understand of needs and appropriate response. The sector will monitor the situation using multi sector needs assessments, services mapping, 4Ws (Who, What Where, for Whom) GBV sector assessments, protection monitoring and proxy indicators.

The GBV sub-sector will work closely with other sectors to integrate and mainstream GBV into their activities. The sub-sector will support other sectors, in terms of GBV analysis, to mitigate or respond to GBV risks and concerns. GBV sector assessments will aim to provide a better understanding of the GBV environment.



Photo: UNAMID/Albert Gonzalez Farran

3.5 d

Mine Action - Area of Responsibility



PEOPLE IN NEED

2.7M

WOMEN

51%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

787k

INTERNALLY DISPLACED PEOPLE

1.7M

RETURNEES

173k

Analysis of Humanitarian Needs

Several long-lasting conflicts have led to contamination with anti-personnel and anti-tank mines as well as explosive remnants of war (ERW). Mine contamination remains one of the key concerns with an estimated 2.7 million men, women and children affected in Sudan.

To date, the Information Management System for Mine Action (IMSMA) has registered 2,196 casualties as a result of landmines or ERW victims, including 1,573 people who have been injured and 623 fatalities. In 2020 children and women accounted for approximately 84 per cent of the known victims of ERW's and UXO's.

The highest number of victims were registered in South Kordofan state, followed by South Darfur and Blue Nile. Mine contamination limits access to food and livelihoods as people cannot fully engage in agricultural and animal grazing activities. It also puts people, especially women and girls, at risk when fetching water or collecting firewood. Furthermore, mine effects hinder early recovery and the development activities of communities. Explosive Ordnance Risk Education (EORE) remains insufficient to the scale of needs. Building

resilience and adapting safe behavior is essential for communities' safety and well-being.

South Kordofan maintains the highest contamination records of landmine and ERW, followed by Blue Nile and West Kordofan, while Darfur states are affected by ERW's only. The presence of landmines and explosive remnants of war (ERW) not only poses direct threat of killing and injuring the local population but it also limits humanitarian access to the vulnerable communities, hampering early recovery and development efforts.

IDPs, returnees and refugees are at most risk due to the limited information and awareness about local landmines and ERW contamination. Following the signing of the peace deal, cross state movement of people and goods could resume which will increase the risk that people will be killed or injured by landmines and ERW. Access to new areas also increases the risk for humanitarians assisting people in these areas. ERW and landmines will still be a major access issue hampering the delivery of aid and assistance in 2021.

Sudan has commitment to comply with the Anti-Personnel Mine Ban Convention (APMBC)

under Article 5 to clear all known landmines by April 2023.

Affected Population

Landmines and ERW continue to affect the safety and livelihood of the displaced, returnee and local communities, and the safety of humanitarian actors.

More than 2.7 million people in 232 dangerous areas (covering about 30 square kilometers of land) are exposed to the threat of landmines and contamination in Blue Nile, South Kordofan, West Kordofan and Darfur states, from which 64 per cent are IDPs and 17 per cent are returnees.

Up to 2020, a total of 2,196 mine action victims were registered in the Information Management System of Mine Action IMSMA, with 36 per cent of them children and 22 per cent female. However, the actual numbers of mine victims are not fully known.

Projection of Needs

Victims of landmines and ERW have limited access to specialized services, such as rehabilitation and psychosocial support (PSS) as well as re-integration packages including income generating activities. According to the MSNA results, two out of three

households that have experienced an ERW related accident need support. Furthermore, 43 per cent of households that need support and have reported an ERW accident still live near ERWs.

Explosive Ordnance Risk Education remains high priority intervention for the adoption and ensuring of safe behaviour among the conflict affected population within the contaminated areas.

Considering the peace agreement, an increase of people's movement through locations affected by landmines/ERW may be observed. This will require urgent land release interventions, road verification, and clearance for delivering the humanitarian aid.

Monitoring

The Mine Action sector will monitor needs by collecting the latest data available showing victims of ERWs and landmines. The amount of land cleared of ERWs and landmines will be monitored to show progress towards achieving the goal of 'zero ERWs by April 2023'. Change in displacement will also be monitored as a key indicator of risk, as these groups are some of the most vulnerable to ERWs and landmines.



Photo: UNAMID/Albert Gonzalez Farran

3.6 Shelter and Non-Food Items



PEOPLE IN NEED

2.3M

WOMEN

62%

CHILDREN

41%

WITH DISABILITY

15%

VULNERABLE RESIDENTS

512k

INTERNALLY DISPLACED PEOPLE

1.3M

REFUGEES

343k

RETURNEES

173k

Analysis of Humanitarian Needs

Shelter and NFI needs have increased in 2020, despite the decline in armed conflict since 2015. New displacement has occurred in West Darfur and eastern Sudan due to inter-communal conflict among the Bani Amer and Nuba tribes. New IDPs that were previously not known to the sector were identified as a result of assessments that reached new areas including non-government-controlled areas.

The economic crisis continues to be a driver of deteriorating humanitarian needs, exacerbated by COVID-19. Containment measures increased the cost and time delivering shelter and NFIs.

In 2020, flooding affected close to 900,000 people across the country, with the highest water levels were recorded in the Blue Nile in a century. Heavy rains caused damage to houses, livestock, farmland, infrastructure, and services.

For the over one million refugees, the need for shelter and NFI remained significant, especially for those living in camps in East Sudan, White Nile, and East Darfur – and those in collective settlements in the Kordofan State and South Darfur.

Over-crowding and congestion remain a serious concern, with all camps currently hosting populations beyond initial planned capacity. This is particularly problematic in camps hosting South Sudanese in White Nile and East Darfur where land rights with private landowners and host communities are complex.

There are negative coping mechanisms used by people in need of other services, such as health or education. This includes the selling of humanitarian aid, such as NFIs, to pay for school fees, medical assistance, water, and food.

There is a need for durable solutions (return and urban integration) for IDPs, refugees and returnees alike including a need to provide environmentally friendly transitional shelters, together with community training on building techniques and livelihood opportunities to promote self-reliance and resilience, while ensuring the availability of basic services in their area of choice and advocating for House, Land and Property (HLP) rights. Displaced people (new IDPs, protracted displaced people, returnees and refugees) need shelter and NFIs such as plastic sheeting, plastic mats, jerry cans, blankets and cooking sets. These items help restore a minimal sense of dignity and protection against

exposure to the elements, mitigate health risks and provide some privacy and security to those in need. More sustainable shelter solutions for returnees and protracted IDPs affected by not only recent conflict but also natural hazards need to be addressed. There is not enough space to accommodate new arrivals and basic services cannot be provided without compromising what is offered to existing camp residents. Displaced women and girls are particularly vulnerable without secure shelter or the basic equipment and resources for survival and maintaining their dignity. Addressing gender-specific shelter needs and capacities ensures an adequate standard of living for women and girls.

In the refugee camps in White Nile and East Darfur, complex land rights make the issue of space particularly problematic. Refugee camps and settlement areas need adequate lighting to improve the quality of life and provide protection. Solar lanterns and street lights can reduce crime and improve security at night. There are also substantial gaps in refugee out-of-camp settlements and dispersed self-settlements in South and West Kordofan States and the Khartoum 'open areas' sites.

Affected Population

The affected population includes a variety of groups – including those displaced or affected by natural disasters and conflict.

Pregnant and lactating women, the chronically ill, the elderly, unaccompanied minors, and people living with disabilities are particularly vulnerable. Shelter and NFI support can help protect them and improve their physical and mental health. Sudan also continues to host 1.1 million refugees many of whom have shelter and NFI needs.

There are substantial gaps for refugees in the provision of adequate shelter and non-food items (NFIs) in camps that continue to host populations which are overcrowded. In addition to new arrivals, extremely vulnerable households require targeted

assistance for replenishment of key items that are worn-out, lost and/or stolen such as plastic sheets and mosquito nets. While refugees residing in out-of-camp locations - including urban settings - often live in collective settlements or rent out property, their shelter conditions are often dire and require additional materials for maintenance.

The highest concentration of IDPs across Sudan is in Central, South and North Darfur, and areas of South Kordofan, and Geneina (West Darfur). Camps in Darfur were established as early as 2003 and have in some instances become de facto suburbs of the cities and towns they adjoin. Those who chose to remain, face complex issues regarding land rights that often prevent them from constructing durable shelters. With the reduction in armed conflict there has been a slight increase in the number of people returning home.

Projection of Needs

Shelter and NFI needs are projected to increase from 1.2 million in 2020 to 1.9 million in 2021. Based on the sectors' detailed analysis of key indicators, an estimated 43 localities will have acute needs that are either extreme or catastrophic (severity 4 or 5).

In eastern Sudan and many parts of central and north Sudan the severity is projected to remain low (severity 1). However, populations in Khartoum, Blue Nile, Gedaref, Aj Jazirah, Kassala, Red Sea and Sennar states remain vulnerable to hazards such as floods.

Heavy flash floods also affected North and East Darfur and other states such as River Nile. An estimated 40 per cent of flood affected people in Sudan reside in some 34 localities across 15 key states and for 2021 have been ranked as severity level 5 by the sector.

The socio-economic crisis may lead to additional displacement as people move to locations in the hope of accessing services provided to existing

IDP camps and settlements. The economic crisis may worsen the impact of floods and the sector may need to increase the number of beneficiaries, as people's loss of purchasing power reduces their ability to cope and adapt.

Monitoring

The Shelter and NFI Sector will prioritize strengthening and expanding Shelter and NFI specific assessments, and progress monitoring to inform sector interventions, while ensuring Accountability to Affected Populations (AAP) in

coordination with local communities, government counterparts, and sector partners.

The sector will continue to inform its interventions through inter-agency assessments, UNHCR registration and Emergency Event Tracking, while providing a trend analysis to support interventions targeting the most vulnerable people.

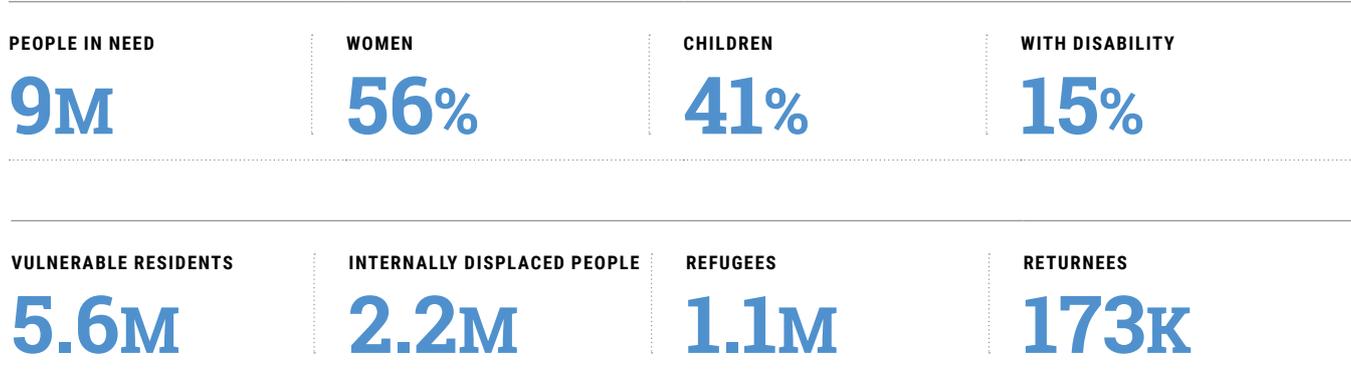
Post distribution monitoring tools are in place, providing an opportunity to evaluate interventions and contributing to increased accountability for affected populations and learning.

**SORTONY IDP GATHERING SITE, NORTH
DARFUR, SUDAN.**

Photo: UNAMID/Albert Gonzalez Farran



3.7 Water, Sanitation and Hygiene



Analysis of Humanitarian Needs

Sudan's protracted crisis continues to create water, hygiene, and sanitation needs for vulnerable people. Key drivers are deteriorating economy, conflict, food insecurity, malnutrition, floods, and disease, including COVID-19. About three-quarters of the population have access to basic drinking water, 39 per cent have access to limited sanitation services, and 13 per cent have access to basic hand-washing facilities. The people in need of WASH is 9.1 million people across Sudan, including 1.05 million refugees.

Diarrhoea kills one in ten children, attributed mainly to poor WASH. Two million children suffer from acute malnutrition, 50 per cent of which is associated with repeated diarrhoea or worm infections related to poor WASH conditions. Nearly a third of households (over 10 million people) practice open defecation which poses grave public health risks, including the transmission of water-borne diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid, and polio. There are also high WASH needs related to hygiene and water safety in flood-prone states where thousands of latrines collapse every year and water sources inundate. The 2018-2020 Federal Ministry of Health disease surveillance data shows that the most

common vector-borne diseases causing outbreaks in Sudan are Dengue Fever, Rift Valley Fever, and Chikungunya Fever. All of it, including malaria, links to poor environmental health and sanitation, contributing to high mortality.

COVID-19 exposed WASH gaps in urban and densely populated areas. More than 80 per cent of cases were from Khartoum and Aj Jazirah. Darfur states recorded very high case fatality rates during the first half of 2020.

There are wide disparities in access to and use of WASH services between states, especially people living in urban or rural areas. There are also reports of limited WASH partners in Khartoum “open areas”, Aj Jazirah and River Nile, where needs are high.

Access to WASH in public institutions such as schools and primary health centres are limited. Two-thirds of the existing schools do not have improved sanitation facilities, and a quarter of them do not have access to clean water. The situation of WASH in health facilities is even worse. Lack of gender-segregated sanitation facilities is a challenge. Menstrual hygiene management is often not prioritized, negatively impacting girls' attendance

and enrolment in schools.

Affected Population

IDPs, refugees, and vulnerable residents will need continued WASH support. In some locations, these population groups walk for over five kilometres to fetch water and can only access around 7- 8 litres per person per day, especially during the dry season. The limited number of latrines leads to open defecation. Specific needs of women and girls are gender-segregated WASH facilities in communal settings, menstrual hygiene management, and engagement in WASH-related governance activities.

Of the four key populations groups identified during the joint inter-sectoral analysis, vulnerable residents account for most people with humanitarian WASH needs. There are five million vulnerable residents throughout the country considered in the worst severity of needs as follows: 5.03 million people needs access to hygiene services, 3.7 million people needs access to sanitation, and 1.4 million needs access to basic water services. About 2.2 million IDPs are in the worst severity of needs. They are in the Blue Nile, Central Darfur, East Darfur, North Darfur, South Darfur, West Darfur, West, and South Kordofan states. Out of these, 2.1 million will need continued and increased support to access hygiene services, 1.4 million will need support accessing sanitation, and 400,000 will need continued support to access basic water services.

Women and girls are often tasked with the management of water for their households. Access to water – in terms of distance, time and cost – has an impact on their safety, available time for livelihoods or education and economic options.

Additionally, 1.05 million refugees need WASH services; 500,000 South Sudanese and 190,000 non-South Sudanese refugees need water services. For sanitation and hygiene, 746,000 South Sudanese refugees and 308,000 non-South Sudanese require assistance. Most of them are in Khartoum, White Nile, Kassala, South Darfur, East Darfur, West Kordofan, and South Kordofan.

Projection of Needs

There is an annual increase in the number of people in need. Stress on the existing WASH coverage because of the increased population and its concentration, aging and damaged infrastructure and newfound WASH gaps exposed by the COVID-19 pandemic, have also contributed to the rise in the number of people in need of 2021. Unless underlying factors and drivers of these needs are addressed, the number of people in need will continue to grow year on year.

Monitoring

The WASH sector, through the 5Ws, will collect information from sector partners to inform critical indicators. Partners addressing the refugee population's needs will use UNHCR monthly report card and joint annual knowledge, attitudes, and practices (KAP) surveys to monitor progress and share the information for refugees living in the camps.

The WASH sector will continue to work with Health, Nutrition, Protection, and other sectors to monitor the WASH-related consequences and undertake an integrated response to resolve common risks and threats. The sector will capture gender-disaggregated data in their reporting. The sector will also continue working to strengthen accountability to the Affected Population (AAP).

Part 4

Annexes

EL-FASHER CITY, NORTH DARFUR, SUDAN.

A girl child shows how to properly wash hands using water and soap to her classmate at Ban Jadid Primary School. Photo: © UNICEF/Shehzad Noorani





Boys Eating Megiseiba. Photo:
WFP/Gabriel Valdesr

4.1 Methodology and the Joint Inter-sectoral Analysis Framework (JIAF)

Background

The analysis and methodology used to produce the Sudan 2021 HNO builds on the 'Enhanced Humanitarian Programme Cycle Approach' initiated in 2019. A key component of this approach is the Joint Inter-sectoral Analysis Framework (JIAF)¹ which has enabled a common understanding of the underlying issues, the context and the drivers of humanitarian need. The JIAF approach informs, supports and guides the work of the Sudan's

experts, tasked by the HCT to produce a joint inter-sectoral needs analysis. The analysis identifies linkages between the various drivers, underlying and contributing factors, sectors and humanitarian conditions which are considered and presented in this Humanitarian Needs Overview and will be used in the Sudan 2021 Humanitarian Response Plans (HRP).

Sector experts, information managers, analysts, and

¹ Joint Inter-sectoral Analysis Framework 2021 Humanitarian Programme Cycle, August 2020: https://assessments.hpc.tools/sites/default/files/km/03.HP-C_2021-JIAF_Guide.pdf

government counterparts along with the Inter-sector Coordination Group and decision-makers have contributed to this joint needs analysis.

Severity and PiN estimations

Led by the ISCG, the humanitarian community under the guidance of the HCT and supported by the IMWG completed the following steps:

1. Defined and agreed on the scope of the analysis (population groups, geographic areas and thematic sectors) during the months of July and August 2020. For the 2021 process, inter-sectoral calculation of the PiN would be based on 2 conditions i.e. Living Threatening (critical physical & mental well-being issues) and Life-sustaining (critical living standards) in line with global guidance. Sectors were free to identify indicators and data for resilience conditions, however, the resilience condition was not used for the PiN calculation, only for analysis. Protection as a cross cutting theme was considered in the choice of indicators across the different sectors.
2. In parallel, OCHA prepared and made available to sectors, baseline data which was broken down into two:
 - Humanitarian Profile – IDP data is from the Humanitarian Aid Commission (HAC) and International Organization for Migration (IOM); refugee data from UNHCR; returnee data from IOM. Vulnerable residents' data was taken based on the people in IPC 3 and above.
 - Common datasets that were used by all sectors i.e. population data, national percentage breakdown of sex and age and hazard data (floods, disease, conflict) were made available to the sectors.
3. Discussed and contextualized the global guidance PiN methodology. The process included:

- Identification of indicators per sector - each sector identified indicators that fell within the consequences. Using the Joint Inter-Sectoral Analysis Framework (JIAF) as reference, indicators were selected based on,
 - relevance to the consequence,
 - availability of up to date data from reliable sources, prioritizing data that covers that whole country ,
 - data that is broken down by locality (admin level 2).
- This was followed by a peer review of indicators by the ISCG, which focused on removing duplicates, identifying complementary multi-sectoral indicators and ensuring indicators chosen were relevant for the consequence.
- Once the indicators were agreed, sectors embarked on data collection. Data was collected by locality, categorized by humanitarian consequence and a 1 -5 severity of need scale.

Calculation of Severity of Need

The severity of need per locality was calculated by taking the mode of the sector severities. The mode is the most frequent number across all sector severities. The severities of FSL health, nutrition and WASH were given a double weighting.

Calculation of People In Need (PiN)

1. Seventy sector indicators were identified and grouped by the two humanitarian conditions for each population group in each locality.
2. To avoid double counting, in each locality, the highest value for each indicator in each of the population groups for each of the humanitarian conditions was taken. For example, all the life-threatening indicators affecting vulnerable residents in Telkok locality were reviewed and the highest value was used. This was repeated for all localities and all population groups. This gave the number of people in each locality,

in each population group and in each of the humanitarian conditions.

3. The four population groups were added together to calculate the two humanitarian conditions.
4. To avoid double counting the life-threatening and life-sustaining humanitarian conditions were not added together as people may find themselves in both groups. The highest value was taken in each locality.

Sector PiN calculation

Child Protection

The median value for each of the multi-hazard risk levels 3, 4 and 5 was used to estimate the child protection severity of needs. The severity levels were checked and amended when needed by checking the situation in the field (ground truth checks). To calculate the PiN, the ISCG agreed baseline datasets for IDPs, refugees and returnees and vulnerable people were used. For each locality the people in need were estimated for each indicator for each population group. This was multiplied by the highest severity per centage for each of population group. Age and gender of people in need was estimated using the data from the general population in each locality level. This shows that 51 per cent are female and 60 per cent are children.

Education

PiN was calculated from out-of-school children together with those that are enrolled in school but live in localities with severe food insecurity². The severity score was calculated at locality level on the basis of the learning environment indicators³. For population estimates, the following calculations were used for school-aged children:

- Basic Education (ages 6-13): 21 per cent population
- Secondary Education (ages 14-16): 7.8 per cent population

Food security and livelihoods

The IPC was used to determine the PIN and the severity of needs.

GBV

A review of secondary data and primary data sources including the hazard ranking, S3M data 2018, Department of Safety and Security (DSS) reports, and other assessments were used to estimate the number of people in need of GBV assistance, using agreed baseline datasets for IDPs, refugees, returnees and vulnerable populations.

Age and gender breakdown of the overall PiN for women and girls, which together account for around 85 per cent of total PiN, was calculated following per centages by locality and population groups from baseline figures. After consultations with GBV partners and service providers, an estimated 10 per cent of boys and 5 per cent of adult and elderly men was added to the GBV PiN.

The median value of each of the two indicators shown below was used for the initial estimate of the severity of needs by locality. The mathematical calculation of severity was cross-checked and amended with by ground-truthing. To calculate the PiN, hazard ranking indicators were used along with indicators from the 2018 S3M. Two key indicators were used:

- Per cent of girls and women aged 20-24 married before age 18
- Multi Hazard Indicator Ranking (conflict/tribal clashes, floods, drought and diseases outbreaks severity averaged and weighted and used as a proxy indicator for GBV risk)

For each locality the PiN for each indicator and each population group was estimated and then multiplied by the highest per centage of people among all the indicators chosen. For example: locality 'a', if indicator 2 has 25 per cent and indicator 1 has 22 per cent, the highest per centage (25 per cent) of the total population was taken as the PIN.

² IPC severity level three and above

³ WASH indicators such as latrines in schools and handwashing facilities and education indicators such as pupil to teacher ratio

Health

The health sector used six indicators to estimate the severity and number of people that are in need of assistance. The severity thresholds were assigned in line with the Sphere standards and the global health cluster calculator was used to identify people in need per indicator per locality. The final PIN was calculated averaging the people in need per indicator (average adult services and average child services).

Nutrition

Based on the S3M, the nutrition strategic advisory group identified three main indicators to assess the humanitarian needs for 2021. The indicators used were taken from JIAF global indicator register. These include the prevalence of global acute malnutrition (GAM) (children under five), prevalence chronic malnutrition (stunting/low height for age) among children 6-59 months, Prevalence severe acute malnutrition (MUAC <115mm/+ or - oedema) in children 0-59 months, prevalence acute malnutrition among pregnant and lactating women (PLW), People in need are estimated using the following formula:

- Children under five GAM * 10 per cent * 2.6 + PLWS MAM * 10 per cent * 2.6⁴ at locality level with severity 3, 4 or 5.

Protection

A review of secondary data and other primary data sources including ACLED data, DSS report, MSNA, ranking of IDP settlements by risk level, protection monitoring reports, hazard ranking, S3M data 2018, CPIMS and relevant sectoral and inter-sectoral assessments were used to estimate the number of people in need of protection assistance, using the IMWG agreed baseline datasets for IDPs, returnees, refugees and vulnerable Sudanese.

Refugee Consultation Forum

People in need were calculated by identifying locations with severity ranking 3 - severe, 4 - extreme or 5 - catastrophic. The RCF uses 32 indicators across seven sectors (Protection, Education, Health, Nutrition, WASH, Food security

and livelihoods and Shelter/NFI) to calculate the severity rankings. The refugee sectors estimated the number of people in need in each of the localities. To avoid double counting the highest value in each locality was used. These values were then added together to estimate the population in need.

A multi-sector approach is used for protection and a single PIN for Child Protection, Gender-based violence and Mine action.

Shelter/NFI

After assigning severity of needs for each locality based on the indicators the number of people in need was estimated by adding together all the localities that are severity 3 and above. The indicators used include;

- Displacement and returnee trends
- Needs/shelter-NFI gaps of protracted IDPs and integrated IDPs.
- Identifying groups with the highest vulnerability based on Shelter and NFI needs - People living in:
 1. hazard prone areas
 2. vulnerable groups in areas with high displacement trends
 3. areas with high health risks.
 4. groups of highest vulnerability based on protection criteria.

WASH

Based on the S3M, the WASH sector strategic advisory group identified three main indicators to assess the humanitarian needs for 2021. The indicators used were taken from JIAF global indicator register. These include; per cent of households having access to basic water services, per cent of households having access to limited sanitation services, per cent of households having access to handwashing with soap and water.

People in need were estimated by taking the highest number from the indicators in each locality where the severity of needs was in categories 3, 4 and 5.

⁴ 2.6 per cent is used in this calculation as an incident factor.

The Joint Inter-sectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities



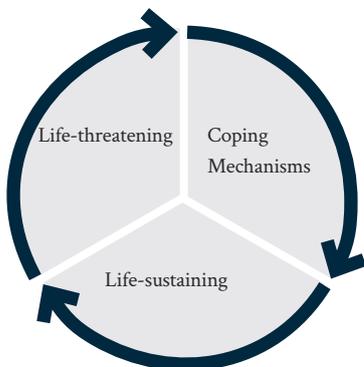
People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

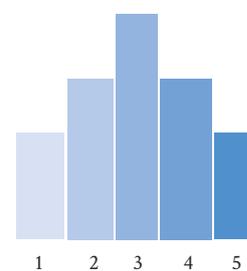


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/ Minimal	<p>Living Standards are acceptable (taking into account the context):</p> <ul style="list-style-type: none"> • Possibility of having some signs of deterioration and/ or inadequate social basic services, possible needs for strengthening the legal framework. • Ability to afford/meet all essential basic needs without adopting unsustainable coping mechanisms (such as erosion/ depletion of assets). • No or minimal/low risk of impact on Physical and Mental Well-being. 	<ul style="list-style-type: none"> • Building resilience • Supporting disaster risk reduction
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods).</p> <ul style="list-style-type: none"> • Inability to afford/meet some basic needs without adopting stressed, unsustainable and/ or short-term reversible Coping Mechanisms. • Minimal impact on Physical and Mental Well-being (stressed Physical and Mental Well-being) overall. • Possibility of having some localized/targeted incidents of violence (including human rights violations). 	<ul style="list-style-type: none"> • Supporting disaster risk reduction • Protecting livelihoods
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/ depletion of assets).</p> <ul style="list-style-type: none"> • Reduced access/availability of social/basic goods and services • Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. • Degrading physical and mental well-being. physical and mental harm resulting in a loss of dignity. 	<ul style="list-style-type: none"> • Protecting livelihoods • Preventing & mitigating risk of extreme deterioration of humanitarian conditions
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/ or long term irreversible extreme coping strategies.</p> <ul style="list-style-type: none"> • Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. • Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality 	<ul style="list-style-type: none"> • Saving lives and livelihoods
5 Catastrophic	<p>Total collapse of Living Standards</p> <ul style="list-style-type: none"> • Near/Full exhaustion of coping options. • Last resort Coping Mechanisms/exhausted. • Widespread mortality (CDR, U5DR) and/ or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights. 	<ul style="list-style-type: none"> • Reverting/preventing widespread death and/ or total collapse of livelihoods

4.2 Information Gaps and Limitations

In a bid to continuously improve and have better analysis, a critical analysis of the methodology was done. Limitations and gaps were identified, which the humanitarian community will work to address going forward.

Data is skewed towards areas where the UN has traditionally operated. The nationwide MSNA data helped in the primary data collection and analysis of all sectors and cross-cutting themes like AAP. However, secondary and baseline data in the Darfur states, Kordofan states and Blue Nile is comprehensive, compared to other geographical areas in Sudan. With the improving access brought about by the Transitional Government of Sudan, humanitarian partners will seek to continue doing humanitarian assessments (nationwide and subnational) to improve baseline data for the rest of Sudan. Similar to the 2020 HNO, S3M II data of 2018 (extrapolated in some cases), helped in ensuring secondary data that was comparable across six sectors and subsectors (see data sources table), enabling improved nationwide comparison. The HCT continues to work on leveraging existing national assessments (e.g IPC, CFSA) and data collection mechanisms (e.g IOM DTM) by adding key sectoral indicators that will help in improving multi-sectoral needs analysis, situation and response monitoring. The humanitarian community plans on doing a nationwide humanitarian needs assessment in 2021, building on the MSNA 2020, as part of its strategy of improving both primary and secondary data availability for humanitarian programming.

Impact of Covid-19 on MSNA timelines. Due to challenges brought about by the COVID-19 pandemic, data collection for the MSNA was delayed, resulting in the full validated dataset expected to be complete by the end of 2020. As

a result, data collected during the 1st month of data collection (about 50 per cent of the overall data collected) was used to complement the quantitative data analysis of the HNO as it tallied with the quantitative analysis of the HNO data timeline. Data collected after the first month was used to complement the narrative of the HNO. After completion of the MSNA data collection, analysis with the preliminary full data set was done to ascertain whether there were any major difference to the results of the analysis done using data collected in the first month - the complete dataset drew the same conclusions.

Demographic data and baseline data

The last census for Sudan was completed in 2008. Population figures used for the HNO were based on Government projections of the 2008 census figures. The Government of Sudan, supported by partners plans on conducting a national population and housing census, starting in 2020 to be completed in 2022. If the peace talks hold, there is a high likelihood that returnees will be a big part of the response in 2021. In preparation, the humanitarian community in support of the Government will look at ways of tracking the deregistration of IDPs once durable solutions are achieved.

Data gaps

Several sectors had data gaps and identified proxy indicators, using estimates or extrapolating data based on the last available reliable data.

Data for out of school children was last estimated in 2014, when an expert estimation was done. WASH data on schools is not available - the data from the Education Management Information System (EMIS) does not measure sufficiency of latrines according

to school WASH standards. No comprehensive dataset for areas affected by explosive ordnance across Sudan exists, making comprehensive mapping of the risks challenging. There is an overall lack of data addressing the functionality of health facilities and availability of services due to heavily de-centralized reporting systems and outdated reporting mechanisms. Similarly, no baseline data exists on the access of disabled people to basic services. The WHO is working closely with the Ministry of Health in improving the reporting systems.

The unit of measurement for the HNO is administrative level 2 (locality). This had a bearing on the indicators chosen for analysis (see annex for indicator list). There are data gaps in the national Health Resources and Services Availability Monitoring System (HeRAMS) in terms of health facilities readiness to provide health services to survivors of GBV, as well as survivors of GBV receiving services in health facilities in the health information system (HIS) reporting system.

In cases where data was not available at locality level, like disability data or sex and age disaggregated data, national or state level ratios were applied at the locality level. For instance, a standard rate of 15 per cent was applied by all sectors for people living with disabilities.

Conclusion

Despite the data and information challenges identified, the available analysis is based on the best available data and forms a good base for a comprehensive, targeted response. The severity of need maps were validated at both national and state level by operational partners, through the Inter Sector Coordination Group.

The findings tally with the social protection analysis underway to support the strengthening of social protection across Sudan. Plans are being put in place, as outlined above, to address identified challenges to have sharper analysis.

4.3

Sector Indicators Used for Needs Analysis

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Child Protection	% of girls / boys without access to core CP services	Life sustaining	0% - 10%	11% - 19%	20% - 39%	40% - 79%	>80%
	% of girls / boys engaged in hazardous child labour	Life Threatening	0% - 10%	11% - 19%	20% - 39%	40% - 79%	>80%
	% of girls / boys that have been separated from their parents or other typical adult caregivers	Life Threatening	0% - 5%	6% - 10%	11% - 20%	21% - 30%	>30%
	% of children and adolescents that have experienced violence, abuse, and neglect	Life Threatening	0% - 10%	11% - 19%	20% - 39%	40% - 79%	>80%
Education	% school-aged children (3-17) able to access to distance learning modules	coping Mechanism	100% of school-aged children able to access distance learning modules.	>75% of school-aged children able to access distance learning modules.	>50% of school-aged children able to access distance learning modules.	>25% of school-aged children able to access distance learning modules.	0-25% of school-aged children able to access distance learning modules.
	% of teachers who have suffered attacks in or on their way to school in the last 6 months	Life Threatening	No attacks	Verbal attacks	Physical assault without serious injury	Physical assault with serious injury.	Physical assault with fatal injury.
	% children (3-17) who have suffered attacks in or on their way to school in the last 6 months	Life Threatening	No attacks	Verbal attacks	Physical assault without serious injury.	Physical assault with serious injury.	Physical assault with fatal injury.
	% of learning spaces/schools provided with adequate water supply (3L of water for drinking and handwashing per child per day)	Life Sustaining	100% of learning spaces/school provided with adequate water supply.	>75% of learning spaces/school provided with adequate water supply.	>50% of learning spaces/school provided with adequate water supply.	>25% of learning spaces/school provided with adequate water supply.	0-25% of learning spaces/school provided with adequate water supply.
	% of children (3-17) not attending school by sex and school-level (as a result of the crisis)	Life Sustaining	100% of school-aged children attended school in the current/ most recent school year.	>75% of school-aged children attended school in the current/ most recent school year.	>50% of school-aged children attended school in the current/ most recent school year.	>25% of school-aged children attended school in the current/ most recent school year.	0-25% of school-aged children attended school in the current/ most recent school year.
	% of emergency-affected pre-primary and primary school-aged children (3-14 years) accessing emergency education programmes that incorporate school feeding / nutrition interventions	Life Sustaining	90-100% of school-aged children (3-14 years) have access to education programme with school feeding/nutrition interventions.	>75% of school-aged children (3-14 years) have access to education programme with a school feeding/nutrition intervention.	>50% of school-aged children (3-14 years) have access to education programme with school feeding/nutrition intervention.	>25% of school-aged children (3-14 years) have access to education programmes with school feeding/nutrition intervention.	0-25% of school-aged children (3-14 years) have access to education programme with school feeding/ nutrition intervention.
GBV	% of girls & women aged 20-24 married before age 18	Life Threatening	40-% of girls and women married under the age of 18.	41-50% of girls and women married under the age of 18.	51-60% of girls and women married under the age of 18.	61-70% of girls and women married under the age of 18.	71+ % of girls and women married under the age of 18.
	Average ranking of different hazards (Conflict, tribal clashes, floods, drought, disease outbreaks)	Life Threatening	1	2	3	4	5

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
General Protection	# of fatalities due to security incidents	Life Threatening	0 - 5	6 - 10	11 - 20	21 - 40	>40
	Multihazard ranking	Life Threatening	1	2	3	4	5
	% of HHs in which some members do not have at least one type of civil documentation	Life Sustaining	<10%	10% - 19%	20% - 29%	30% - 39%	>=40%
Health	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by locality	Life Threatening	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
	Number of inpatient beds per 10,000	Life Sustaining	>= 18	>= 18	12 < =17	6 < = 11	<= 5
	Average population per functioning primary health centers (PHC).	Impact on Services					
	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	Life Sustaining	4+	4+	3	2	<= 1
	Number of skilled birth attendant personnel (doctors, nurses, certified midwives) per 10,000 people	Life Sustaining	>= 23	>= 23	>= 19	>= 15	>= 11
	Percentage of children aged six months to 15 years who have received measles vaccination	Life Threatening	">95% in camps /urban areas >90% in scattered or rural areas"	">95% in camps / urban areas >90% in scattered or rural areas"	"90% >= 95% urban and camps 85% >= 90% in scattered or rural areas"	"85% >= 89% urban and camps 80% >= 84% in scattered or rural areas"	"< 85% urban and camps < 80% in scattered or rural areas"
Mine Action	Number of community members affected by explosive ordnance	Life Threatening	0% - 10%	11% - 20%	21% - 40%	41% - 60%	>60%
	Number of people injured/killed by explosive ordnance	Life-threatening	1 - 5	6 - 10	11 - 15	16 - 20	>20
Nutrition	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months	Life Threatening	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-3 and/or bilateral oedema among children 0-59 months (SAM)	Life Threatening	<1%	1-1.9%	2-2.9%	3-3.9%	≥4%
	Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 6-59 months	Life Sustaining	<2.5%	2.5-9.9%	10-19.9%	20-20.9%	≥30%
	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW)	Life Threatening	<=12.5%	12.6%-19.9%	20-24.9%	25-34.9%	≥35%
	Exclusive breastfeeding for infants 0-6 months	Life Sustaining	≥70%	50-70%	30 -50%	11-30%	<11%
Food Security	Food Consumption Score	Life Threatening	Acceptable and stable	Acceptable but deterioration from typical	Borderline	Poor	Poor
	Livelihood coping strategy (food) - 30 day recall	Coping Mechanism	No stress, crisis or emergency coping observed	Stress strategies	Crisis strategies	Emergency strategies	Near exhaustion of coping capacity
	Food Production losses	Life Sustaining	In the average	Small production losses compared to average <75%	Significant production losses compared to average 50-75%	High production losses compared to average 25-50%	No production or near total crop loss <25%

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Shelter ES/ NFI	% of HH whose dwelling enclosure provides adequate security, privacy, and maintains possessions	Life Sustaining	Household: Occupants are fully secure. Dwelling encloses the occupants and their property so that they are fully secure and private. Little or no intervention required.	Household: Occupants are mostly secure. Dwelling enclosure shows minor privacy deficiencies but maintains security for most household possessions with possible minor repairable deficiencies.	Household: Occupants have moderate insecurity. Household is moderately exposed to external observation and possessions are not lockable, however they may be able to be concealed. Repairs are required.	Household: Occupants have severe insecurity. Dwelling enclosure is very compromised with very poor privacy aspects and possessions are very exposed.	Household: Dwelling occupants are fully insecure. Dwelling provides no security to possessions with possible theft/loss and no external privacy.
	% of HHs whose possessions are being affected by community/regional hazards	Impact on people	Household possessions are secure. No community hazards and been identified and HH possessions are not at risk.	Household: Household possessions are currently intact although community hazards are present.	Household: Some household possessions have been damaged due to community hazards but some may be reclaimable.	Household: Many household items have been damaged or destroyed due to community hazards.	Household: Household has lost all of their possessions.
	% of HH with access to basic infrastructures and essential services	Life Sustaining	Area: Less than 10% of HH are settled in Severe or worse conditions Household: Household has predictable access to essential (public) services and utilities (water, electricity, sewage), road access is clear, and easy access to functional local markets.	"Area: More than 10% of HH are settled in Severe or worse conditions Household: Household is lightly impaired through (predictable) disruptions to essential services."	"Area: More than 20% of HH are settled in Severe or worse conditions Household: Household is moderately impaired by substantial disruptions to essential services or utilities, road access and accessibility to markets."	"Area: More than 20% of HH are settled in Extreme or Catastrophic conditions Household: Household is severely impaired by disruptions to services, utilities, road access and market functionality."	"Area: More than 40% of HH are settled in Extreme or Catastrophic conditions Household: Household is completely impaired through isolation from all essential services, road access, and market access."
	% of HHs without clear security of tenure within their community	Life Sustaining	"Less than 10% of HH are settled in Severe or worse conditions Household: HH has tenure security with no HLP issues (clear ownership, rental agreements, rights are enforced, etc.)."	"More than 10% of HH are settled in Severe or worse conditions Household: HH has tenure security with minor HLP issues."	"More than 20% of HH are settled in Severe or worse conditions Household: HH has tenure security with significant HLP issues."	"More than 20% of HH are settled in Extreme or Catastrophic conditions Household: HH has no tenure security with significant HLP issues."	"More than 40% of HH are settled in Extreme or Catastrophic conditions Household: HH has no tenure security and is evicted with major HLP issues."
WASH	% of HHs having access to improved water source	Life Sustaining	>85%	65% - <85%	55%- <65%	35% - < 55%	<35%
	% of HHs having access to improved sanitation facility	Life Sustaining	>80%	50% - <80%	25%- <50%	7.5% - < 25%	<7.5%
	% of HHs having a place for handwashing with soap and water	Life Sustaining	>80%	50% - <80%	25%- <50%	7.5% - < 25%	<7.5%
	Presence of faecal-oral diseases						

4.4

Sector Indicators for Monitoring Needs

Child Protection

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of girls / boys without access to core CP services	children and adolescents from IDPs, IDP-Returnees, Host Community	Service mapping\MSNA\CP Needs Assessment
2	% of girls / boys engaged in hazardous child labour	children and adolescents from IDPs, IDP-Returnees, Host Community	MSNA\Needs Assessment
3	% of girls / boys that have been separated from their parents or other typical adult caregivers	children and adolescents from IDPs, IDP-Returnees, Host Community	DTM\CPIMS
4	% of children and adolescents that have experienced violence, abuse, and neglect	children and adolescents from IDPs, IDP-Returnees, Host Community	MRM IMS/ CPIMS+

Education

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% school-aged children (3-17) able to access to distance learning modules	All population groups included (children)	MSNA
2	% of teachers who have suffered attacks in or on their way to school in the last 6 months	All population groups included (adults)	MRM
3	% children (3-17) who have suffered attacks in or on their way to school in the last 6 months	All population groups included (children)	MRM
4	% of learning spaces/schools provided with adequate water supply (3L of water for drinking and handwashing per child per day)	All population groups included (children)	UNICEF WASH SURVEY
5	% of children (3-17) not attending school by sex and school-level (as a result of the crisis)	All population groups included (children)	MSNA/FMOE
6	% of emergency-affected pre-primary and primary school-aged children (3-14 years) accessing emergency education programmes that incorporate school feeding / nutrition interventions	All population groups included (children)	5Ws and School Data

Food Security

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Food Consumption Score	Vulnerable residents	Food security assessment
2	Livelihood coping strategy (food) - 30 days' recall	Vulnerable residents	Food security assessment
3	Food Production losses	Vulnerable residents	Food security assessment, Agriculture survey (e.g. CFSAM), Ministry of Agriculture, Satellite imagery

Gender Based Violence

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of girls & women aged 20-24 married before age 18	Children and Adolescents	S3M data 2018
2	Average ranking of different hazards (Conflict, tribal clashes, floods, drought, disease outbreaks)	Women, girls, men & boys	OCHA

General Protection

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	# of fatalities due to security incidents	IDPs, IDP-Returnees, Host Community	ACLED/DSS Report/Protection Sector Inter-communal Conflicts Incidence Tracker/Protection Monitoring Reports
2	Multihazard ranking	IDPs, IDP-Returnees, Host Community	OCHA Hazard Ranking/Protection Sector IDP Settlement By Risk Level Analysis
3	% of HHs in which some members do not have at least one type of civil documentation	IDPs, IDP-Returnees, Host Community	MSNA

Health

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by locality	Children under five years of age U5	FMOH/WHO EPI program
2	Number of inpatient beds per 10,000	Women of reproductive age	FMOH/SMOH
3	Average population per functioning primary health centers (PHC).	Elderly population	FMOH/SMOH
4	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	IDPs of all age groups with specific attention to those residing in camps	FMOH/RH directorate
5	Number of skilled birth attendant personnel (doctors, nurses, certified midwives) per 10,000 people	People living with disability PLWD	FMOH/SMOH
6	Per centage of children aged six months to 15 years who have received measles vaccination	All population groups	FMOH/WHO EPI program

Mine Action

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Number of community members affected by explosive ordnance	Women, girls, men & boys	OCHA/IMSMA
2	Number of people injured/killed by explosive ordnance	Women, girls, men & boys	

Nutrition

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months	Under 5 years old Children	S3MII
2	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-3 and/or bilateral oedema among children 0-59 months (SAM)	Under 5 years old Children	S3MII
3	Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 6-59 months	Under 5 years old Children	S3MII
4	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW)	Pregnant and Lactating Women	S3MII
5	Exclusive breastfeeding for infants 0-6 months	Under 5 years old Children	S3MII

Shelter ES/NFIs

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of HH whose dwelling enclosure provides adequate security, privacy, and maintains possessions	IDPs, Returnees, host community	"Sector/UNHCR/IOM/OCHA/Partners/ MSNA IA/Rapid Assessments "
2	% of HHs whose possessions are being affected by community/regional hazards	IDPs, Returnees, host community	"5Ws, Sector needs assessments, IA/Rapid Assessments, PDMs, DTM (new displacement/returnee populations), MSNA NFI data tracking sheets (NFI CP), "
3	% of HH with access to basic infrastructures and essential services	IDPs, Returnees, host community	S3M
4	% of HHs without clear security of tenure within their community	IDPs, Returnees, host community	Protection monitoring, MSNA

WASH

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of HHs having access to improved water source	All population groups	S3M 2018
2	% of HHs having access to improved sanitation facility	All population groups	S3M 2018
3	% of HHs having a place for handwashing with soap and water	All population groups	S3M 2018
4	Presence of faecal-oral diseases	All population groups	

4.5 Acronyms

AAP	Accountability To Affected Populations
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
APMBC	Anti-Personnel Mine Ban Convention
AWD	Acute Watery Diarrhea
BEmONC	Basic Emergency Obstetric And New-Born Care Services
CAR	Central African Republic
CBS	Central Bureau Of Statistics
CCA	Common Country Assessment
CEmONC	Comprehensive Emergency Obstetric And New-Born Care Services
CFR	Case Fatality Ratio
CFSA	Comprehensive Food Security Assessment
CFSVA	Comprehensive Food Security And Vulnerability Assessment
CHE	Current Health Expenditures
CMAM	Community-based Management of Acute Malnutrition
CMR	Clinical Management Of Rape
CMR	Clinical Management of Rape Services
CoH	Cessation of Hostilities
COR	Government Of Sudan's Commissioner of Refugees
CPIMS	Child protection information management system
CRSV	Conflict-Related Sexual Violence
CSI	Coping Strategy Index
cVDPV2	Vaccine-Derived Poliovirus Type 2
DRC	Democratic Republic Of Congo
DTM	Displacement Tracking Matrix
EDF	Ethiopian Defense Forces
EMIS	Education Management Information System
EmONC	Emergency Obstetric and Neonatal Care
EORE	Explosive Ordnance Risk Education
ERW	Explosive Remnants of War
ES/NFIs	Emergency Shelter and Household Items
FAO	Food and Agriculture Organization of the United Nations
FCPU	Family And Child Protection Unit Of The Police
FGM	Female Genital Mutilation
FMoH	Federal Ministry of Health
FSL	Food Security and Livelihood
FSMS	Food Security Monitoring System
FTR	Family Tracing and Reunification
FTS	Financial Tracking Service
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GFM	Female Genital Mutilation
HAC	Humanitarian Aid Commission
HAZ	Height-For-Age Z-Score
HDDS	Household Dietary Diversity Score
HDX	Humanitarian Data Exchange
HERAMS	Health Resources Availability Monitoring System
HH	Household
HLP	House, Land And Property
IA	Inter-Agency
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IFI	International Financial Institutions
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illness
IMSMA	Information Management System for Mine Action
INEE	Interagency Network For Education In Emergencies
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IYCN	Infant And Young Child Nutrition
JEM	Justice and Equality Movement
JENA	Joint Education Needs Assessment
JIAF	Joint Inter-sectoral Analysis Framework
KAP	Knowledge, Attitudes, And Practices
LFB	Local Food Basket
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health And Psycho-Social Support
MI	Military Intelligence
MICS	Multiple Indicator Cluster Surveys
MRM+	Monitoring And Reporting Mechanism For Grave Child Rights Violations
MSNA	Multi-Sector Needs Assessment
MUAC	Mid-Upper Arm Circumference
NFIs	Non-Food Items
NISS	National Intelligence and Security Service
NPPOC	National Plan For The Protection Of Civilians
OCHA	Office for the Coordination of Humanitarian Affairs
OOP	Out-Of-Pocket Expenditures
PDM	Post Distribution Monitoring
PHC	Primary Health Centers
PiN	People in Need
PLW	Pregnant and Lactating Women
PPD	Plant Protection Directorate
PPE	Personal Protective Equipment
PSS	Psycho-social Support
R-ARCSS	Revitalized Agreement On The Resolution Of Conflict In The Republic Of South Sudan
RCF	Refugee Consultation Forum
RSF	Rapid Support Force
S3M II	Simple, Spatial, Survey Method
SAM	Severe Acute Malnutrition
SDG	Sudanese Pound
SDR	Secondary Data Review
SENS	Standard Expanded Nutrition Survey
SGBV	Sexual and Gender-based Violence
SLA-AW	Sudan Liberation Army Loyal To Abdul Wahid
SLM-MM	Sudan Liberation Movement – Minni Minnawi
SPLM-N	Sudan People's Liberation Movement – North
SPLM-N al-Hilu	Sudan People's Liberation Movement-North faction led by Abdel Aziz al-Hilu
SRF	Sudan Revolutionary Front
TMC	Transitional Military Council
TPLF	Tigray People's Liberation Front
UASC	Unaccompanied and Separated Children
UNAMID	United Nation African Hybrid Mission in Darfur
UNDS	United Nation Security Department
UNFPA	United Nation Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITAMS	United Nations Integrated Transition Assistance Mission in Sudan
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UXO	Unexploded Ordnance
VHF	Viral Hemorrhagic Fever
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health organization
WHZ	Weight For Height Z-Score

**HUMANITARIAN
NEEDS OVERVIEW**
SUDAN

ISSUED DECEMBER 2020