HUMANITARIAN NEEDS OVERVIEW

SUDAN

HUMANITARIAN PROGRAMME CYCLE 2020

ISSUED JANUARY 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

Women and children from Shagra village, North Darfur, collect water from a well constructed right in the wadi of El Kua river

Photo: UN agencies

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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.

fts.org/appeals/2019

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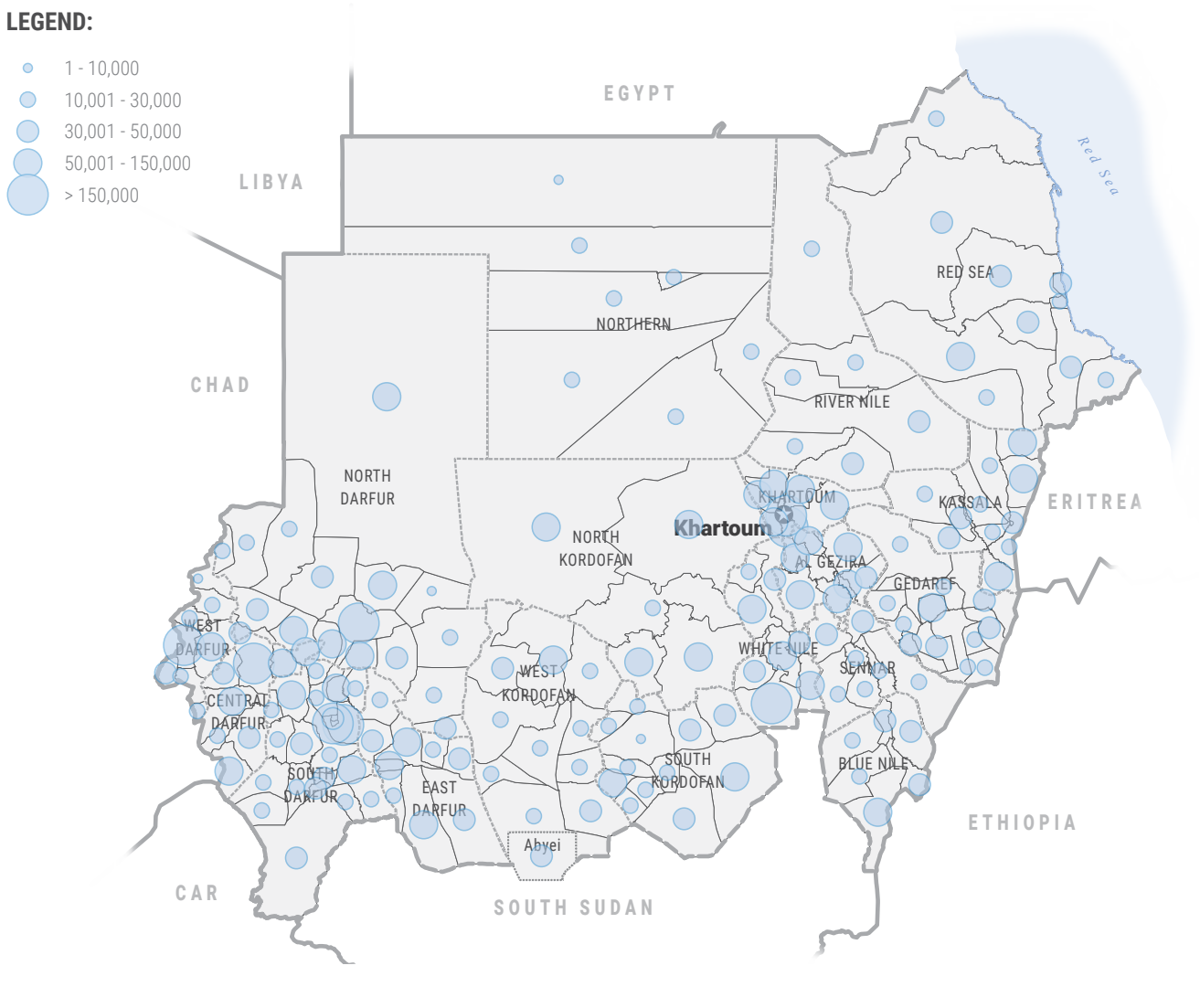
Overall People in Need



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Key Findings

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
9.3M	55%	58%	15%

By Humanitarian Consequence

CONSEQUENCE	PEOPLE IN NEED
Physical and mental wellbeing	**7.8M**
Living standards	**8.4M**

By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	**1.8M**
Returnees	**0.3M**
Refugees	**1.1M**
Vulnerable residents	**6.1M**

By Gender

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GENDER	PEOPLE IN NEED	% PiN
Boys	**2.4M**	26%
Girls	**2.9M**	32%
Men	**1.6M**	17%
Women	**1.9M**	20%

By Age

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AGE	PEOPLE IN NEED	% PiN
Children (0 - 17)	**5.3M**	58%
Adults (18 - 59)	**3.5M**	37%
Elders (60+)	**0.5M**	5%

With Disability

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	PEOPLE IN NEED	% PiN
Persons with disability	**1.4M**	15%

Summary of Humanitarian Consequences

Critical problems related to physical and mental wellbeing

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
7.8M	55%	58%	15%

HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Internally displaced persons	**1.6M**
Returnees	**0.2M**
Refugees	**1.1M**
Vulnerable residents	**4.9M**

Critical problems related to living standards

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
8.4M	55%	58%	15%

HUMANITARIAN CONSEQUENCE	PEOPLE IN NEED
Internally displaced persons	**1.8M**
Returnees	**0.3M**
Refugees	**0.9M**
Vulnerable residents	**5.4M**

Part 1

Crisis Impact and Humanitarian Consequences

Rainy season in Tawilla, North Darfur

Photo: UNAMID

1.1 Context of the Crisis

After a year of civil unrest and political change, humanitarian needs continue to rise. Some 9.3 million people – 23 per cent of the population – will need humanitarian assistance in 2020. The transitional government is prioritizing peace and ending the economic crisis, issues closely intertwined with the drivers of humanitarian need in the country.

While incidents of fighting have reduced considerably in recent years, the situation of people displaced due to decades of conflict remains unresolved. Some 1.87 million IDPs and 1.1 million refugees and asylum seekers[1] continue to need humanitarian assistance and protection support, both in and out of camp camps and within host communities[2]. Pockets of armed conflict continue in Darfur, and sporadic inter-communal conflicts also continue.

Across Sudan, basic services are lacking, and natural disasters, like floods, affect people each year. But it is a deepening economic crisis, following years of stagnation and little investment in already-weak public services, that is driving worsening food insecurity, deteriorating healthcare, and other needs across Sudan.

Throughout Sudan, most people – 58 per cent of households – cannot afford a basic daily food basket. Over 2.7 million children suffer from acute malnutrition. Medical facilities across the country are not functional due to lack of essential drugs.

POLITICAL PROFILE

Following months of civil protest, President Omar Al Bashir was removed from power on 11 April 2019, and a Transitional Military Council (TMC) was established. Civil protests, led by theAlliance for Freedom and Change Forces continued, calling for establishment of a civilian government, a further break with the previous regime, and ending internal conflicts. On 3 June, when security forces dismantled the "sit-in" area in front of army headquarters in Khartoum, more than 100 people were killed, and several hundred injured[3], at the site itself and across Khartoum[4].

After months of negotiations on the formation of a transitional government, on 21 August, Abdalla Hamdok was appointed Prime Minister. The Prime Minister will lead the government during a transition period of 39 months, after which democratic elections are to be held in the country for the first time in nearly 30 years. The Prime Minister has identified building sustainable peace and addressing the economic crisis as the transitional government's top priorities.

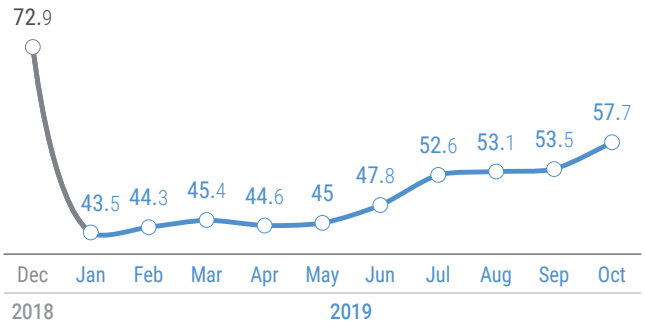
Armed opposition continues in pockets of Darfur, as well as in the 'Two Areas' of South Kordofan and Blue Nile. In September, the government and a group of Sudanese armed movement leaders -including Justice and Equality Movement (JEM), the Sudan People's Liberation Movement – North (SPLM-N) Malik Agar faction, the Sudan Liberation Army – Minni Minnawi (SLA-MM) faction, among others –signed the "Juba Declaration", which provides a way forward on peace negotiations. Meanwhile, the Sudan People's Liberation Movement-North faction led by Abdel Aziz al-Hilu (SPLM-N al-Hilu) and the Sudanese government have also signed a roadmap for negotiations and officialy began direct talks in Juba in October[5]. The SLA-Abdul Wahid faction (SLA-AW) has distanced itself from these discussions and remains the only armed group actively involved in fighting inside Sudan.

ECONOMIC PROFILE

In 2019, Sudan faced a worsening economic crisis that will continue to drive humanitarian needs into 2020, even as the transitional government works toward economic reforms. Prime Minister Hamdok has noted the country needs up to $8 billion in support over the next two years to cover imports and rebuild the economy[6]. While the transitional government is committed to stemming the economic crisis, reforms may involve subsidy cuts which could have a further impact on families who are already struggling to cope.

Sudan is in debt distress, with external debt of over $50 billion, estimated at 88 per cent of GDP[7]. The country has limited access to debt relief and international financing support through the International Monetary Fund (IMF) and the World Bank, until arrear sare cleared and until Sudan is removed from the United States "State sponsors of terrorism" list.

Inflation rate 2018 - 2019 per month (%)



Source: Central Bank of Sudan CBS (Oct 2019)

In the meantime, high inflation is driving soaring food prices and shortages of cash, fuel, and medicines. In October 2019, the inflation rate reached 58 per cent – up from 40 per cent in October, though a decrease from 73 per cent in December 2018.

Over the years, investment in basic services has been minimal, with poor coverage for WASH, health, education and other essentials, particularly in conflict affected and rural areas[8]. In rural localities, capacity to deliver basic services is particularly low.

World Environment Day in El Fasher, North Darfur

Photo: UN agencies

Mining, agriculture, and manufacturing are the fastest growing sectors of the economy. However, as the African Development Bank (AfDB) notes, high inflation and the cutting of some subsidies under the previous government had already "stymied growth" in 2018. In 2019, Sudan is projected to experience negative GDP growth of over 2 per cent for the second year in a row. Unemployment stood at 18 per cent in 2018, and it is higher for young people: 130,000 young people enter the labor market each year, but there are only 30,000 jobs available[9]. Agricultural development is a key opportunity, as 63 per cent of Sudan's land area is agricultural land, suitable for crops and animals, and most families continue to depend on small-scale agriculture to survive[10]. However, international financing needs to be resolved before large-scale investment can occur.

SOCIO-CULTURAL AND DEMOGRAPHIC PROFILE

While metropolitan areas – particularly greater Khartoum – are growing quickly, two-thirds of Sudan's population remains rural. Sudan also has a young population with 41 per cent of the population under the age of 15, a further 20 per cent between 15 to 24 years old, and less than 8 per cent older than 55[11]. About 47 per cent of the population live on less than $1.25 per day. Darfur and Kordofan are the poorest areas, with poverty rates as high as 67 per cent in Central Darfur and South Kordofan. Red Sea (51 per cent) and White Nile (41 per cent) are not far behind[12].

There are nearly two million internally displaced people in Sudan, for whom durable solutions have not been achieved, and over 300,000 are living as refugees in neighbouring countries. Greater stability and the overall low level of conflict have contributed to some increase in returns, but many of these are seasonal as people return to farm. During the last four years, an estimated 395,000 people have returned to Sudan from other countries[13].

Sudan is a transit and destination country for refugees, asylum seekers and migrants along the eastern Africa migratory route into North Africa and Europe. Based on information from IOM, the main reasons for migrating to other countries are economic, with 76 per cent of people interviewed highlighting economic reasons for leaving Sudan, followed by 16 per cent of respondents who mentioned targeted violence or persecution.

Sudan hosts an estimated 1.1 million refugees, including the largest number of refugees from the conflict in neighbouring South Sudan - 859,286 people, 51 per cent of them women. Amongst the overall refugee population, 48 per cent are under 18 years old. It is estimated that around 70 per cent of the refugees live below the poverty line (less than $3.84 per day) in Khartoum and around 60 per cent in Darfur and the Kordofans. With limited livelihood opportunities, refugees are vulnerable and reliant on humanitarian assistance for protection and to cover their most basic needs.

ENVIRONMENTAL PROFILE

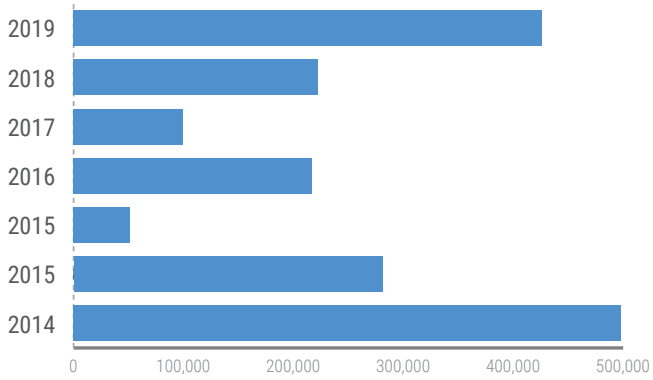
Over the past 30 years, Sudan has been among the most rapidly warming locations on the globe, with air temperatures increasing by 1.0° Celsius since the 1970s. In addition to a 30-year trend of declining precipitation, there is evidence that rainfall is becoming more erratic.

Natural disasters, such as desertification, drought, and flooding, also contribute to the deteriorating socio-economic situation of communities and households. Desertification has been a significant stress factor on pastoralist societies and has also contributed to inter-communal tensions.

Annual flooding affects people mainly due to water being carried by the Blue Nile from Ethiopia and the White Nile from the Equatorial Highlands, as well as through flash floods from the numerous seasonal water courses. Available data shows that flooding is becoming more frequent. During 2019, heavy rains and flash floods affected hundreds of thousands of people in 15 out of 18 states. The most vulnerable groups affected by flooding are the communities who live in lowlands and along the banks of the River Nile and its tributaries, and those within the course of the major seasonal streams. Communities in Sudan are exposed to significantly increased risk of diseases as heavy rains account for a rise in various vector/water borne diseases including malaria, dengue fever and chikungunya.

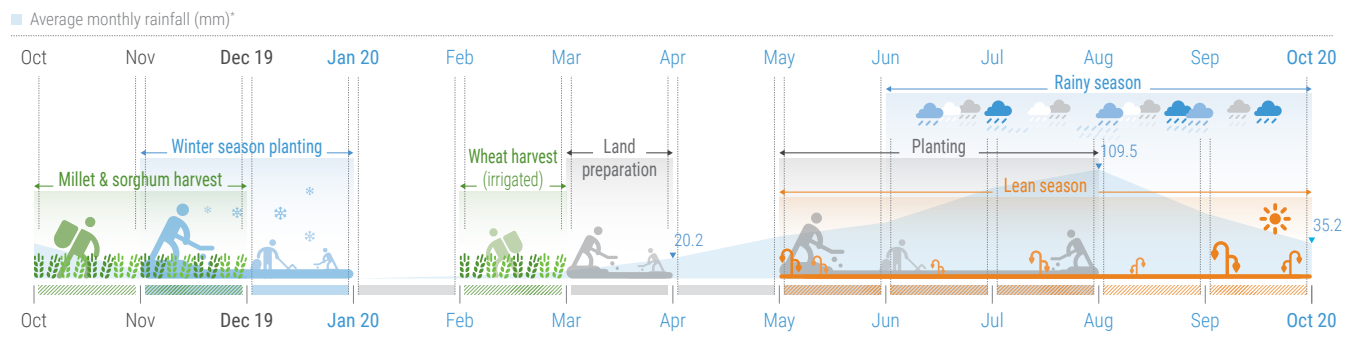
Limited water supply from sources beyond the Nile contributes to the humanitarian crisis. Erratic rainfall poses a challenge to agricultural production, as most of the country's agricultural activity depends on rainfall. The unreliable nature of the rainfall, together with its concentration into short growing seasons, heightens the vulnerability of Sudan's rainfed agricultural systems to more frequent and intensive drought. A significant Desert Locust outbreak also impacted agriculture[14].

Flood affected population 2013 - 2019



Source: Humanitarian Aid Commission HAC

Seasonal Calendar 2019 - 2020



*Source: FEWS NET, * The World Bank Group (CCKP)*

Vaccination campaign in Ed Daein, East Darfur

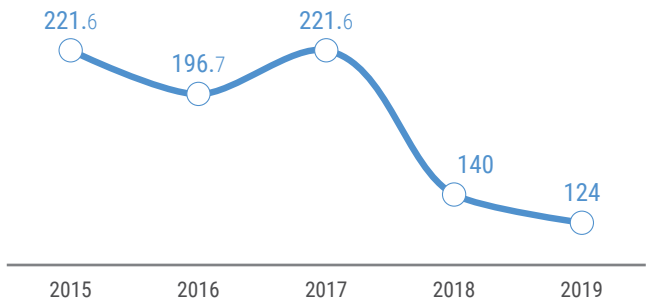
Photo: UNAMID

1.2 Impact of the Crisis

Basic service provision, already weak and underdeveloped, has been dangerously degraded by the economic crisis. This has affected people directly, impacting households' ability to buy food and cover basic needs. It has also deepened already existing needs – including among existing vulnerable groups like displaced people, returnees, and refugees – and may cause new people to fall into humanitarian need.

IMPACT ON SERVICES AND SYSTEMS

Import of medicines ($million)



Source: CBS

The health system is collapsing. In health facilities, there have been significant shortages of medicines for the second year in a row. Imports of medicine already declined by a third from 2017 to 2018, and fell further during the first six months of 2019, to $123 million from $139 million a year earlier. Effective distribution of drugs and medicine to clinics and hospitals is a major challenge. As a result, the availability of essential drugs during 2019 was 43 per cent for the national medical supply fund, 49 per cent in the national health insurance fund, and 59 per cent in the private sector[15]. The health infrastructure at the federal and state levels is understaffed and under-equipped to cope with large-scale outbreaks. In addition, vaccination coverage is low: Expanded Program of Immunization (EPI) is approximately 60 per cent for DPT3 (diphtheria, pertussis, and tetanus) across Sudan[16], which is significantly lower than the targeted minimum average of 80 per cent. The facility-based disease surveillance system covers less than 40 per cent of health facilities across the country, limiting health monitoring capacity. Only 32 per cent of health facilities fully provide emergency obstetric care services, leaving pregnant women at risk of obstetric complications, maternal deaths and disabilities.

The poor health coverage, combined with poor WASH infrastructure, contributes to disease outbreaks. According to survey of more than

7,700 water sources by WHO and Health Ministry, only 25 per cent met the standard chlorination rate – a measure of water potability. An estimated 50 percent water sources are contaminated[17].

Concerns about the functionality and accessibility of schools remain, and the already weak education infrastructure has been worsened by the current economic situation. The political unrest and transition delayed the opening of the new school year by 2-3 weeks. Parents were concerned to send children to school in the immediate aftermath of the June events. Occupation of schools by displaced families and, in some cases, armed groups, remains a concern in parts of South and Central Darfur as well as South Kordofan and Blue Nile. Additionally, between May and September 2019, floods and heavy rains destroyed and damaged nearly 1,000 schools, including classrooms, teachers' offices, fences, etc. Sanitation in schools is poor, with lack of clean drinking water and absence of minimum WASH standards contributing to water-borne diseases. The 2018 national WASH survey conducted by the Ministry of Education and UNICEF showed that only 51 per cent of schools had access to improved sanitation; 46 percent of schools had access to improved water sources; and handwashing facilities with soap were available in only 10 per cent of schools surveyed.

Protection services remain extremely weak across Sudan. Most localities lack specialized gender-based violence (GBV) services including basic referral systems; and the majority of health facilities do not provide clinical management of rape services (CMR). This is mainly due to lack of government investment, political and cultural sensitivities on the issue of GBV, lack of awareness, low capacity of service providers, and lack of resources.

Refugees often face higher fees for public services. While they often benefit from generous support provided by host communities, there are also ongoing and unmet needs for services and protection assistance. This is aggravated by overcrowding and gaps in the provision of assistance in refugee camps and large out-of-camp settlements, and limited interventions in smaller out-of-camp settlements. There is also a need to support the local host communities in remote, underdeveloped and underserved areas.

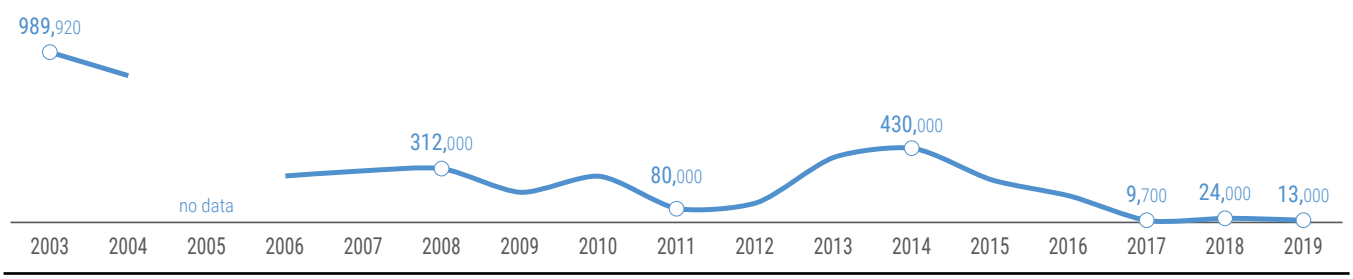
IMPACT ON PEOPLE

During 2019, immediate threats to people's security increased, linked to the political instability. On 3 June, security forces raided the site of peaceful protests in Khartoum. Security forces entered hospitals, attacked and intimidated patients and health care providers, and sexually violated both women and men. Troops were deployed throughout the capital and other cities, and, nationwide, the internet was blocked for several months. Insecurity also spread to other states in Sudan. On 13 April, 15 people were killed in Kalma camp, South Darfur, and other IDP camps experienced similar violence.

While new displacement due to fighting remains low, some locations have seen an increase in 2019. Intercommunal tensions escalated in some areas in Darfur, Abyei, and Eastern Sudan, causing some smaller scale displacements. Overall, an estimated 12,690 people were newly displaced this year, mainly due to conflict in areas of Jebel Marra (Central and South Darfur), as well as climactic shocks. Despite the overall ceasefire signed among non-state armed groups in Sudan, sporadic clashes between SLA-AW (which has not participated in peace efforts) and Government forces, as well as between SLA-AW factions, caused displacement. However, the larger-scale displacement caused by years of conflict has not been resolved. IDPs, as well as returnees remain in need of support until durable solutions are achieved. While UNAMID's mandate has been extended to October 2020, its phased drawdown continues. Perceptions of security differ among Darfuris consulted about the UNAMID drawdown, but many IDPs have expressed concerns about decreasing security in areas after UNAMID's departure.

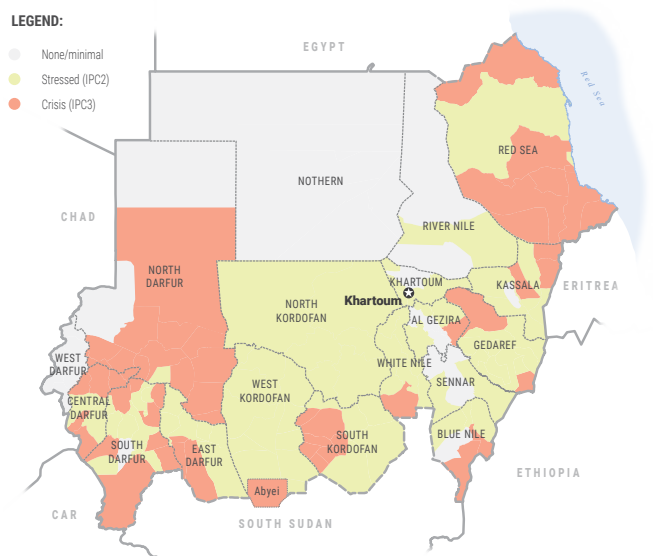
The high inflation rate, and rising prices are stretching people's ability to cope – whether IDPs, refugees, or residents. According to the 2018 Comprehensive Food Security Assessment (CFSA)[18], household expenditure doubled in 2018 compared to 2017 and were therefore spending less on other areas such as education, water etc. Even though there was a good harvest in 2019, it could not counteract the impact of rising prices. An estimated 5.8 million people (14 per cent of the population) are facing crisis or emergency levels (IPC 3 and above) of food insecurity and need urgent support. This is the highest figure on record in Sudan since IPC analysis began. Overall, 77 per cent of households spent more than 65 per cent of their total expenditure on food, which indicates high vulnerability among Sudanese households. Meanwhile, the high cost of subsidies remains a major burden on the economy and a gradual phasing out of all subsidies is being considered as part of the economic reform. This will have significant knock on effects on the overall population's well-being, with close to 50 per cent already estimated to be living below the poverty line.

Number of people newly displaced in Darfur per year (2003 - 2019)



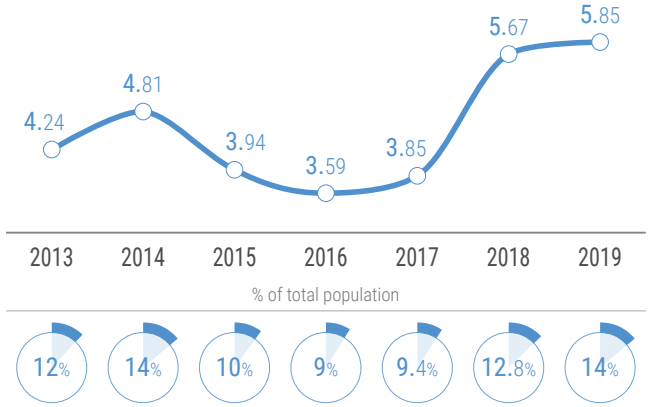
Source: IOM DTM

Food security levels



Source: Integrated Food Security Phase Classification (IPC)

Food insecure population 2013 - 2019 (million)



Source: Integrated Food Security Phase Classification (IPC)

The nutrition situation in Sudan is characterised by persistently high levels of acute malnutrition and stunting. Both trends have continued since record keeping began in 1987[19]. The nutrition situation of children is worsening, aggravated by deteriorating health care, poor water and sanitation, food insecurity, and the economic crisis.

As the economic crisis continues, people in urban areas, including Khartoum, are increasingly struggling to cope. In December 2018, the previous government implemented several policy changes – particularly the removal of subsidies - which had a deleterious effect on the urban poor. The extreme rise in the price of wheat and other staples impacted urban families the most, as prices increased four times from October 2017 levels. Poor people in urban areas usually have more cash assets, which they are unable to protect from the effects of inflation, and thus have felt the effects of the high inflation and overall economic crisis particularly strongly.

Within Khartoum state, 75 per cent of households surveyed in a rapid assessment of the impact of the economic situation (October 2018) were unable to satisfy their basic needs without selling assets, borrowing money, or reducing their spending on health and food. In the same assessment, 27 per cent of respondents indicated they had been forced to reduce education expenses by transferring their children to a lower quality school or withdrawing them from school entirely. 24 per cent of respondents said they could not afford health services. Asked to rate their living conditions after January 2018 compared to before January 2018, 82 per cent of those surveyed said living standards were "much worse" or "worse". In Mayo, a periphery of Khartoum, a "special market [to sell] left over food" has risen up, where people sell food collected from weddings or restaurants, some of it spoiled, at a discount. As the economic crises persists, these dynamics are likely to continue.

In the longer term, the conflict in Darfur and in the Two Areas, as well as the lack of education and work opportunities in rural areas, have continued to drive urbanization and migration into Khartoum and its peripheries. This continuous urbanization, combined with the negative effects of the economic crisis, stress already stretched or non-existent services. The availability and quality of education, health, and WASH services varies widely across Khartoum's different neighbourhoods. Improved basic services, as well as an enhanced social safety net, are needed to address existing needs and to ensure more people do not fall into humanitarian need.

Refugees living in Sudan remain largely dependent on humanitarian assistance and have limited access to livelihood opportunities. The increase in the cost of living due to high inflation has affected their purchasing power and undermined their capacity to earn enough income to become self-reliant, heightening assistance needs and dependency. This inability to cover basic needs is also accompanied by several knock-on effects, including increased tensions with host communities; more children dropping out of school and lower enrolment; a greater prevalence of child labour, early marriage and other child protection issues; and greater risk of sexual and gender-based violence (SGBV) . An average of 500 new asylum-seekers arrive each month through Sudan's eastern border, but about 40 per cent migrate onward, making them vulnerable to criminal networks involved in smuggling and trafficking of people. Along these migratory routes, refugees and asylum-seekers can be exposed to various forms of exploitation that can result in human rights violations.

IMPACT ON HUMANITARIAN ACCESS

Humanitarian actors have long faced a challenging operating environment in Sudan, including heavy administrative procedures for moving within the country; operational constraints on recruitment of staff and approval of programs, particularly for NGOs; the involvement of security actors in approving and accompanying assessments; and the denial of access to areas under the control of non-state armed groups. While many of the existing directives, issued in 2016, remain in place, the humanitarian access environment has seen some significant improvements, particularly since the formation of the transitional Government, including in relation to movement of humanitarian workers and access to areas controlled by non-state armed groups. Nonetheless, significant challenges do remain.

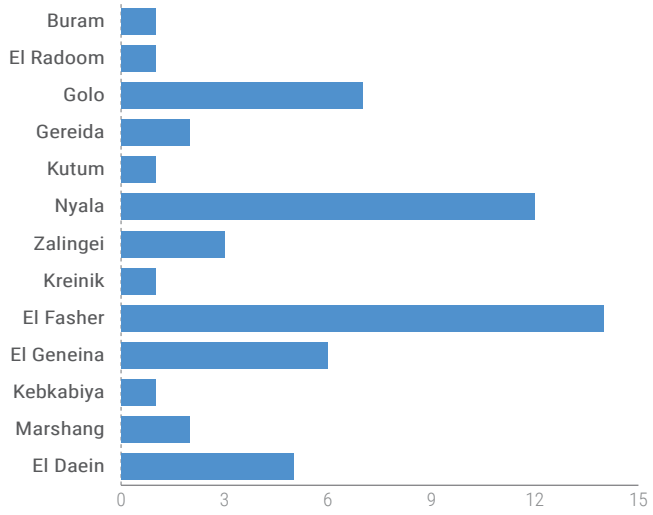
- Movement restrictions: Between January and June 2019, about 84 per cent of the requests made to travel from Khartoum to non-conflict states were delayed. This represented an increase compared with the second half of 2018, when only 53 per cent of requests where delayed. The civil unrest and political uncertainty during the first half of the year contributed to these delays as there was limited capacity to process these requests. Entry visas also faced several delays, with 73 per cent delayed beyond the directives' timeframe of seven days – taking on average over 24 days to clear (between June and September). However, as of August 2019, travel permits are no longer required for conflict-affected states, and the process for travel notifications has been simplified and shortened. This no longer requires separate approval at federal and state level, or separate stamps from security agencies in addition to the Humanitarian Aid Commission. In December, the HAC announced that travel notifications for staff to a given location will be valid for a period of six months, reducing the need for multiple requests. Since these announcements, humanitarian partners have reported a reduction in the processing time for travel notifications by the HAC.
- Interference in needs assessments: Prior to April 2019, officers from the National Intelligence and Security Service (NISS – since renamed the General Intelligence Service) or Military Intelligence (MI) regularly participated in humanitarian assessment missions, compromising the neutrality of humanitarian response. Since then, there has been some reduction, but the practice continues in some areas. Additionally, approvals for assessment tools undergo lengthy discussions at both state and federal level. Protection and gender-related information is sometimes restricted, and the timely release of surveys and data has been challenging (for example the S3M). Approvals of interagency assessments often faced delays in the first half of the year.
- NGO operations: International NGOs have faced particular restrictions, including a lengthy process for approving Technical Agreements and Government involvement in recruiting staff and selecting partners. In December, the HAC announced that HAC would no longer be involved in the recruitment of national staff; and that it will coordinate with the Ministry of Finance to obtain customs exemptions for humanitarian materials imported by NGOs. The Transitional Government has also allowed international NGOs that were expelled in 2009 to re-register in Sudan.

The deteriorating economy – including cash and fuel shortages - and poor infrastructure have also impacted humanitarian access, in some cases causing delays in the delivery of humanitarian assistance. In Central Darfur, road conditions during the rainy season delayed the delivery of humanitarian assistance to 70,000 people in Dukun, Brindisi, Wadi Salih and Mukjar. This poses a challenge accessing food for both rural and urban households, who are highly dependent on markets for sourcing cereals[20].

Cross-line access to people in areas controlled by non-state armed groups in Darfur's Jebel Marra, South Kordofan and Blue Nile remained largely cut off during 2019. However, the Transitional Government has announced its commitment to allow humanitarian assistance to these areas and to allow and for organizations to coordinate with non-state armed groups directly. In October, the WFP Executive Director conducted a cross-border visit to the Kauda area of South Kordofan, under the control of the Sudan People's Liberation Movement-North (SPLM-N), the first UN humanitarian mission to the area in over eight years. In November, an inter-agency team visited the Feina area of East Jebel Marra in South Darfur, under the control of the Sudan Liberation Army-Abdul Wahid (SLA-AW), where no humanitarian organizations had been present for nearly 10 years. Humanitarian access is also being considered as part of ongoing peace negotiations, which could pave the way for further opening of access.

From January to November 2019, there were 56 incidents of security incidents against humanitarian personnel and facilities (UNDSS/OCHA), with an increase during the unrest in April and June.

Number of Incidents against humanitarian personnel and assets



Source: OCHA & UNDSS

Access to cash, as well as high inflation, remains a key challenge, particularly due to the economic crisis, causing delays in the implementation of some programming. The effects are more pronounced in remote areas that lack access to the formal banking system. Where organizations' suppliers can be paid through bank transfers, there have been fewer disruptions to existing pipelines, although increasingly suppliers are refusing to accept bank transfers or checks. Limitations on cash withdrawal and availability cause delays in procurement, and higher operational cost overall. In some field locations, such as Kreinik (West Darfur), cash liquidity constraints delayed the distribution of cash to beneficiaries. Additionally, transporting large sums of cash from Khartoum and other big cities poses safety and security risks to staff.

1.3 Scope of Analysis

The HNO covers all 18 States of Sudan and the Abyei area, identifying the humanitarian needs of internally displaced people (IDPs), refugees, returnees and vulnerable people amongst Sudanese residents. In the absence of a national multi-sectoral humanitarian needs assessment, several intersectoral and sectoral assessments undertaken between 2018 and 2019 contributed to the qualitative and quantitative analysis of the HNO - as outlined below. See annex for list of indicators used for the analysis.

SECTOR	DATA SOURCE	COVERAGE
Nutrition	Simple Spatial Mapping Survey - S3M (2018)	Whole of Sudan
Health	FMOH data base on disease surveillance and health services, S3M (2018), WHO, UNICEF, UNFPA.	Whole of Sudan
Food Security	Comprehensive Food Security Assessment - CFSA (2018), Food Security Monitoring Systems FSMS (2018)	FSMS: Blue Nile, All Darfurs, South Kordofan; CFSA: Blue Nile, All Darfurs, Gedaref, Kassala, 3 Kordofans, Red Sea, White Nile
WASH	S3M (2018), HNO Hazard data 2018/19	S3M: Whole of Sudan (185 localities)
ES/NFI	HNO Hazard data 2018/19, NFI data tracking sheets (2018/19), DTM (2018/19)	Hazard data (Whole Sudan), NFI data tracking (Blue Nile, All Darfur, South Kordofan)
Education	Education Management Information systems (2017/18)	Whole of Sudan
Protection	HNO Hazard data 2018, S3M (2018), HNO Population (2019)	Whole of Sudan
GBV	HNO Hazard data 2018, S3M (2018), HNO Population (2019)	Whole of Sudan
Mine Action	Info Management systems for Mine Action (2018/19)	South Kordofan, Blue Nile, Kassala, Gedaref
Child Protection	Child Protection Infomation Management Systems - CPIMS- 2018/19, Multiple Indicator Cluster Survey -MICS 2014, Mechanism for monitoring reporting of grave child rights violations - MRM IMS (2018/19), S3M II, Police Family child protection unit data, Community safety audits.	All Darfur, All Kordofans, Blue Nile, White Nile, Khartoum

The national S3M II assessment conducted in 2018 was either the main source or complemented data for six sectors - health, nutrition, WASH, child protection, education and food security. Similar to the 2013 S3M I survey, 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 Assessment (CFSA 2018) and the Food Security Monitoring System (FSMS). The CFSA was conducted from November 2018 to February 2019. A total of 29,088 households' interviews were completed in 143 localities. The findings were aimed to be representative of the households at the locality level. Within each locality, 12-15 locations were randomly chosen as the primary sampling units (PSU) and 16 households were sampled within each location (PSU). Each surveyed household was classified based on the household's current status of food security (using food consumption indicators) and their coping capacity (using indicators measuring economic vulnerability and asset depletion).

The FSMS covered 10 states -North Darfur, West Darfur, Central Darfur, South Darfur, East Darfur, South Kordofan, West Kordofan, White Nile, Blue Nile and Kassala. The household data collection for the 2019 round of monitoring was conducted in Nov 2018, which is the end of harvest season. Field teams collected data from a set number of sentinel sites - 106 locations were sampled, 57 locations in Darfur and 49 locations in Eastern and Southern Sudan. A total of 11,538 households were interviewed, 6104 households in Darfur and 5434 in the East and South.

Data from existing information systems was also used by different sectors i.e. Child Protection, Education and Mine Action.

Refugee needs analysis and severity was based on refugee registration data on new arrivals, newly registered caseloads and verification system-ProGRES, UNHCR's Standardized Expanded Nutrition Surveys (SENS) and UNHCR's annual participatory assessment, standardized KAP (knowledge, attitudes and practices) surveys on WASH and health needs and post-distribution monitoring data.

SENS assess the nutrition, food security, health and WASH situations in all major refugee camps in White Nile, East Darfur and East Sudan, as well as Kharasana and El Meriam in West Kordofan and El Leri in South Kordofan. The last SENS was conducted in 2019 and has a validity of two years. The ProGRES database is an online tool that collects age, gender and diversity information of the registered refugees.

The participatory assessment is an annual exercise that assesses the needs and recommendations from refugees. The 2018 participatory assessment was conducted in Khartoum, Kassala, White Nile, South Kordofan, West Kordofan, South Darfur, East Darfur, North Darfur and Central Darfur States, with a total of 7,881 refugees consulted.

Multi-sectoral intergency assessments undertaken throughout 2019 were used for both needs analysis and situational monitoring. In total 41 interagency assessments took place took place in different states in Sudan. The interagency assessments included missions to assess humanitarian needs of newly displaced people, and protracted IDPs.

The longstanding presence of partners and humanitarian operations in the Darfur states, Kordofan states, and Blue Nile has resulted in more data availability compared to other geographical areas. Sectors undertook consultations at state level to complement the findings from the data. The severity of need maps based on this analysis were validated at both national and state level by operational partners, through the Inter Sectoral Coordination Group. The findings tally with other analysis like the social protection analysis underway to support the strengthening of social protection across Sudan – a validation of the analysis.

Despite the data and information challenges identified, the available analysis is a good basis for a comprehensive multi – sectoral response. Plans are being developed to address identified data limitations and challenges - as outlined in the annexes (Methodology section).

Inter Agency Multi Sectoral Assessments

Source: OCHA

STATE	NUMBER OF ASSESSMENTS
Abyei PCA Area	3
Blue Nile	4
Central Darfur	5
Kassala	1
Khartoum	1
North Darfur	7
North Kordofan	1
Red Sea	1
South Darfur	11
South Kordofan	3
West Darfur	1
White Nile	3
GRAND TOTAL	**41**

Farming at a rainy season in Twilla, North Darfur

Photo: UN agencies

1.4 Humanitarian Consequences

Some 9.3 million people – 23 per cent of the population – will need humanitarian assistance in 2020. Political change, conflict and protracted displacement, environmental deterioration and, most of all, the deteriorating economic situation, all have profound consequences on people's immediate wellbeing as well as their living standards, their ability to live with dignity, and their long-term resilience.

CRITICAL PROBLEMS RELATED TO PHYSICAL AND MENTAL WELLBEING

Physical and mental wellbeing consequences directly affect people's mental health, physical integrity and dignity in the short term. Approximately 7.8 million people are affected by critical issues related to their physical and mental wellbeing.

Malnutrition crisis: Increasing food prices, and poor WASH systems and health services, continue to drive malnutrition across the country. Approximately 522,000 children under 5 are severely malnourished and some 2.2 million children are moderately malnourished (MAM). Young children, as well as pregnant and lactating women (PLW) are more susceptible to being malnourished as their nutritional requirements are higher. The prevalence of MAM among PLWs is 6.3 per cent, and the prevalence of global acute malnutrition (GAM) in children under 5 is 14.1 per cent. Over the past three decades, the rate of malnutrition in children under 5 and PLW in Sudan has changed little, with about half the malnourished population living in nine states: Sennar, Al Gazeera, Khartoum, River Nile, Northern, North Kordofan, Red Sea, Kassala and Gedaref. Malnutrition poses immediate danger to people's health, limiting physical and cognitive development, and making children more susceptible to disease.

Disease outbreaks: Sudan remains prone to disease outbreaks including cholera, chikungunya, dengue, malaria, measles and Rift Valley fever. Since the government declared a cholera outbreak on 8 September 2019, 338 cases were recorded (as of 12 November 2019). As of 23 November, 2,877 cases of dengue fever, 346 cases of Rift Valley Fever, 26 cases of diphtheria and 177 cases of chikungunya were reported. Malaria cases were at epidemic levels in several states.

The Ministry of Health recorded over 1.7 million cases of malaria, the majority in North Darfur, which experienced double the cases from the same time last year. There were also 3,813 cases of measles (as of August 2019). In 2019, some 426,300 people living in 16 states were affected by flooding, double the number in 2018. In these areas, the capacity of existing health systems has been stretched as water has been contaminated, exposing people to water and vector borne diseases. In 2019, there was a 40 per cent increase in dysentery and typhoid cases compared to 2018.

Displacement: For the 1.87 million internally displaced people (IDPs) in Sudan mostly in Darfur, South Kordofan and Blue Nile, durable solutions have not been achieved and the root causes of their displacement remain unaddressed. While at a smaller scale compared to previous years, new displacement continues, with over 10,000 people newly displaced in 2019. In addition to living in dire conditions for years with limited basic services, many IDPs - particularly women and girls - still face high protection risks and continue to be harassed, and in some cases killed or raped. Pockets of conflict also remain in Darfur's Jebel Marra area, with related protection violations.

Protection gaps related to the fulfilment of basic rights and vulnerability to discrimination and threats continue to undermine their physical and mental well-being of refugees. Despite some progress, 1.1 million refugees continue to face movement restrictions outside of camps and between states, which hinders their ability to seek out secondary and tertiary health services in urban centres, and inhibits access to education and job opportunities outside of camps and settlements. These issues are aggravated by a lack of access to documentation. Refugees' lack of access to land, productive assets, financial services and other means of production limits their access to livelihoods, income and education, and undermines their capacity for self-reliance in the long-term.

CRITICAL PROBLEMS RELATED TO LIVING STANDARDS

Some 8.4 million people are facing critical issues related to living standards, based on indicators including food security, as well as access to basic services (including access to protection services, health facilities, safe water, sanitation, and education).

Limited access to Quality Education: The lack of quality education – whether due to conflict, underinvestment, or shocks – compounds needs. The Gross Enrolment Rate had stabilized around 72 per cent, but has been declining since 2018. Enrolment for pre-school is even lower, with 55 per cent of children at pre-school age out of school because of lack of educational spaces, teachers, and learning and play materials. This has consequences for the children's intellectual, social, emotional, language and even physical development. Only 40 per cent of children at the age of secondary education are enrolled in school.

Despite government commitments to provide free and compulsory basic education for all, available data suggests that literacy rates and access to quality education remain low (Twenty-Five Year National Strategy 2007-2031).

Literacy is particularly low among young women. Country-wide, some 45 per cent of women between 15 – 24 years are illiterate, with different levels across states (CCA 2016). Some 1.5 million school aged children need assistance to access or continue their education, particularly in Darfur, West and South Kordofan, Blue Nile, White Nile, Sennar, Kassala, and Gedaref. The variance in enrolment rates across the country is large, with the lowest pre-school enrolment rates in East Darfur (19 per cent) and West Darfur (24 per cent). Nomadic populations have even higher rates of out-of-school children.

Access to education services for IDPs, returnees and vulnerable host communities continues to be limited in Sudan, compounded by insecurity, economic decline and the impact of floods. In areas where localized conflict remains, such as in Jebel Marra (Central Darfur), this situation is particularly acute.

Lack of quality education also affects refugees, with children being particularly vulnerable. About 67 per cent of primary school-aged refugee children and around 94 per cent of secondary-school aged refugee children are out-of-school. Refugee families cannot afford to keep their children in school due to lack of access to livelihoods, and dependence on assistance. The lack of access to quality education in asylum reduces refugee children's lifetime income-earning capacity and will undermine their resilience throughout adulthood, perpetuating cycles of poverty and vulnerability to discrimination and persecution.

Most vulnerable groups

POPULATION GROUP	PEOPLE IN NEED	OF WHICH: CATASTROPHIC	EXTREME	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)
Internally displaced people	**1.8M**	1.2M	0.3M	57/43	61/35/4
Returnees	**0.3M**	0.12M	0.16M	57/43	61/35/4
Refugees	**1.1M**	0.5M	0.2M	57/43	61/35/4
Vulnerable residents	**6.1M**	2.1M	0.5M	57/43	61/35/4

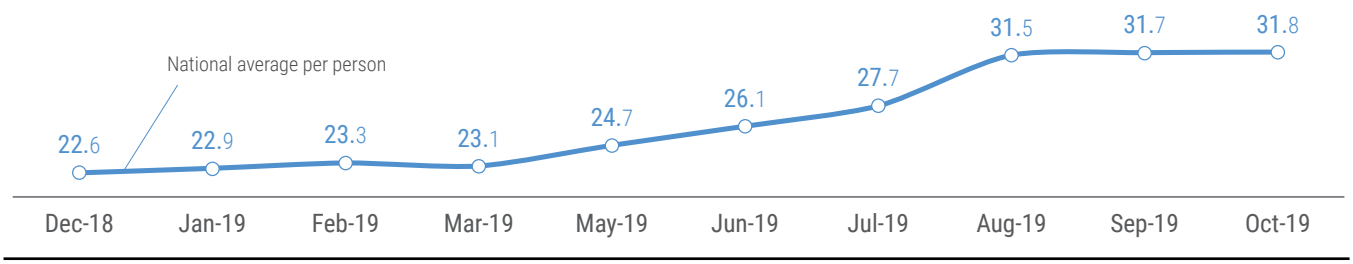
Weak Health and WASH Systems: Safe water services in Sudan remain insufficient to meet the growing demand. Moreover, many rural and semi-urban inhabitants pay a considerable portion of their family income for water. According to the 2014 MICS survey, the proportion of the population with sustainable access to an improved water source was 68 percent, and the proportion with improved sanitation was 33 percent. In spite of modest progress, Sudan has retained one of the lowest sanitation rates in sub-Saharan Africa. Regional disparities regarding access to safe drinking water and sanitation are significant. For instance, access to safe drinking water ranges from over 94 percent in Northern state to an average of 31 percent in the states of Red Sea, White Nile and Gedarif. Access to water and sanitation also varies according to patterns and standards of living, with a huge gap in favour of urban areas and the wealthy segments of the population. Widespread open defecation, limited access to safe water supply and unhygienic conditions are also compounding health and nutrition vulnerabilities across all states.

The health infrastructure has witnessed little investment over the past few years and has been stretched to the breaking point. There are deficiencies in services delivery modes and the referrals system; insufficient financial resources and lack of a sustainable health financing strategy; poor distribution and retention of a qualified health workforce; lack of implementation of standards of care; weak infrastructure and distribution; few health facilities constructed to code; and low quality and high costs for tertiary services leading to patients seeking treatment abroad[21].

The most recent Health Resources Availability Monitoring System (HERAMS) 2018 report for Darfur shows that nearly a quarter of primary health care facilities are not functioning.. The lack of rural hospitals in areas including Tawila (North Darfur), East Jebel Marra (South Darfur), Brindisi or Um Dukun (Central Darfur) force people to travel long distances to access health services free of charge or to have limited access to basic health support in one of the primary health clinics in these localities. In camps, refugee 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 addition, refugees are normally asked to pay for services at a higher rate than Sudanese nationals in out-of-camp and urban locations. In out of camp locations – where about 70 per cent of refugees reside – 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 high trauma related to persecution and asylum flights, and other mental health care needs.

Increasing Food Insecurity: Despite a good mid-year harvest in 2019, the economic crisis has kept food costs high. Inflation, combined with uneven and unpredictable rain, drives food insecurity. In some Darfur areas, prices in July were 15 to 25 per cent higher than the same time one year ago. Most households are unable to purchase a basic daily basket of food. In July, the national average price of a local food basket reached SDG 31.5 per person, which is 14 per cent higher than the previous month and 40 per cent higher than in December 2018. East Darfur, followed by South Darfur and White Nile recorded the highest prices.

Cost of local food basket per person (SDG)



Source: WFP

The Integrated Food Security Phase Classification (IPC), as of August 2019[22], estimated that 5.8 million people (14 per cent of the total population) were experiencing crisis or emergency levels of food insecurity (IPC Phase 3 and above). Of these, one million people were facing emergency levels of acute food insecurity (IPC Phase 4) and 4.8 million people were in Crisis (IPC Phase 3). The three states with highest number of people in IPC 3 and above are Khartoum (793,000), South Darfur (763,000 people), and South Kordofan (607,000 people), followed by White Nile, Kassala, Red Sea, and North Darfur, with more than 400,000 people in each state in at least IPC 3 levels. Further, over 90 per cent of refugees in Sudan are reliant on food assistance, and suffer from a lack of dietary diversity, rations gaps and lack of sufficient income and means to supplement household food stocks. Refugees' food insecurity has contributed to 'critical' and 'serious' malnutrition levels across most camps and larger refugee settlements. Food insecurity and a lack of access to services and livelihoods opportunities increases protection risks for refugee children, including high prevalence of child labour, early marriage and school drop-out.

Women-headed households also have a higher rate of food insecurity, of around 41 percent, and have less ability to afford a minimum of 1 local food basket (LFB) at the local market price values.

CRITICAL PROBLEMS RELATED TO PROTECTION

Even as the political situation evolves, protection remains a concern. Weak rule of law, as well as a lack of protection services, further impact already vulnerable children, adolescents, and women

Targeted attacks: Consultations held within IDP camps in Um Dukhun (Central Darfur) in 2019 revealed that over 90 per cent of the IDPs wished to return to their homes, and that security was their main barrier to doing so. In many parts of Darfur, armed men continued to harass IDP farmers, preventing them from accessing their land during the planting season. There continued to be reports of extortion, violence, sexual abuse and abduction. These attacks have been particularly acute in West Darfur. In Ardamata IDP camp in West Darfur, armed groups reportedly threatened and denied farmers access to their land; and Masalit farmers around El Geneina (West Darfur) reportedly fled their farms for the city following threats from militias. In a single incident, 18 people were attacked as they went to cultivate their land in Harakoni and Diwait, in West Darfur. Overall, some 20 incidents were reported from 1 June to 20 July 2019 alone. This insecurity limits the possibility of sustainable return, and thus of durable solutions to the protracted displacement situation.

UNAMID continues to track human rights violations and other protection indicators which are, overall, improving. However, this improvement may be due to lower reporting and decreased coverage area as the mission reduces its footprint geographically. From June 2018 to April 2019, UNAMID reported 268 human rights violations affecting 573 people – from Jun 2017 to April 2018, 385 human rights violations, affecting 975 people were recorded.

Refugees have also been targeted in 2019. Following attacks on South Sudanese in certain neighbourhoods in Khartoum on 5-6 June, over 7,000 South Sudanese refugees fled Open Areas in Khartoum to camps in White Nile State. A July 2019 survey of returnees to Bentiu, South Sudan showed that 75 per cent cited "insecurity" as a reason for their spontaneous return.

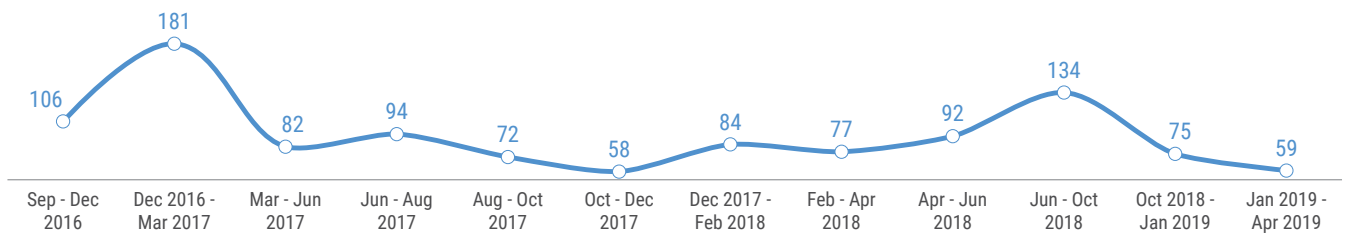
Risk to children and adolescents: In 2019, children's ability to access education was affected by instability in the country at large, including delays on the school calendar, and closures of schools due to the insecurity caused by protests and military presence. On 29 July, after a series of demonstrations, four children were killed in El Obeid, North Kordofan.

Children and adolescents are at risk of grave violations of their rights, separation from their families, and domestic violence. Forced recruitment of children continues. According to the monitoring and reporting mechanism of grave child rights violations, at least one form of grave child rights violation was recorded against 516 children (44 per cent of whom are girls).

During the first half of 2019, 9,338 unaccompanied and separated children (45 of whom were female) (UASC) were recorded by child protection workers. This number has more than doubled since the same period in 2018. Nearly 3 per cent (13,000) of refugee children living in Sudan are unaccompanied or separated, and about half are girls. These children are in urgent need of individual case management and access to targeted services, including financial assistance. Large numbers of UASC arrive each month through Sudan's eastern border, many of them moving onward, becoming vulnerable to criminal networks involved in smuggling and trafficking of people and exposed to various forms of exploitation that can result in human rights violations.

Sexual and Gender Based-Violence (SGBV): There is limited information on overall SGBV cases across Sudan. However, the risk of attacks is present across the country. In Khartoum, the violent break-up of the sit-in area in 3 June included rapes of men and women. In Darfur, UNAMID reported 15 SGBV cases for January-April 2019. compared

Number of human rights violations in Darfur



Source: UNAMID

to 31 the previous quarter. Information available from the MICS 2014 survey suggests that 34 per cent of women aged 15-49 years are victims of domestic violence. Female genital mutilation (FGM) is highly prevalent among the same age group, with approximately 87 per cent of women having had some form of female genital mutilation. This practice appears more common in rural areas, among older women, and among wealtier households. Child marriage is also high – 12 per cent of women were first married before age 15, and 38 per cent before age 18.

Over 90 per cent of Sudan's localities lack specialized GBV services (such as clinical management of rape, specialized psychosocial support and counselling, and case management). Health centers are often the first point of call where people seek help, and they are inadequately equipped to support and suffer from lack of trained staff especially due to high turnover.

Refugees' status in Sudan: While the Government of Sudan's generous open policy for hosting people fleeing conflicts and persecution welcomes provisions of international protection, key protection gaps persist, which undermine the liberty, safety and dignity of asylum seekers and refugees. Refugee affairs are still largely seen through a security lens and gaps in refugees' basic rights persist, including access to registration, documentation, freedom of movement, basic services and the labour market. Some progress has been made since 2018 on policies related to access to work permits and public education for refugees. However, these policies are applied inconsistently at local levels, and refugees still face discrimination when accessing public services. Furthermore, encampment policies and movement restrictions force refugees and asylum-seekers to use people smugglers to facilitate their internal and onward movements, which often exposes them to human trafficking and grave protection risks.

CRITICAL PROBLEMS RELATED TO RESILIENCE

Recurrent shocks and crises including floods, economic crisis, disease outbreaks, malnutrition, and food insecurity continue to stretch the ability of Sudanese people to cope.

According to the WFP CFSA survey, a significant proportion of households in surveyed states adopted various forms of negative coping strategies, including spending household savings to buy food, particularly as commodity prices continued to surge. Households have been forced to cut back their health and education expenditures and are less able to create or invest in livelihood assets. Almost 1 in 3 households (30 per cent) had to spend a portion or all of their savings on health services, and about 1 in 4 households (23 per cent) reported having to reduce their health expenditure. Some 10 percent of households took their children out of school. As more children leave school to work, or because their families simply cannot afford school fees, their risk of exploitation and abuse increases. Some households resort to reallocating labor among family members, with children joining the workforce to support income generation for the family. Households that rely on negative livelihoods-related coping strategies are less resilient to later shocks.

More than a third of the surveyed households had to adopt food-based coping mechanisms to maintain minimum food consumption levels, and 12 percent of households employed severe food-based coping mechanisms. These food-based coping strategies include eating less preferred foods, borrowing money to buy food, limiting portion sizes, reducing the number of meals, and reducing adult consumption in favour of smaller children. In Blue Nile state, 67 percent of the surveyed households adopted food based coping strategies, the highest among the 13 surveyed states, followed by Red Sea at 62 percent. The adoption of severe coping mechanisms was highest in Kassala at 29 percent.

Additionally, 54 percent of households had to resort to livelihood-based coping strategies. The most prevalent of these was spending savings on food, employed by 30 percent of households. 23 percent of households were forced to cut back on medical expenses, and 16 percent had to sell their last remaining female animals, causing an irreversible loss of livelihoods. Overall, 19 percent of households adopted livelihood based coping strategies. About 79 percent of the households in Blue Nile adopted livelihood-based coping strategies, the highest among the surveyed states. This was followed by 71 percent of households in West Kordofan. The highest proportion of households adopting emergency coping mechanisms were found in Red Sea at 36 percent.

Almost 41 per cent of female-headed households adopt crisis or emergency coping mechanisms, comparted to 37 per cent of male-headed households. In some states, this gender divide is quite striking. In Gedaref, 51 per cent of female-headed households were adopting crisis or emergency coping strategies, compared to 34 per cent of male-headed households.

Refugee and IDP households are also adopting more high-risk coping strategies as the economic situation deteriorates.

1.5

Inter-sectoral Severity of Needs

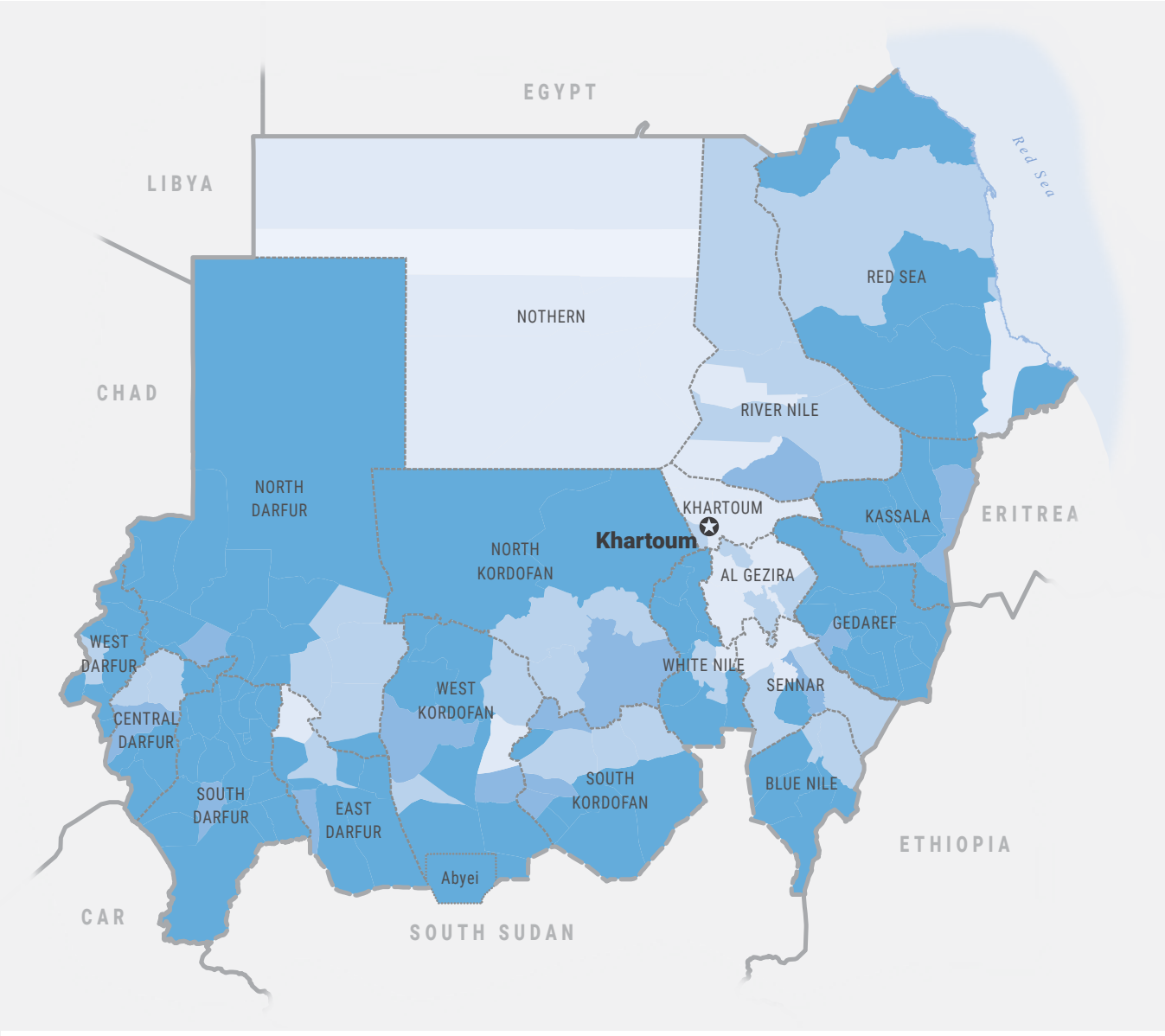
TOTAL POPULATION

43M

PEOPLE IN NEED

9.3M

Inter-sectoral severity of needs



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.

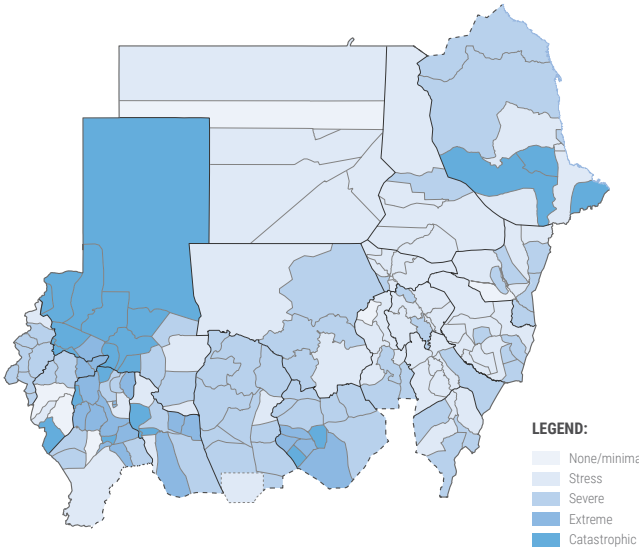
Distributing items to disabled people in El Fasher, North Darfur

Photo: UN agencies

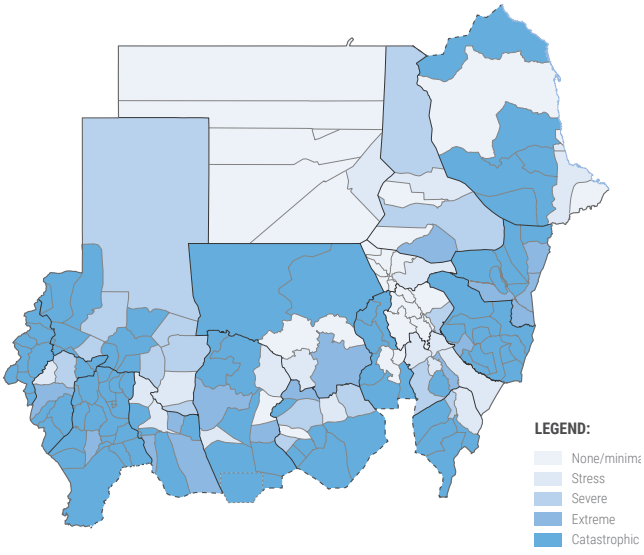
1.6

Severity of Needs by Consequence

Physical and mental wellbeing severity of needs



Living standards severity of needs



1.7

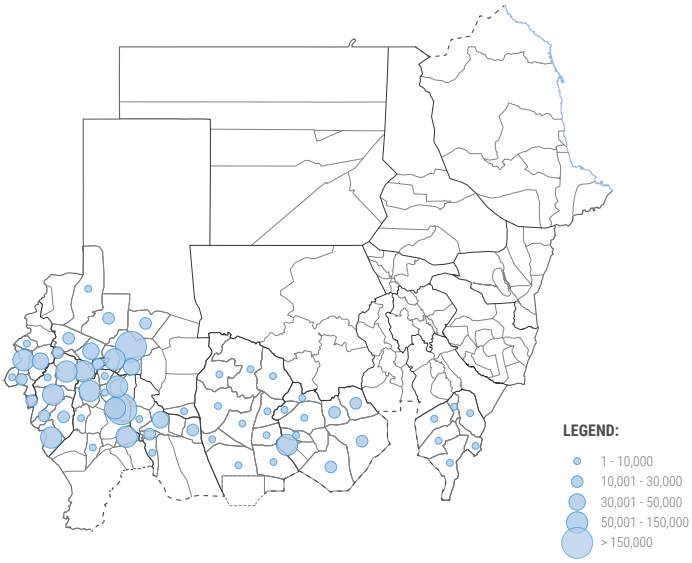
Severity of Needs by Vulnerable Group

A total of 9.3 million people are expected to be in need in 2020, across all of Sudan's 18 States, out of which approximately 5.3 million are women. Some 6.1 million people in need are vulnerable residents or people affected by years of conflict and economic decline, while 1.8 million are IDPs, 1.1 million refugees, and 298,000 returnees. Within these population groups, some of the vulnerable groups that may have specific needs include children, women at risk, the elderly, pregnant and lactating women and children under 5 years old with high levels of malnutrition

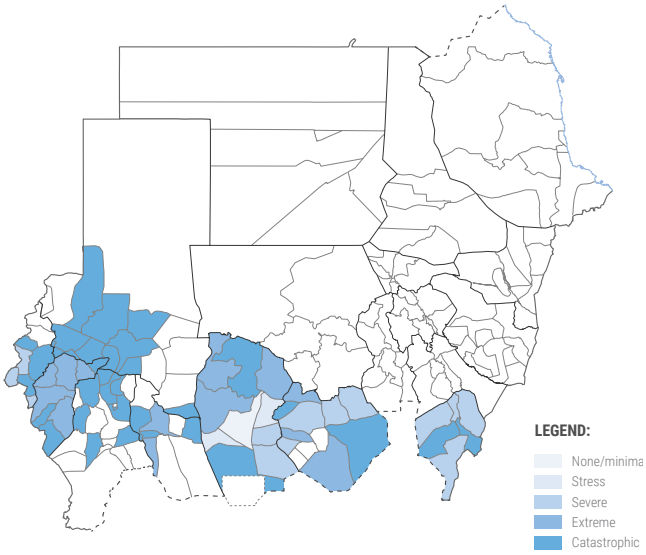
State	People in need (M)	Of which: Extreme / Catastrophic (M)		By gender Women / Men (%)	By age Children / Adults / Elders (%)	IDPs (M)	Refugees (M)	Vulnerable residents (M)	Returnees (M)
Abyei	0.03		0.04	55/45	58/37/5			0.03	
Al Gezira	0.59			55/45	58/37/5		0.02	0.57	
Blue Nile	0.27		0.05	55/45	58/37/5	0.08		0.19	
Central Darfur	0.88	0.37	0.27	55/45	58/37/5	0.36		0.35	0.17
East Darfur	0.39	0.07	0.20	55/45	58/37/5	0.08	0.11	0.17	0.03
Gedaref	0.34		0.03	55/45	58/37/5		0.02	0.32	
Kassala	0.56		0.44	55/45	58/37/5		0.11	0.45	
Khartoum	0.95		0.20	55/45	58/37/5		0.41	0.54	
Nile	0.16			55/45	58/37/5			0.16	
North Darfur	0.97	0.07	0.84	55/45	58/37/5	0.42	0.02	0.48	0.05
North Kordofan	0.36	0.02	0.17	55/45	58/37/5		0.01	0.35	
Northern	0.09		0.00	55/45	58/37/5			0.09	
Red Sea	0.34	0.04	0.13	55/45	58/37/5		0.01	0.33	
Sennar	0.18	0.00		55/45	58/37/5		0.01	0.17	
South Darfur	1.23	0.11	0.90	55/45	58/37/5	0.53	0.05	0.63	0.02
South Kordofan	0.50	0.21	0.05	55/45	58/37/5	0.17	0.04	0.28	0.01
West Darfur	0.40		0.15	55/45	58/37/5	0.18		0.21	0.01
West Kordofan	0.37		0.04	55/45	58/37/5	0.01	0.06	0.30	
White Nile	0.71	0.08	0.38	55/45	58/37/5		0.27	0.44	
Grand Total	**9.3**	**1.0**	**3.9**	**-**	**-**	**1.8**	**1.1**	**6.1**	**0.3**

IDPs

People in need

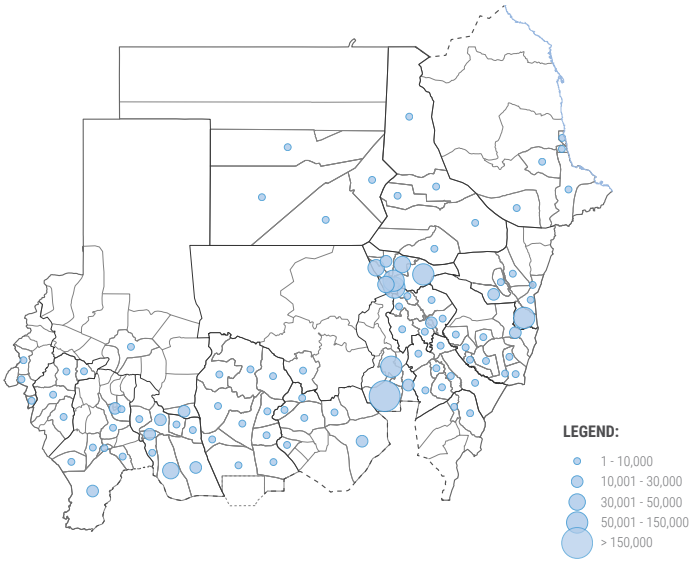


Severity of needs

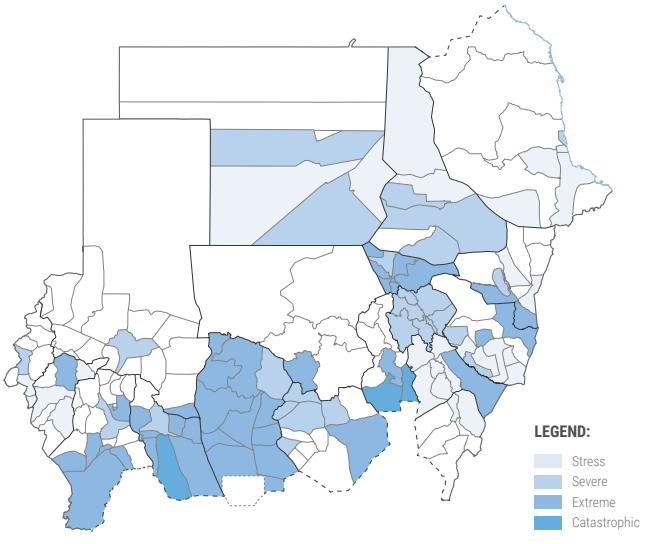


Refugees

People in need

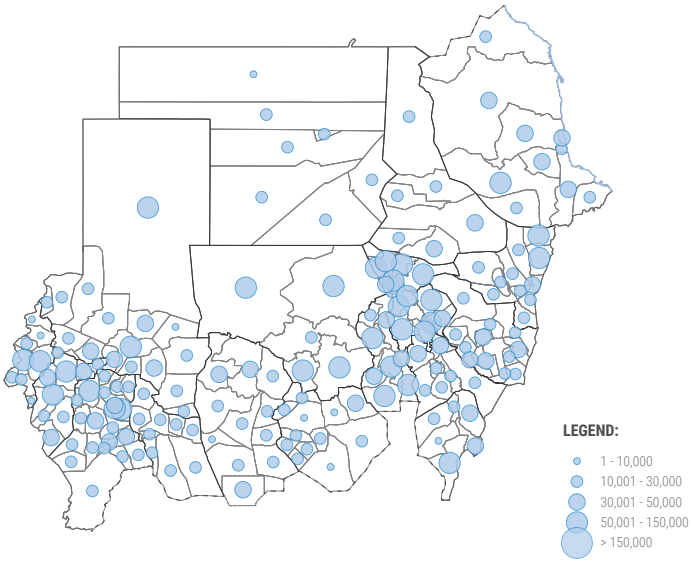


Severity of needs

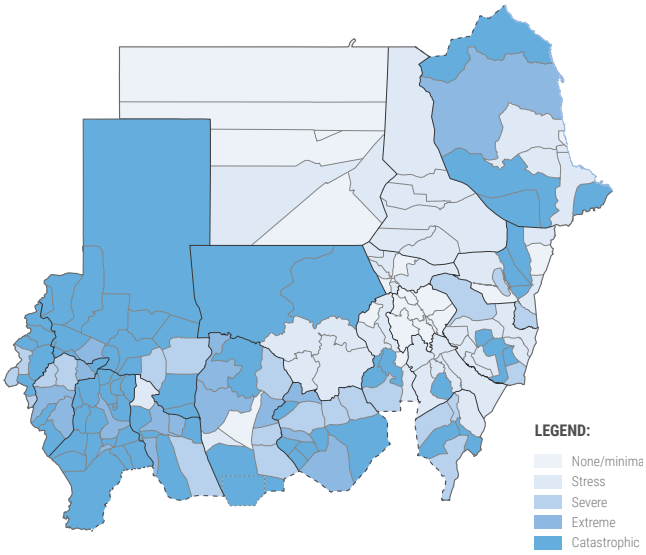


Vulnerable residents

People in need

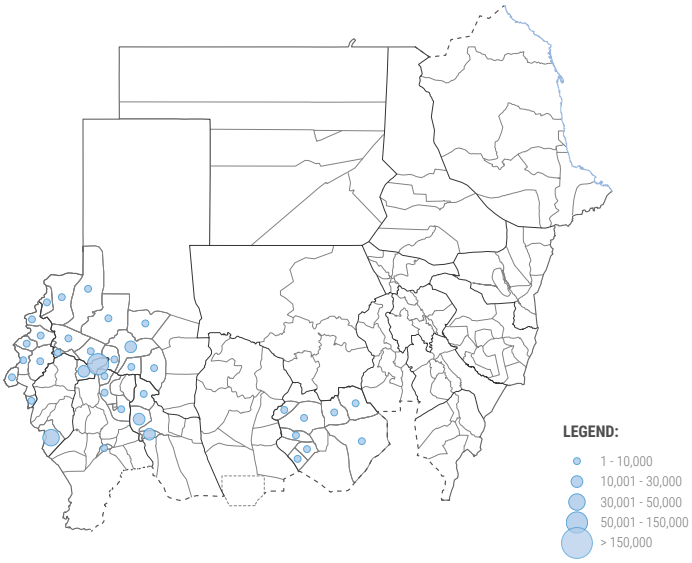


Severity of needs

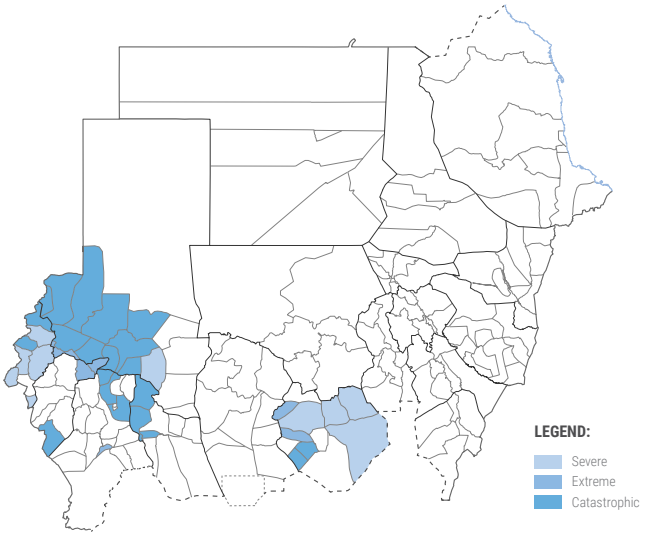


Returnees

People in need



Severity of needs



Part 2

Risk Analysis and Monitoring of Situation and Needs

Flooded residential area in Shangil Tobaya, North Darfur

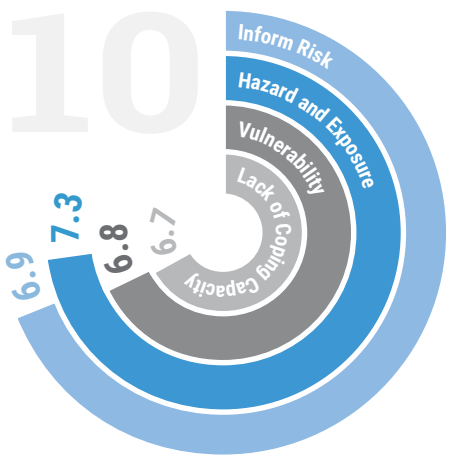
Photo: UN agencies

2.1

Projected Evolution of Needs

The severity and scale of needs remain far reaching. The impact of the crisis on people is projected to grow in 2020 and to remain high in the coming years. The INFORM Index for Risk Management (www.inform-index.org) assesses Sudan to be the twelfth most at-risk country globally, with an overall index of 6.9 out of a maximum of 10. It is classified as very high risk in terms of exposure to hazards (7.3), vulnerability to hazards (6.8) and lack of coping capacity (6.7). Sudan is prone to natural hazards, including flooding, drought and epidemics.

Inform Risk Index



Source: InFORM, 2019. For more information, visit www.inform-index.org

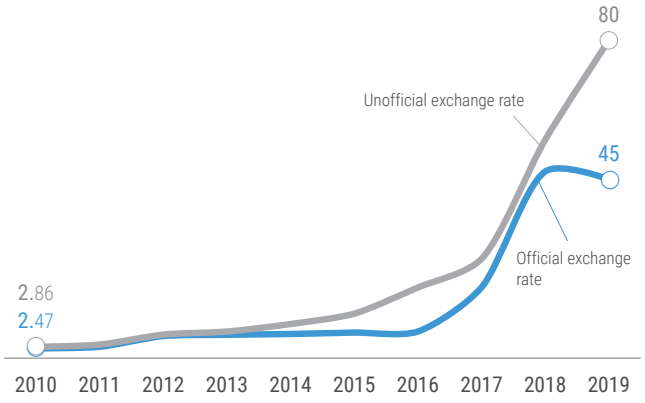
Natural hazards, including flooding and drought: Climate change and poor drainage and infrastructure have worsened the impact of annual cycles of flooding. Over the past five years, an average of 191,000 people have been affected by floods. In 2019, over 400,000 people were affected by floods – 46 per cent above average - with the highest number of people affected in White Nile state. 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. Additionally, most parts of the country fall within the Sahel belt, which is periodically affected by drought. Between 2017 and 2018, drought affected over 250,000 people mainly in Red Sea, Kassala, and North Darfur states. Early projections suggest that 2020 rains will be normal to above-normal.

Disease outbreaks: Sudan remains prone to several communicable diseases, including measles, cholera, chikungunya and dengue. 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.

Displacement and Localized armed conflict: Over the past five years, the numbers of people displaced due to conflict have progressively reduced. However, while the SLA-AW armed group remains active and outside of the peace process, pockets of conflict are anticipated to continue in parts of Central and South Darfur. Following political developments in 2019, several non-state armed groups in Darfur, Blue Nile and South Kordofan agreed to a cessation of hostilities (CoH). However, the situation remains fluid and fighting could escalate if these cessations do not remain in place or are violated, resulting in higher displacement. At the same time, the root causes of the conflict remain largely unaddressed and long-standing grievances and competition for resources between communities continue. Some clashes and tensions are thus likely to continue.

Food insecurity: Overall, 2019 harvests are expected to be slightly above average. With the arrival of harvests, staple food prices have started to decline, although high production and transportation costs have prevented prices from falling as much as in a typical year. The Sudanese Pound has continued to depreciate on the parallel market, reaching 82 SDG per 1 USD in November, compared to 69 SDG per 1 USD in September. This continues to drive increases in prices for essential imported commodities[23].

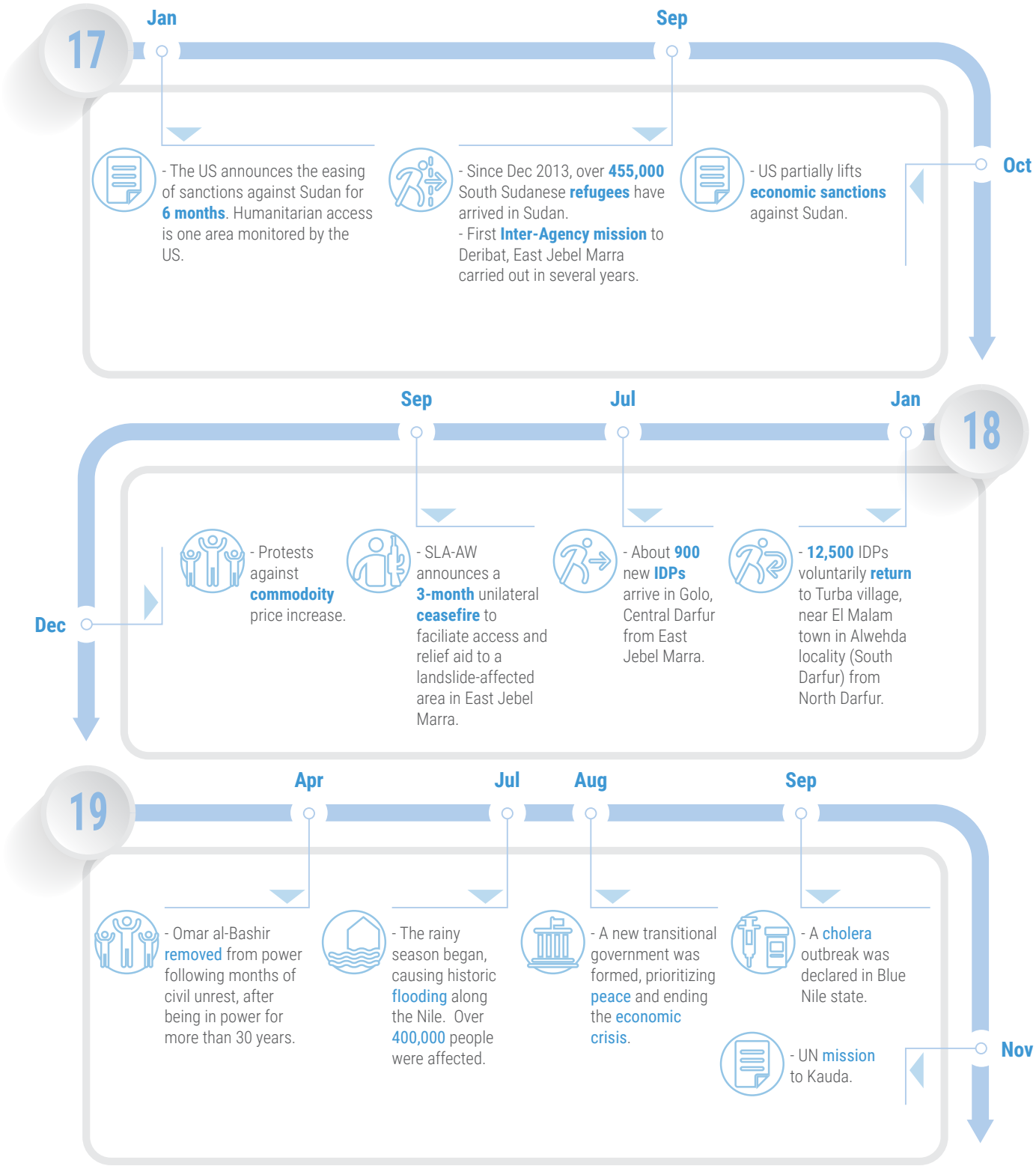
Exchange rate (SDG)



Source: CBS, Dec 2019

Economic crisis: The economic crisis will likely continue, as any remedies put in place will take time to come into effect. As noted, the country has limited access to international financing support through the International Monetary Fund (IMF) and the World Bank, until arrears are cleared and until Sudan is removed from the United States "State sponsors of terrorism" list. As such, the process of debt relief and economic reform will take time.

2.2
Timeline of Events
January 2017 - December 2019



Food distribution in Al Salam camp, South Darfur

Photo: UN agencies

2.3

Monitoring of Situation and Needs

Humanitarian partners and sectors will closely monitor the humanitarian situation and evolution of needs, to ensure an effective proactive response that evolves with the situation. Sectors have identified a set of indicators (please see annex) which will be monitored on a regular basis. Humanitarian partners will continue undertaking multi-sectoral humanitarian needs assessments particularly in newly opened areas, which have been inaccessible for long periods of time. Additionally, 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.

In 2020, to address the limitations and gaps identified in this HNO, the humanitarian community will work to establish a coherent and more systematic method for country wide needs monitoring, including identifying common indicators to monitor through regular sectoral and intersectoral assessments, and implementing a country wide interagency assessment that can contribute to identifying needs in the 2021 HNO. This will be done through engagement with the Information Management Working Group (IMWG) and the Inter Sector Coordination Working Group (ISCG).

Part 3

Sectoral Analysis

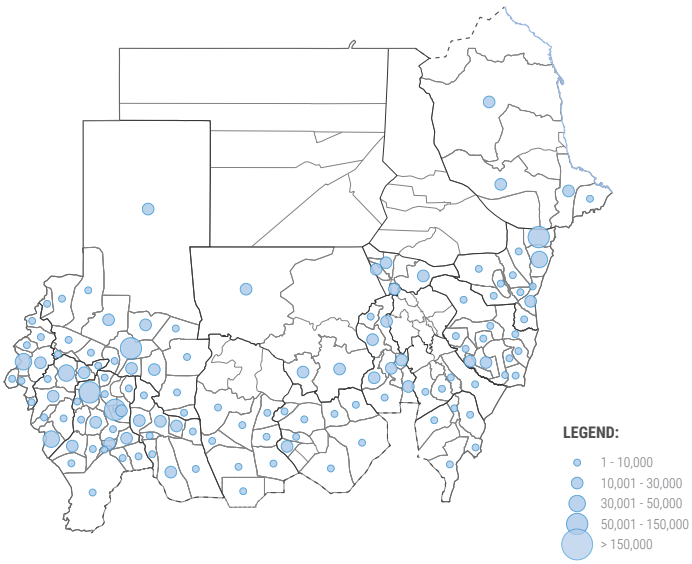
Eritrean refugees in Sudan

Photo: UN agencies

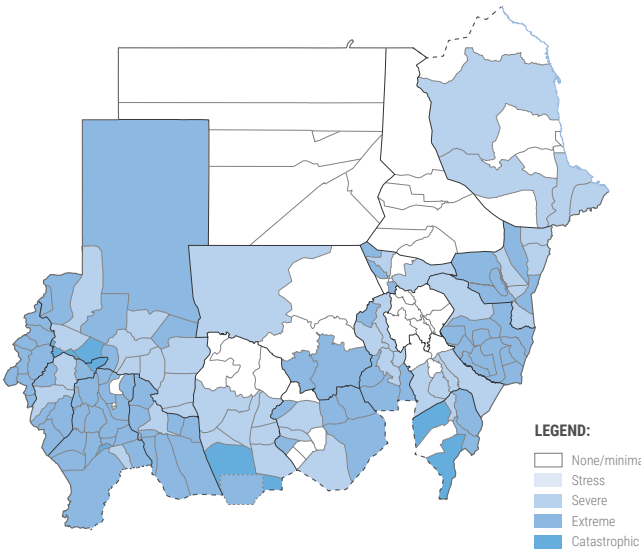
3.1 **Education**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.5M	46% Severe 50% Extreme 4% Catastrophic	51% Women 49% Men	70% Children 30% Adults - Elders

PEOPLE IN NEED



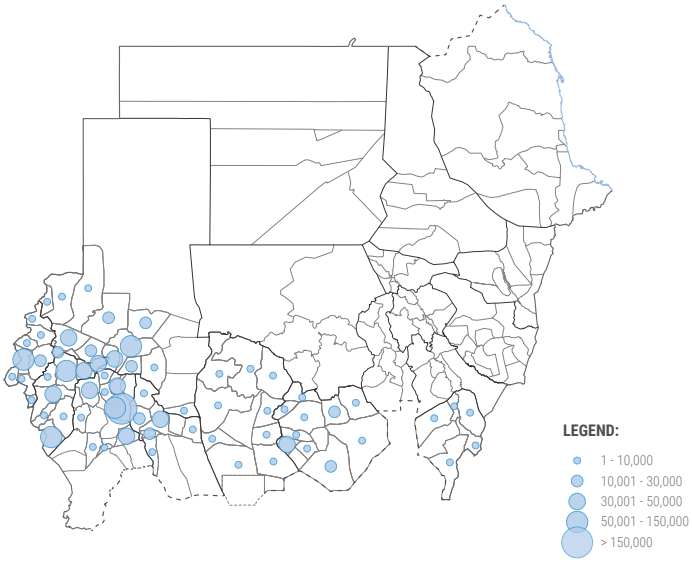
SEVERITY OF NEEDS



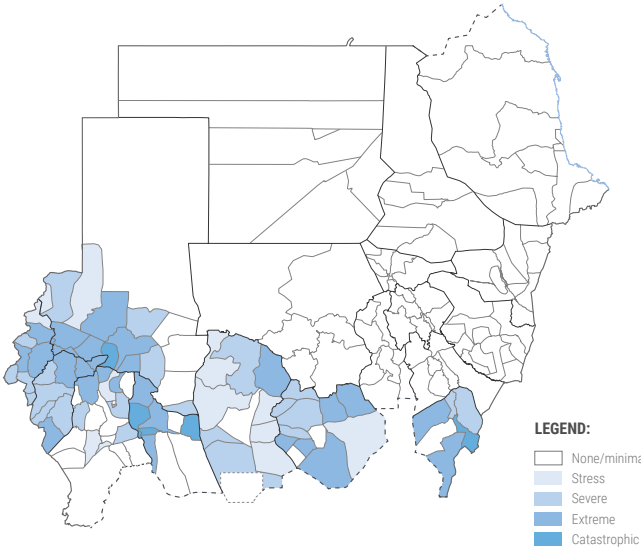
3.2 **ES/NFIs**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.2M	28% Severe 65% Extreme 7% Catastrophic	55% Women 45% Men	60% Children 39% Adults 1% Elders

PEOPLE IN NEED



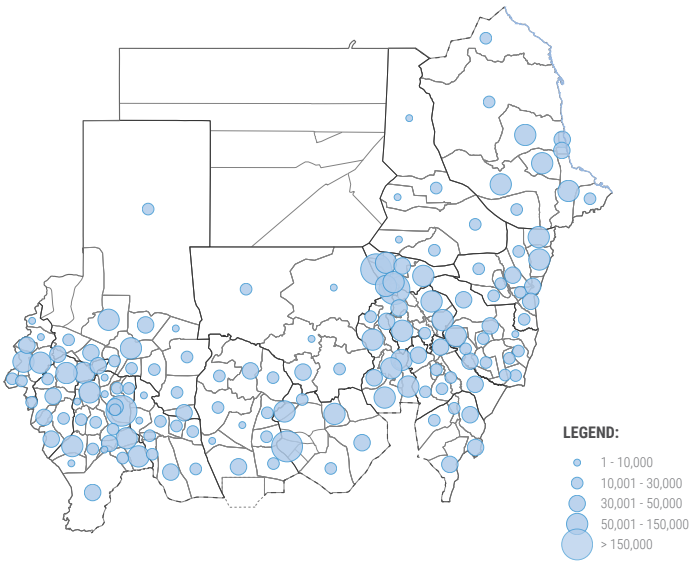
SEVERITY OF NEEDS



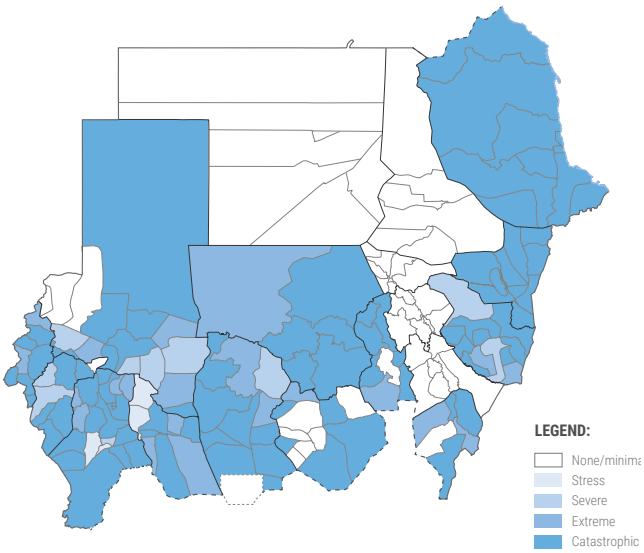
3.3 **FSL**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
6.2M	32% Low, 50% Severe, 18% Catastrophic	51% Women, 49% Men	40% Children, 55% Adults, 5% Elders

PEOPLE IN NEED



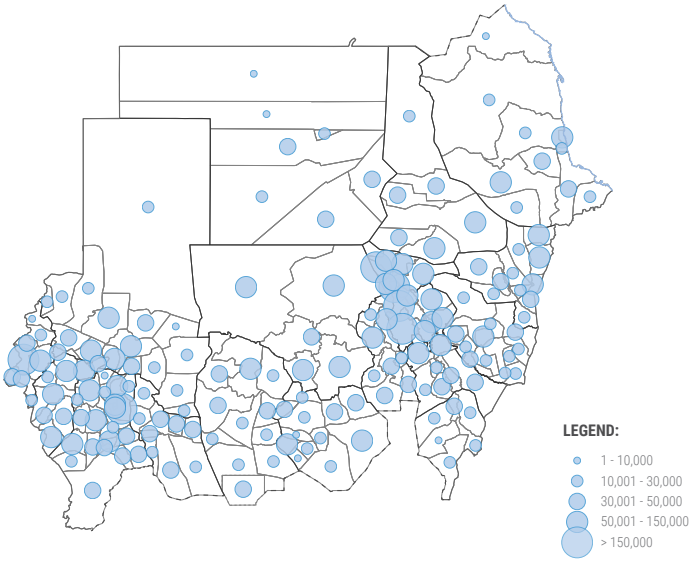
SEVERITY OF NEEDS



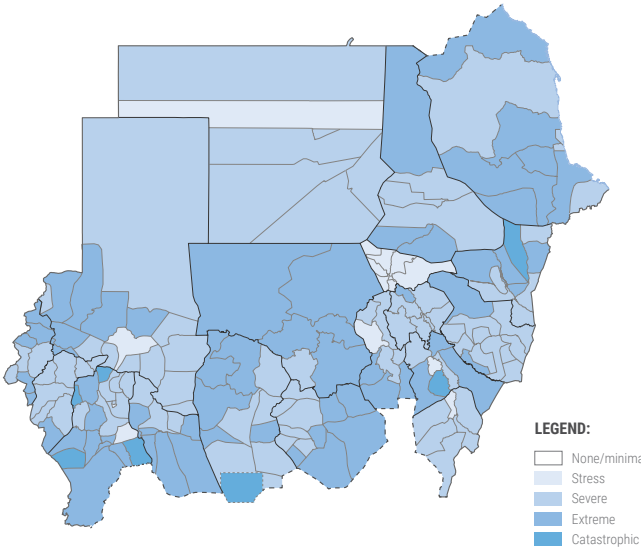
3.4 **Health**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
8.6M	61% Severe, 36% Extreme, 3% Catastrophic	59% Women, 41% Men	63% Children, 29% Adults, 8% Elders

PEOPLE IN NEED



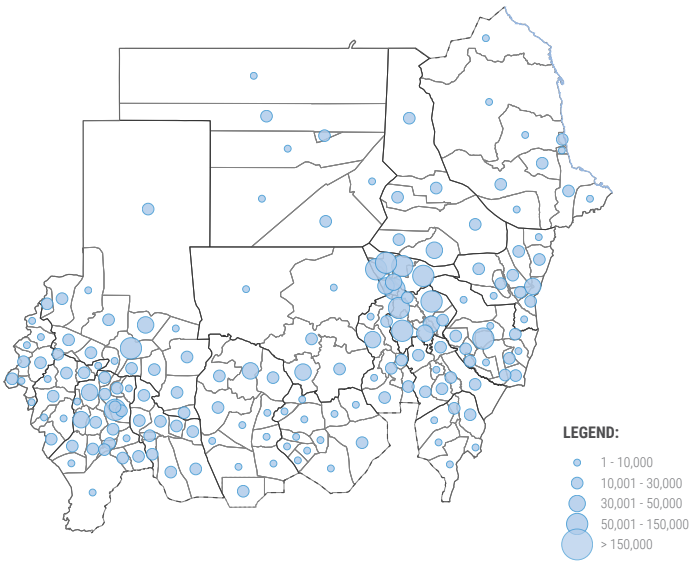
SEVERITY OF NEEDS



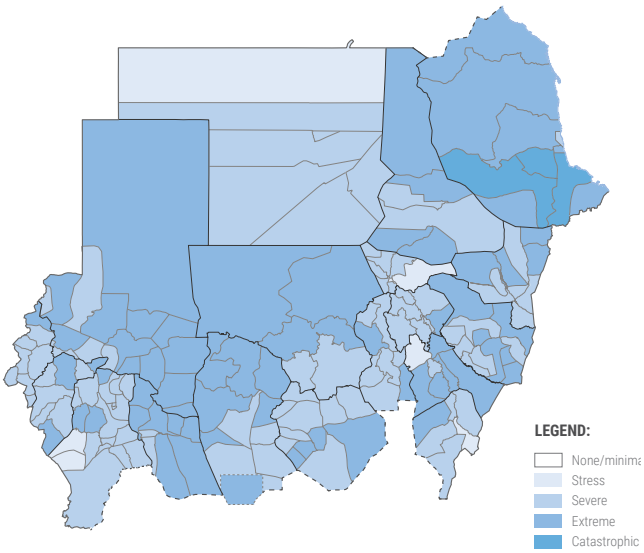
3.5 **Nutrition**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
3.3M	34% Severe 62% Extreme 4% Catastrophic	51% Women 49% Men	76% Children 24% Adults - Elders

PEOPLE IN NEED



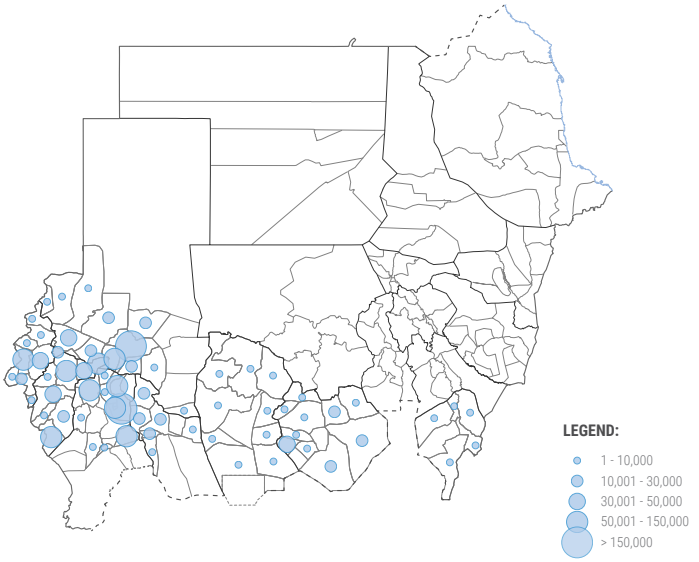
SEVERITY OF NEEDS



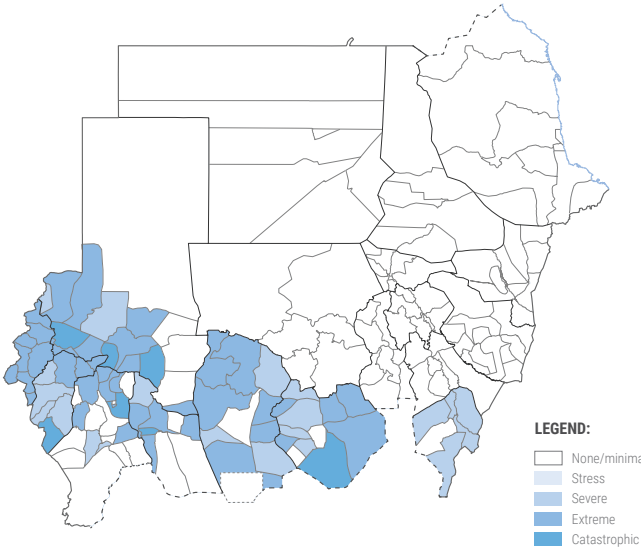
3.6.1 **Protection:** General

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.8M	8% Severe 64% Extreme 28% Catastrophic	51% Women 49% Men	40% Children 55% Adults 5% Elders

PEOPLE IN NEED



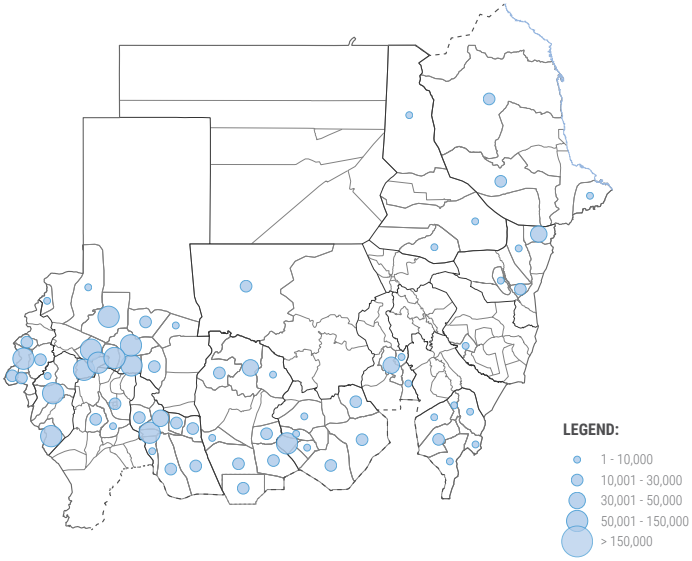
SEVERITY OF NEEDS



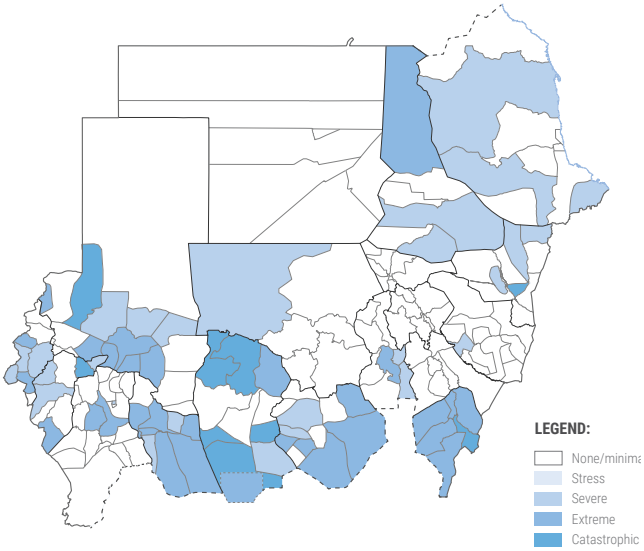
3.6.2 **Protection:** Child Protection

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.8M	35% Severe 52% Extreme 13% Catastrophic	51% Women 49% Men	80% Children 20% Adults - Elders

PEOPLE IN NEED



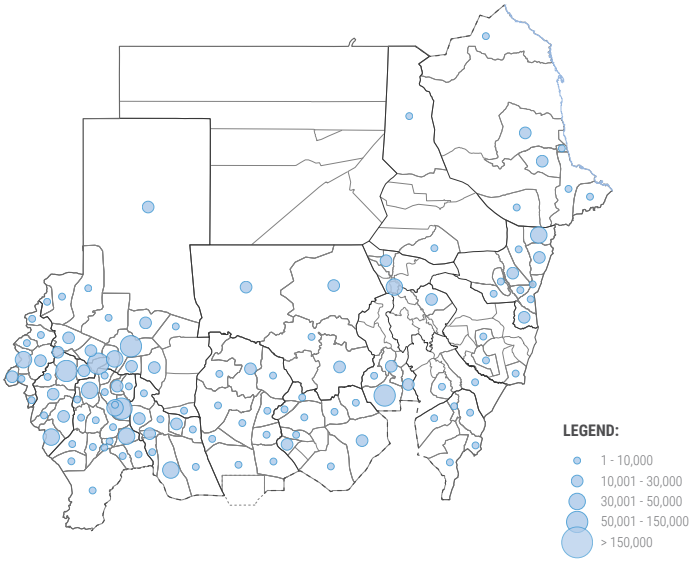
SEVERITY OF NEEDS



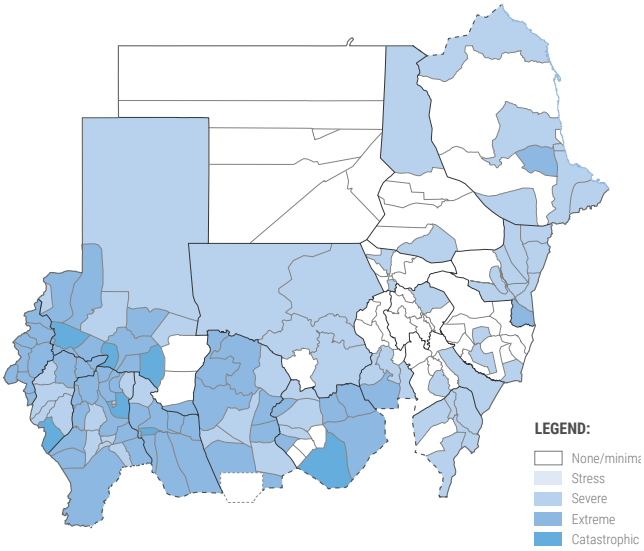
3.6.3 **Protection:** Gender Based Violence

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.8M	30% Severe 54% Extreme 16% Catastrophic	80% Women 20% Men	35% Children 65% Adults - Elders

PEOPLE IN NEED



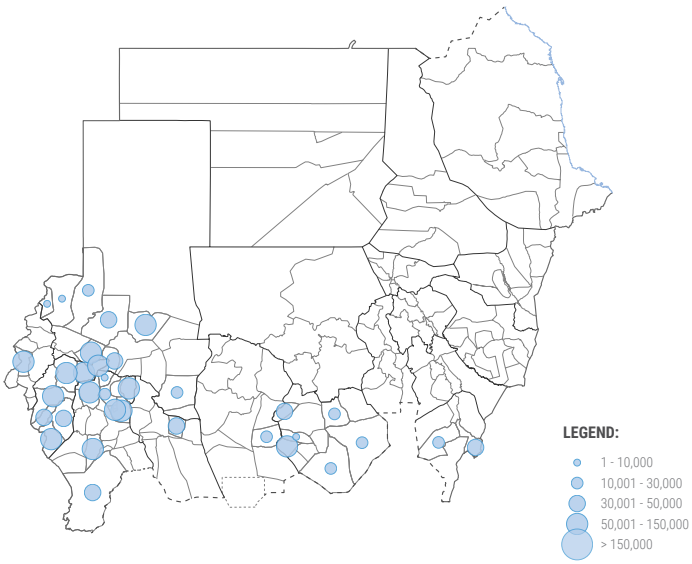
SEVERITY OF NEEDS



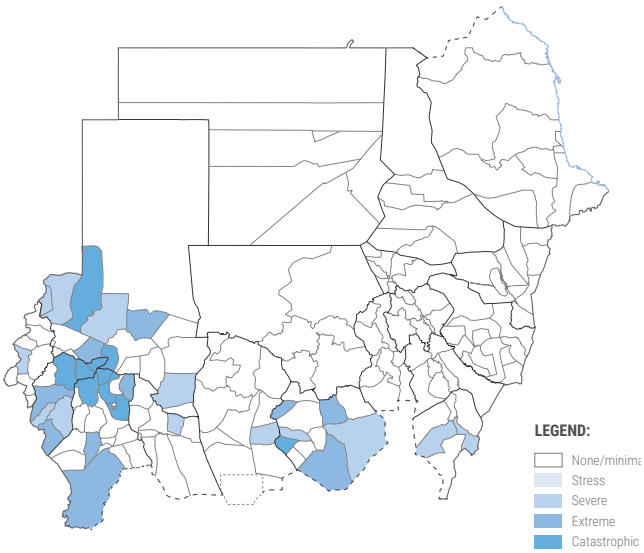
3.6.4 **Protection:** Mine Action

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
1.8M	22% Severe 28% Extreme 50% Catastrophic	55% Women 45% Men	55% Children 45% Adults - Elders

PEOPLE IN NEED



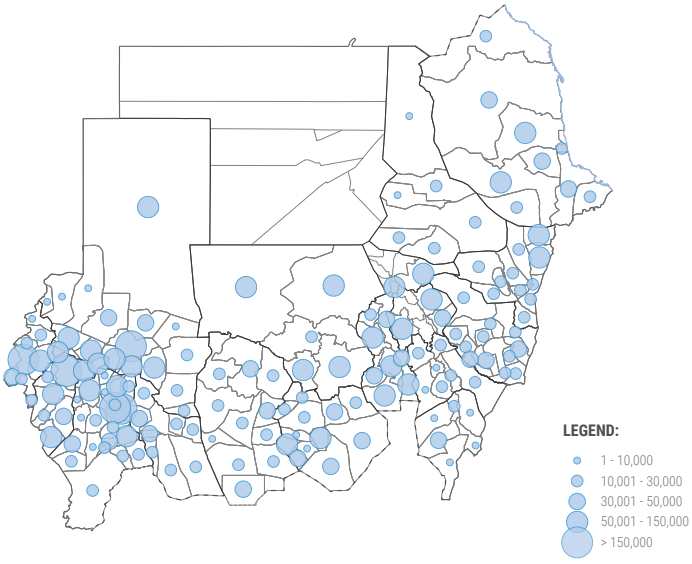
SEVERITY OF NEEDS



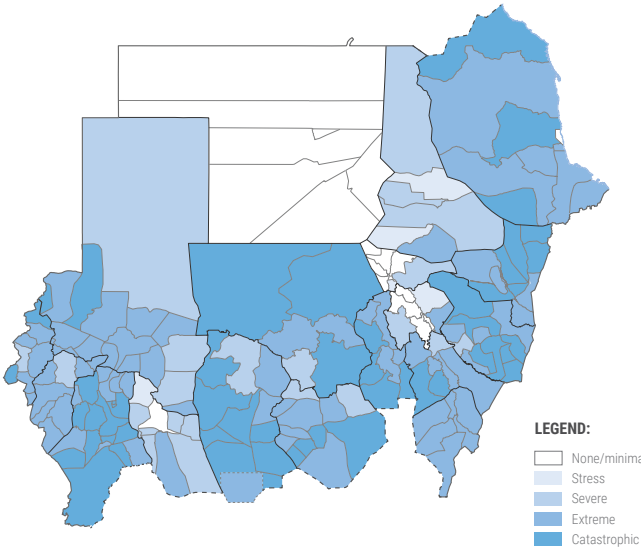
3.7 **WASH**

PEOPLE IN NEED	SEVERITY OF NEEDS	GENDER	AGE
7.6M	29% Severe 58% Extreme 13% Catastrophic	51% Women 49% Men	60% Children 33% Adults 7% Elders

PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Education

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
1.5M	51%	70%	15%

OVERVIEW

About three million school-aged children are out of school in Sudan. This is attributed to poverty, insecurity, and cultural and social norms. This puts children at risk of abuse, exploitative labor, and early marriage, among other protection concerns. Children with disabilities are among the most vulnerable, with some 450,000 disabled children out of school.

From 2009 to 2016, the gross enrolment rate (GER) in basic education remained stable at 72 per cent, while the primary net enrolment rate remained at 60 per cent, with more boys completing school than girls. However, since 2018, these rates have declined steadily. Enrolment rates vary significantly between states, – Kassala, Red Sea, East Darfur and South Darfur remain far below the national average. There are also lower rates among rural areas than urban areas, at 45 per cent and 40 per cent respectively. The situation is exacerbated by the economic crisis, natural hazards and insecurity.

AFFECTED POPULATION

An estimated 1.5 million children 4 - 16 years old need assistance to access or continue their education, mainly in Darfur, West and South Kordofan, Blue Nile, White Nile, Sennar, Kassala, and Gedaref. This includes over 786,000 children in an extreme or catastrophic situation (severity level 4 and 5) and approximately 674,000 children in a severe situation (severity level 3).

Approximately 55 per cent of children at pre-school age (4-5 years) are not in school because of lack of educational spaces, teachers, and learning and play materials. The major gaps are in the Darfur states, Blue Nile, Kassala, Gedaref and West Kordofan. Enrolment rates stand at 19 per cent in East Darfur, 24 per cent in West Darfur, and 29 per cent in Gedaref. Additionally, children with disabilities are particularly at risk, with a lack of well-equipped learning facilities with qualified staff to work with children with disabilities, and their vulnerability has increased further with the deteriorating economic situation. .

In areas where localized conflict remains, such as in Jebel Marra (Central Darfur), education needs are particularly acute. In Golo and Rokero localities, access to education remains low, with approximately 42 per cent of school-age children out of school. Available information suggests that children living in inaccessible areas or with limited access by humanitarian partners are believed to be in extreme need (severity level 4), particularly in Jebel Marra, and parts of South Kordofan (Nuba mountains, Al Buram, Heiban and Umm Durein localities).

There are approximately 400,000 school-aged refugee children living in Sudan, 77 percent of them of primarily school age. About 67 per cent of primary-school aged refugee children remain out of school. In more remote refugee-hosting areas outside of camps, more than 90 per cent of South Sudanese refugee children are estimated to be out of school. Over 90 per cent of refugee children eligible for secondary school are out of school. Refugee children in East Sudan, Darfur and in Khartoum also lack access to inclusive and equitable education. Lack of access to livelihoods and household income is a key barrier to refugee children attending school, especially in out-of-camp contexts. Not only do families with limited income struggle to cover costs associated with schooling but it is also common for children to have to work and provide additional income for their families, preventing them from attending school, which is aggravated by a lack of school feeding programmes in refugee-hosting schools which could help address low enrolment and retention.

ANALYSIS OF HUMANITARIAN NEEDS

Access to and quality of education services in Sudan remains weak across the country. School facilities are in poor condition and very fragile when exposed to natural hazards. In 2019, certain localities have seen an increase in education needs, mainly in the east of Sudan. These include Khashm Ghirba, Hamashkoreib, Rural Kassala, and Nahr Atbara localities in Kassala; and El Rahad, El Butana, Al Mafaza and Basonda localites in Gedaref. In some of these areas, e.g. Hamashokrieb locality, up to 95 per cent of children 6-13 years old remain out of school.

Poor WASH facilities in schools have a negative impact on education, contributing to low attendance rates and higher drop-out rates, particularly among girls. The gap in gender segregated latrines for IDPs in school remains high. For example, in South Darfur the gap is 94 per cent on average. In addition to the sanitary risks this poses, there are protection risks, including SGBV, and risks of communicable diseases.

The availability of skilled teachers remains a concern. Most teachers in IDP camps are volunteers, and there is an uneven distribution of teachers. This is also the case for schools in refugee camps in White Nile, Darfur, East Sudan, and the Kordofans, as well as for community

schools in Khartoum. In some areas in North Darfur, such as Um Keddada, El Taweisha, and Ailliet, there are gaps in teachers of 66-69 percent. Further, there is also a need to mainstream refugee education access within the national education system as much as possible to support equitable access to quality education for refugees living outside of camps in urban and out-of-camp areas.

In 2019, the school calendar was disrupted by civil unrest, causing the temporary closure of schools. This situation was compounded by the start of the rainy season, with heavy rains and floods causing further delays for schools to reopen, destroying some schools and partially affecting others. Around 1,000 schools in Sudan were affected. The damage and destruction of latrines, as well as the stagnant water, also created breeding grounds for vector borne diseases.

In some areas, concerns remain about the functionality and accessibility of schools due to insecurity and schools being occupied by displaced families or armed groups. In South Kordofan, South Darfur, and West Darfur, 22 per cent of schools remain closed due to insecurity. Three schools were reportedly used by armed forces in Abu Karshola (South Kordofan), and Nertiti and Rokero localities (Central Darfur). In Kurmulk (Blue Nile), Dindro school is occupied by returnees who arrived from Ethiopia in 2019.

The ongoing economic situation and lack of purchasing power continues to have a negative impact on education. With other expenses rising, families are less able to bear schooling costs, including school fees, learning materials, uniforms, and school meals. This increases the likelihood of de-prioritizing education to pay for food and medical expenses. In this context, girls are more at risk of dropout as families may seek alternatives for them, such as early marriage, domestic work, and other unsafe income-generating activities. Similarly, boys may drop out from school to engage in unsafe and exploitative labor to financially support their families.

PROJECTION OF NEEDS

Education needs remain high in 2020, and are likely to increase during the second half of the year due to natural hazards and the continued economic crisis. While the school calendar is assumed to remain stable, due to potential instability around the political transition, the school year could be interrupted or delayed.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**1.46 M**	Conflict, natural hazards	School age children of IDPs, returnees, refugees, vulnerable host communities

3.2 ES/NFIs

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
1.2M	55%	60%	15%

OVERVIEW

While new displacement has reduced in recent years, people have continued to be displaced due to localized armed clashes and inter-communal violence, as well as hazards such as floods and disease outbreaks in both conflict-affected and non-conflict-affected states. According to the Displacement Tracking Matrix (DTM)[24] conducted by IOM (August 2019), some 223,940 people have been displaced since 2017.

Despite a decrease in new displacement in 2019, with only 10,203 newly displaced people, localized conflict remains in areas of Darfur (mainly in Jebel Marra), causing displacement to safer areas. Several refugees need shelter and NFI assistance. In addition, a new influx of refugees from CAR has increased the need for humanitarian partners to react quickly to provide basic assistance, including life-saving emergency shelter and household items such as plastic sheeting, plastic mats, jerry cans, blankets and cooking sets.

The situation is further exacerbated by the ongoing macro-economic challenges, with high inflation leading to shortages of fuel and cash, increases in prices of key commodities and medicines, and reduced household purchasing power.

AFFECTED POPULATION

Overall, an estimated 1.2 million people are in need of life-saving emergency shelter and household items (ES/NFIs). This includes those affected by conflict, floods or other hazards; those using negative coping mechanisms; and people in need of shelter and NFIs to ensure their minimum living standards, dignity, and to contribute to their physical and mental wellbeing.

As in recent years, in 2019 there has been a reduction in new displacement, mainly due to lower levels of conflict and the government's disarmament of militias in Darfur. However, there are still pockets of conflict and localized displacement in South Darfur, Central Darfur, Blue Nile and South Kordofan. A number of areas in North, South and East Darfur also continue to receive returnees – over 26,000 in the past year.

IDPs and returnees are highly vulnerable without shelter to protect them from the elements and from further exposure to health and protection risks. Shelter and NFIs are also required for IDPs integrating into communities, and to support the host population. Pregnant and lactating women, chronically ill people, elderly people, unaccompanied minors, and physically disabled persons are particularly vulnerable amongst both IDPs and returnees.

For newly arrived refugees and asylum-seekers, as well those in protracted situations, access to environmentally-friendly shelter and NFIs remain critical needs. The need for adequate lighting in refugee camps and settlement areas, such as solar lanterns and streetlights, is an important factor that supports the protection and physical safety of vulnerable refugees. Limited access to remote refugee settlements and camps during the rainy season is a key challenge.

Land constraints in refugee camps in eastern Sudan, White Nile and East Darfur have also led to congestion, with insufficient space to accommodate additional household shelters for new arrivals, leading to overcrowding and increased health risks. There are nearly 205,000 refugees living across 9 camps in White Nile (55 per cent female), and 2 camps in East Darfur (49 per cent female) . It remains difficult to ensure that adequate space and basic services are available to absorb new arrivals while sustaining service provision to the existing caseloads in the camps.

ANALYSIS OF HUMANITARIAN NEEDS

New displacement due to conflict and disasters, as well as protracted displacement, remain key features of the crisis in Sudan. IDPs and refugees need shelter and NFIs, 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. IDPs returning to their places of origin, resettling in stable areas or integrating within host communities are also in need of ES/NFI assistance to facilitate and stabilize the return process, and to support host families. Since the items provided are not durable, annual renewal of key items to the most vulnerable IDPs with specific needs may be required.

The most severe needs are in Tawila (North Darfur) and Heiban (South Kordofan). Other localities in extreme need (severity level 4) are in Central, East, North, South, and West Darfur, and West Kordofan. The lack of durable solutions for the displaced population is a key challenge. This is due to a lack of sustainable funding for early recovery activities; a lack of basic services; and a lack of land tenure which is a potential source of conflict and tension among populations.

In areas with the highest concentrations of IDPs, such as Zalingei (Central Darfur) and Bielel (South Darfur), the need for ES/NFIs is critical. Households are using negative mechanisms to cope with the effects of long-term displacement and lack of income. Over 67 per cent of IDP households are adopting high-risk coping mechanisms, such as selling NFIs. In Eastern Sudan, some populations in Gedaref, Gezira, Kassala, Red Sea and Sennar states remain vulnerable to natural hazards such as floods and often need emergency shelter/NFIs. This vulnerability is particularly high in El Manageel locality (Gezira); Al Mafaza, El Rahad, and new Halfa localities (Kassala); Agig (Red Sea) and several localities in Sennar state. In these localities, at least 50 per cent of the population are estimated to be at risk of floods or other hazards and in need of ES/NFI.

There are substantial gaps in NFIs in out-of-camp refugee settlements, particularly in dispersed self-settlements in South and West Kordofan States and the Khartoum 'open area' sites. Providing shelter is also a challenge during the rainy season, when floods prevent access to many locations, such as Darfur, Khartoum and White Nile. Overcrowding is particularly problematic in White Nile, where the majority of refugees, mostly South Sudanese, arrived in 2017. In addition to the establishment of a new camp at Al Jameya, land extensions have been secured for three other camps in White Nile State to accommodate an additional 5,000 households. In East Darfur, after a year of negotiations, additional land has been secured for Kario camp, while for Al Nimir camp, negotiations with private landowners and host communities are still ongoing.

An estimated 491,984 people have spontaneously returned between 2017 and 2019, in Umm Dukun, and localities within Jebel Marra in Central Darfur; El Fasher, Kornio and Melit in North Darfur; El Geneina and Jabal Moon in West Darfur; and in South Kordofan. Vulnerable returnees often need NFI kits and support in constructing shelter. There is also need for environmentally friendly transitional shelters for IDPs, together with community training on building techniques and livelihood opportunities to promote self- reliance and resilience.

PROJECTION OF NEEDS

In 2020, an estimated 1.2 million people are in need is ESNFI assistance. Shelter and NFI needs are likely to remain for populations affected by sudden conflict resulting in displacement and floods.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**1.2 M**	Seasonal (floods) and environmental hazards, Conflict, safety and provision of services	Women, Men, children, people with disabilities, elderly, refugees, IDPs and returnees

3.3 FSL

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
6.2M	51%	40%	15%

OVERVIEW

Food insecurity continued to worsen in 2019 due to continued economic decline and natural shocks, with an increase of more than half a million-people classified as being in IPC phase 3 food insecurity or worse[25]. In 2020, it is estimated that 6.2[26] million individuals - 14.2 per cent of the total population - will need urgent and timely lifesaving food and livelihoods security support. The highest prevalence of food insecurity is in 6 states that - for the first time - have been classified as IPC phase 3 and above: South Kordofan (40 per cent prevalence), Red Sea (28 per cent), North Darfur (24 per cent), Central Darfur (22 per cent), and South and West Darfur (21 per cent).

Food insecurity has major consequences on individuals' physical and mental wellbeing, impacting their overall health and nutritional status. This is mainly due to a lack of or limited consumption of diversified nutritious food, directly influencing their living standards, and is aggravated by limited livelihoods sources and assets. The resilience of food insecure households continues to deteriorate over time, particularly impacting women and children.

AFFECTED POPULATION

Based on several recent food security assessments, the main needs of the most vulnerable communities - including IDPs, returnees, refugees and host communities - include physical and financial access to adequate and sufficient nutritious foods through markets or their own food production; and the ability to produce sufficient good-quality agricultural products while ensuring their availability and affordability on the market. Despite a reasonably strong 2018 cropping season[27], market availability of staples remained low. Around 77 per cent of household from resident communities, and 90 per cent of IDP and refugee households, still spend more than 65 per cent of their income on food[28]. Prices of major food items on the market continue to increase[29], leading most vulnerable households to resort to crisis coping strategies.

The economic crisis, conflict and natural shocks have had a negative impact on the agricultural season and overall food security. Based on the IPC Acute Food Insecurity analysis for June-August 2019, it is estimated that 5.8 million people are experiencing crisis or worse levels of food insecurity (IPC Phase 3 and above) and need timely lifesaving food and livelihoods assistance[30]. Out of these, around 1 million people are facing emergency levels of food insecurity (IPC Phase 4), and 4.8 million are in crisis (IPC Phase 3), characterized by highly inadequate levels of food consumption, extreme levels of asset depletion, critical nutritional status, highly inadequate access and availability of food and adoption of irreversible coping strategies. An additional 11.8 million people are estimated to be in stress phase (IPC Phase 2). In West Darfur State, based on the January-March 2019 IPC projection[31], around 1.2 million people are suffering from some levels of food insecurity (77 per cent of the population), of which 334,000 (21 percent) are facing emergency and crisis levels of acute food insecurity (21 per cent).

The highest severity of acute food insecurity is recorded in the 56 localities classified as IPC phase 3 and above in the States of Al Gazera, Blue Nile, White Nile, South Kordofan, West Kordofan, Kassala, Gedaref, Red Sea and the five Darfur states. This represents around 3 million people. Overall, three major groups are identified to be particularly vulnerable to food insecurity. First, communities affected by or at risk of natural or man-made disasters require timely emergency food and livelihoods assistance during and in the aftermath of shocks. Second, vulnerable individuals from internally displaced, returnee, refugee, and host communities face food insecurity as a result of limited accessibility and availability of adequate, sufficient and nutritious food. These groups need emergency food and livelihoods interventions to ensure minimum living standards, as well as resilience-building livelihoods interventions to enhance their self-reliance. Third, small-scale farmers who face major constraints in farming because of high costs of production, post-harvest losses, access to farm lands, markets and information. Their needs are linked to access to improved agricultural and livestock inputs, enhanced capacities on good agricultural and veterinary practices and services, reduced post-harvest and animal losses, and access to credit.

Other groups particularly vulnerable to acute food insecurity are malnourished children under 5; pregnant and lactating women; the elderly and people with disabilities.

Refugees' food insecurity has contributed to their 'critical' and 'serious' malnutrition levels in most camps and larger settlements. This is aggravated by policies that restrict their ability to become self-reliant. For instance, many do not enjoy freedom of movement, and lack access to property ownership, and to financial services and livelihood assets.

The majority of asylum seekers and refugees arrive in Sudan with few personal belongings or livelihood assets and are in urgent need of food assistance and livelihoods support. Over 166,000 refugees are living in settlements or camps in localities with IPC Phase 3 or worse acute food insecurity. Refugees living in camps in White Nile and East Darfur face 'critical' GAM rates (≥15per cent) and SAM rates (≥4per cent), and those in camps in Kassala and Gedaref face 'serious' GAM rates (10 – 14 per cent).

Those living in camps and large out-of-camp settlements remain largely dependent on monthly food distributions. Little investment has been done in livelihoods programming for refugees, which further compounds food security issues. Available assessments indicate that income generating opportunities for women, as well as livelihood inputs such as agricultural seeds, tools and milling machines, are immediate needs for South Sudanese refugees to support their food security and access to basic services, and to support a basic household income. For Eritrean refugees in Kassala and Gedaref (East Sudan) and urban refugees in Khartoum, a lack of livelihoods opportunities remains a key driver of onward movement and continues to be a critical gap.

ANALYSIS OF HUMANITARIAN NEEDS

In 2018, aggregate cereal production increased by 57 per cent (to 8.2 million tonnes) from the reduced 2017 output and was 30 per cent above the average of the previous five years. This bumper harvest was the result of abundant and well distributed seasonal rains, which benefited yields, especially of millet in the Darfur area. Security improvements in these areas allowed substantial numbers of IDPs to return to their homes temporarily and engage in agricultural activities. Despite a satisfactory outcome of the 2018 cropping season, information from the Crop and Food Supply Assessment Mission (CFSAM) in 2018[32] showed that market availability remained low, unable to meet the local demand leading to even higher prices. Traders reportedly hoard their agricultural produce, regarded as a more reliable form of savings compared to the fast weakening local currency. In addition, foreign currency shortages are constraining availability of imported food commodities, mainly wheat.

Prices of cereals, which started to surge in late 2017 driven by the removal of wheat subsidies, reached near-record levels in July 2019 in most markets across the country. Prices of sorghum in El Gedaref market (a key agricultural producing area), and in Khartoum were 65 and 85 per cent higher than the already-high levels of one year earlier, and more than 5 times higher compared to October 2017. Prices of millet, mainly grown and consumed in western areas of the country, were 15 to 25 per cent higher than in 2018, and more than twice the levels of October 2017. Prices of wheat, mostly imported and mainly consumed in urban areas and in Khartoum, were 60 per cent higher than one year earlier and almost four times the October 2017 levels. Inflation rates have continued to increase in recent months, reaching 53.1 per cent in August. With limited livelihoods resources, cash and assets, peoples' ability to access food continues to be hindered.

Based on the Comprehensive Food Security Assessment (CFSA), conducted by WFP in November 2018, more than half of households from resident communities spend 74 per cent of their expenditure on food, out of which more than half is on cereals, meat and sugar. This is an indication of households' vulnerability, leaving limited resources to meet other basic needs and services or to invest in livelihoods assets. Overall, in 2018 there was a 117 per cent increase in households' costs across all states compared to 2017 despite a shrinking economy, with the highest rate reported in East Darfur (265 per cent).

Approximately 58 per cent of households cannot afford a local food basket due to limited purchasing power resulting from inflation and high food prices. The highest rates are reported in the Darfur States. The highest rates of negative coping strategies are reported in Blue Nile state (67 per cent). The most severe coping mechanisms were in Kassala (29 per cent). Households' resilience and future capacities remain a major concern.

Based on information available from WFP's Food Security Monitoring System (FSMS) (November 2018), around 90 per cent of IDPs and refugees spend 65 per cent of their expenditure on food, with the highest rates reported in South Kordofan (97 per cent) in the case of IDPs and North Darfur (95 per cent) for refugees. Even when spending most of their resources on food, on average 57 per cent do not have adequate food intake to ensure a healthy life, with highest rates reported in South Darfur for IDPs and East Darfur for refugees. With the current record market prices of food commodities, around 90 per cent of the IDP and refugee population cannot afford the local food basket. To cope with the lack of food or money to buy food, approximately 40 per cent of IDPs and refugees resort to livelihoods-related coping strategies.

Approximately 60 per cent of resident communities are farmers and cultivated during the 2018/19 agriculture season, with the highest proportions observed in the Darfur States, Kordofan States, Gedaref and Blue Nile. These farmers faced challenges related to high costs for - and lack of - agricultural inputs on the market, and difficulties in accessing credit. Post-harvest losses are also a major constraint on farmers' profitability. The main reasons behind the food loss rates are pests; inappropriate handling of harvest, due to inadequate skills and tools; mold infestation; and contamination of grains with dirt, dung, etc. Limited cash liquidity, combined with lack of storage facilities, market information and linkages, worsens the situation further, resulting in approximately 57 per cent of farmers selling their crops immediately after the harvest without waiting for the most profitable time to sell.

In Sudan, women play a significant role in agriculture, with 80 per cent of farming households having at least 1 woman involved in harvesting on average. The lowest rates of women's involvement in agriculture were reported in Blue Nile (31 per cent) and Red Sea (9 per cent). However, only 54 per cent of households reported women's involvement in marketing. In general, smallholder farmers exhibited higher vulnerability to food insecurity than large-scale farmers. Households engaged in non-agricultural wage labor, selling firewood and charcoal, were the most food insecure. Households engaged in sustainable and high return livelihood activities (business, salaried work) are most food secure.

Among refugees, WFP estimates that 90 per cent cannot afford the local food basket. There are over 500,000 refugee men, women and youth in need of livelihoods assistance, including agricultural

extension, vocational training, financial assistance and start-up grants, and support to access work permits and land. Refugee's food insecurity is aggravated by policies that restrict their ability to become self-reliant, such as limits to freedom of movement, and a lack of access to property ownership, financial services and livelihood assets.

Furthermore, gaps in energy access persist, with limited sustainable and safe sources of charcoal and fuelwood for over 250,000 refugee families across Sudan. Energy support for refugee families is urgently needed, and has important positive protection impacts for families. Alternative sources of energy, including solar energy, need to be further explored, noting some successful initiatives to introduce solar energy in eastern Sudan, which could be replicated elsewhere.

PROJECTION OF NEEDS

Food security and livelihoods needs will remain at similar levels, with a likelihood of worsening as the underlying causes remain unresolved. The key factors that will affect future needs are continued economic decline, natural shocks and civil unrest. An updated estimation of the number of people in need will be available with the update of the IPC Acute Food Insecurity analysis in early 2020.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**6.2 M**	Civil unrest/conflict; economic decline; natural shocks (floods, drought, disease outbreak), seasonality	Children under 5, pregnant and lactating women, elderly, people with disability, small scale farmers, IDPs, refugees and returnees

3.4 Health

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
8.6M	59%	63%	15%

OVERVIEW

Health systems are severely impacted in terms of their ability to respond to growing needs related to localized conflict, flooding, and disease.

During 2019, episodes of violence and armed conflict continued to occur across Sudan resulting in more than 500 fatalities, mainly in Khartoum, Red Sea, Darfur, and South, West and North Kordofan states[33]. Imports of medicines and medical supplies dropped by about 35 per cent compared to the same period in 2018, which contributed to cost increases of 50-100 per cent, reducing the overall availability of essential medicines in the public sector from 60 per cent in 2018 to 43 per cent in 2019, and restricting access to essential life-saving health care services. As a result, medicine availability was only 43 per cent in the national medical supply fund, 49 per cent in the national health insurance fund, and 59 per cent in the private sector[34]. The lowest availability of medicines was in Red Sea (10 per cent), followed by West Darfur (12 per cent), Northern (30 per cent), and South Kordofan (31 per cent).

Sudan lacks clinics that can provide a complete health care package. Currently, only 33 per cent of health facilities offer the complete basic healthcare package (which includes maternal and reproductive health care services, nutrition services, immunization, infectious diseases, and free medicines). In eastern Sudan, the availability of these packages is as low as 15 per cent in Gedaref and Sennar states, 12 per cent Gezira State, and 10 per cent in North Kordofan[35]. As a consequence, between 2018 and 2019, the percentage of women who received the minimum four anti-natal care visits during their latest pregnancy across Sudan was 51 per cent, with the fewest visits reported in West Kordofan (41 per cent) Gedaref (37 per cent) and 40 per cent on average across Darfur states. Women of reproductive age constitute one of the key vulnerable groups, representing 24 per cent of the total population[36].

Vaccination coverage is below standard. The Expanded Program of Immunization (EPI) is low, with approximately 60 per cent overall coverage of DPT3 vaccine across Sudan[37], which is significantly below the targeted minimum average of 80 per cent. This lack of immunization coverage contributes to low immunity and has influenced the re-appearance of vaccine-preventable diseases such as measles during the first half of 2019. The lowest coverage was recorded across the Darfur states, West Kordofan (48 per cent), and Sennar (57 per cent). A nationwide measles and polio vaccination campaign helped limit the spread of these diseases. However, the infectious disease burden is still very high, affecting up to 25 per cent of the total population every year[38], particularly malaria, diarrheal disease, dysentery, typhoid and pneumonia. Approximately one million cases of malaria were reported during the first half of 2019, with projections to incur double the caseload of the previous year by the end of 2019; Chikungunya cases were also significant, with 111 cases[39] and one resulting fatality in Red Sea State.

The existing facility-based disease surveillance system in place covers less than 40 per cent of health facilities across the country, which limits the capacity for the health sector to ensure timely monitoring of needs.

AFFECTED POPULATION

While the deteriorating health situation in Sudan has impacted the whole population, specific groups of people are affected disproportionally due to their differences in vulnerability.

Children under 5 years of age are particularly exposed to vaccine preventable and infectious diseases compounded by poor nutritional status. Malnutrition is the leading cause of deaths of children under five in hospitals, contributing to 17 per cent of such deaths. Septicemia (11 per cent), malaria (9 per cent), and diarrheal diseases (5 per cent) are also significant causes[40].

Women of reproductive age[41], are in need of maternal, adolescent, sexual, and reproductive health care support. Sudan has a high maternal mortality rate caused mainly by obstetric hemorrhage (37 per cent), hypertensive disorders (16 per cent) and sepsis/obstructed labor (13 per cent)[42]. 15 per cent of pregnant women are likely to experience birth related complications and need to access emergency obstetric and neonatal care services including referral services[43]. Furthermore, GBV risks negatively impact women and girls in the country. Currently, it is estimated that 2 per cent of the population will seek care for sexual violence including clinical management of rape services (CMR), and 3 per cent will seek care for sexually transmitted infection syndromes (STI)[44]. Additionally, shortages of essential medicines will affect over 600,000 elderly people with chronic medical conditions. Strengthening and sustaining the medical supply-chain is essential to ensure the availability of necessary medicines.

While data is lacking on the prevalence of disability in Sudan, it is estimated that 15 per cent of the total population live with some type of disability. This is exacerbated by the deteriorating economy, lack of

supportive social networks, and shortages in specialized health staff[45]. According to the Federal Ministry of Health, 32 per cent of disabled persons have a visual disability; 24 per cent have a mental disability; 13 per cent have an auditory impediment; and 4 per cent a speech impediment[46]. People with disabilities need specific attention to their needs and access to particular health services. However, currently there is a lack of dedicated services for disabilities, particularly for children and adolescents.

People displaced by conflict, floods, and other environmental hazards are in need of equitable access to health services. While the functionality of health facilities across Darfur states ranges between 67 per cent and 97 per cent, the capacity to support people in need in these areas remains very limited, due to gaps in the availability of staff and the provision of essential minimum healthcare packages[47].

It is estimated that by the end of 2020 there will be approximately 1.15 million refugees in urgent need of targeted health interventions, including over 141,000 refugee children under 5 and over 406,000 reproductive aged women and girls and pregnant and lactating women.

The health status of newly arrived refugees and those in protracted displacement situations remains a concern, especially among South Sudanese arriving from areas facing emergency levels of acute malnutrition and food insecurity, in addition to Eritrean refugees living in camps in East Sudan. Sustainable health screening services at border crossing points and reception centers are lacking. Food insecurity and a lack of dietary diversity within refugee locations compounds health issues. According to recent Standardized Expanded Nutrition Surveys (SENS) for major refugee locations in Kassala, Gedaref, White Nile, South Kordofan, West Kordofan and East Darfur, refugee communities face high rates of anemia among children and pregnant and lactating women, with low coverage of Vitamin A supplementation.

ANALYSIS OF HUMANITARIAN NEEDS

There are 8.6 million people in need of humanitarian health assistance residing in high risk areas and lacking basic lifesaving and life-sustaining health services. Over 175,000 people in need are facing a catastrophic health situation (severity level 5); 2.5 million people are in extreme need of health assistance (severity level 4); and 5 million people are in areas of severe need of health lifesaving activities (severity level 3). Of these, around 3.5 million children under 5 years of age are in need of integrated management of childhood illness (IMCI) programs for early diagnosis and treatment of life-threatening health conditions. Additionally, the vulnerability of these children is increased by low immunization coverage, which makes them more at risk of future outbreaks of vaccine-preventable diseases.

Approximately 30 per cent of refugees in Sudan still lack access to primary health care services. A significant proportion of refugees and their host communities live in remote and often hard-to-reach areas, often with limited quality of health infrastructure. In camps, refugee health clinics must absorb demand for health services from host communities, with 30-50 per cent of all consultations comprised of host community members. Refugees living outside of camps and in urban areas are increasingly unable to afford health services where they rely on public health facilities and are often charged higher fees than Sudanese nationals. This is compounded by a lack of livelihood opportunities and rising inflation. Access to medicines is also a challenge due to a lack of income for most refugee households.

There is a need to strengthen quality, access and coverage of primary health, reproductive health and emergency care referral services in both camp and out-of-camp settings. In camp settings, refugee health clinics need to be expanded and rehabilitated to accommodate increasing demand for health services from host communities. The integration of health services to meet the needs of both out-of-camp refugees and host communities is also a key challenge. Refugees require targeted support to address access barriers in public health facilities, and access to referrals for secondary health services. Provision of operational and maintenance support for public health facilities accessed by refugee communities is needed, including supplies and staffing, to ensure facilities can accommodate refugee caseloads.

Many pregnant women live in areas where provision of maternal, new born, child and adolescent health services is limited. In addition, the overall lack of adequate emergency obstetric care services, safe blood banking services, and referral services contribute to high maternal mortality. Out of the total population in need of humanitarian assistance, there are currently 2 million pregnant women and women of reproductive age in need of sexual and reproductive health services. Around 15 per cent will experience complications during the next 12 months and will need access to emergency obstetric care and referral services[48] due long distances and lack of health services in the community. The majority of deliveries are reported to occur at home, with only 23 per cent of births taking place in health facilities. The lowest proportion was observed in East Darfur, with only 1 per cent of births in health facilities, followed by South Darfur and Blue Nile (2 per cent each).

Additionally, survivors of sexual violence need access to clinical management of rape services, psychosocial care and other referral services. Currently, the estimated gap in provision of case management rape services across all Darfur states is very low, with only 14 to 24 per cent of health facilities providing these services. A 2017 survey showed that only 32 per cent of the emergency obstetric and neonatal care (EmONC) facilities are fully functioning. A number of States had severe gaps in EmONC availability. East Darfur, Gedaref, Kassala, North Kordofan, Blue Nile, Red Sea, South Kordofan, North Darfur, Khartoum, Sinnar and Gazira all had less than 37 per cent of the recommended number of EmONC facilities[49]. According to the 2018 HERAMS survey, only 35 per cent of health facilities in Darfur provides basic emergency obstetric care[50].

By September 2019, over 320, 000 people were directly affected by floods across 15 states, of which 7,648 were pregnant women in need of safe delivery services. With thousands of houses, latrines, and public facilities destroyed or damaged, the most affected areas were White Nile, Khartoum, Kassala, North Kordofan, and North Darfur. In these states, existing health system capacities are stretched, and needs are high in trauma services, referral systems, mobile health services,

and community-based interventions. Water services are disrupted and the consumption of unsafe water is common among the affected population. As a result, people are exposed to water-born diarrheal diseases with a projected 40 per cent increase in dysentery and typhoid cases compared to 2018. Malaria cases are breaching the epidemic threshold in several states, and the overall number of people vulnerable or directly affected by floods is double the number reported in 2018.

On 8 September 2019, the Federal Ministry of Health announced an outbreak of cholera in Blue Nile state, following recent floods and a deteriorating health and WASH situation in the state. White Nile, Sennar, Jazeira, Kassala, Khartoum and River Nile states were identified as high-risk states. A nationwide outbreak similar to the 2017/2018 outbreak could affect as many as 37,000 people, exacerbated by low coverage of facility-based surveillance systems.

PROJECTION OF NEEDS

While predicting the scale of emergencies is subject to many unforeseen factors, the overall severity of health needs and impacted areas can be projected through observing the seasonal calendar, areas of localized inter-communal conflict, and status of health availability. During 2020, health needs are expected to remain high with anticipated outbreaks of endemic, water-borne, and vector-borne diseases like typhoid, dysentery, hemorrhagic fevers, and malaria. Vaccine preventable diseases can recur on a wide scale due to low herd immunity and shortages in immunization coverage in several areas. Seasonal rains and accompanied floods are still a main hazard that can affect hundreds of thousands and be a risk factor for cholera outbreaks. Episodes of conflict should be anticipated due to the burden they exert on surgical units and blood bank capacity. These factors may be exacerbated by continued shortages in essential medical supplies and medicines.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**8.6 M**	Seasonal and environmental hazards, disease outbreaks, and conflict	Children U5, pregnant women, elderly, IDPs, and refugees and returnees

3.5 Nutrition

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.3M	51%	76%	15%

OVERVIEW

Drivers of malnutrition include poverty, poor WASH conditions, limited access to health services, unsafe practices due to illiteracy, limited nutrition knowledge among mothers, increasing food prices, and poor dietary diversity. Nutrition needs were exacerbated by political instability and the economic downturn including high inflation rates, devaluation of the local currency, and cash and fuel shortages. Over the past three decades, the rate of malnutrition in children under 5 and among pregnant and lactating women in Sudan has changed little, with an estimated 52 per cent of those suffering from malnutrition living in the 9 non-conflict affected eastern states (Sennar, Al Gazeera, Khartoum, River Nile, Northern, North Kordofan, Red Sea, Kassala and Gedaref), where the response has been inconsistent. According to a study on the cost of hunger in Africa, Sudan loses about $2 billion per year in GDP due to malnutrition.

In addition to the drivers mentioned above, annual flooding, cholera outbreaks and malaria exacerbate the vulnerability of people in need of nutrition support. By September 2019, heavy rain and flooding affected all 18 states. White Nile, Khartoum, Kassala, North Kordofan and North Darfur were severely affected, and more than 350,000 people were directly affected by the disruption in health and nutrition services.

While food insecurity remains a key driver of poor nutrition status for the general population, the wider effects of chronic underfunding of the refugee response, especially in WASH, health and livelihoods, also play a part. These contribute to aggravating factors such as high anaemia, high prevalence of diarrheal disease, low coverage of measles vaccines (especially for refugees in out of- camp locations), and low latrine coverage. Food pipeline breaks for general food assistance and nutritional resources, such as therapeutic and supplemental foods, and a lack of school feeding programmes are also challenges. This constrains the delivery of comprehensive and targeted nutrition programming for the most vulnerable groups, notably pregnant women, lactating mothers and children below five years of age.

AFFECTED POPULATION

There is a need to consider both the prevalence and the overall burden of malnutrition. Some states may have a high prevalence, while others may have a higher burden in terms of overall cases.

Children under 5 and pregnant and lactating women (PLW) have high nutritional needs and are the most vulnerable groups receiving support through the nutrition sector. About 123 out of the 186 localities in Sudan have GAM rates above 10 per cent. Approximately 522,000 children under 5 require treatment for SAM, and approximately 2.2 million children require treatment for moderate acute malnutrition (MAM). Some of the states with the highest malnutrition rates are North Darfur, Red Sea, Northern State, East Darfur, and South Darfur with GAM rates ranging between 16 – 19 per cent and SAM between 3.7 and 4.9 per cent.

In the case of both mothers and young children, micronutrient deficiencies are common, including iron-deficiency anaemia. Iron-deficiency anemia levels in children under 5 are 42 per cent on average, with the highest iron-deficiency levels in East Darfur (63 per cent). In the case of pregnant and lactating women, the average iron-deficiency anemia level is 16 per cent, while the highest level (24 per cent) is found in East Darfur (S3M II, 2018). Some 40,000 children may die due directly or indirectly to malnutrition, accounting for 45 per cent of all child deaths (Background Note on Sudan, GNC Annual side event, 2018).

Young mothers constitute a particularly vulnerable group. Early marriages, pregnancy in physically immature adolescent girls, and mothers giving birth to low birthweight infants are common. The prevalence of low birth weight infants is 32 per cent (MICS, 2014). These infants begin life at a disadvantage because they are at higher risk of complications, poor growth, and developmental delay, and are highly susceptible to infections and have an increased risk of dying before their fifth birthday (MICS, 2014). Undernutrition increases morbidity and mortality risks among children. Furthermore, children are subjected to physical and mental underdevelopment including poor brain development and a weak immune system leading to lower IQ and increased susceptibility to infections. The most vulnerable among these groups are in areas identified by the nutrition sector with severity level 4 (extreme need) and 5 (catastrophic need). Localities experiencing level 5 severity are in Red Sea, while Al Gezeira, Blue Nile, Darfur states, Gedaref, Kassala, Khartoum, River Nile, Northern State, Sennar, North, South Kordofan, W Kordofan, White Nile all have localities with severity level 4. These areas are also characterized by a combination of high severity on indicators related to food insecurity, lack of clean water, and low social protection coverage.

There are approximately 287,600 refugees in urgent need of nutrition interventions. Among these are 140,374 children below five years old; 91,702 pregnant and lactating women; 32,605 infants and young

children; and 22,919 others. For refugees living in camps in East Sudan, the recent SENS survey indicates a GAM rate of 13 per cent in the Shagarab camps, and over 11 per cent for all other camps. Stunting prevalence is critical in Shagarab camps at 53 per cent, as well as for Abuda, Um Gargour and Fau 5 at 45 per cent. The SENS survey also indicate high rates of anaemia (>40 per cent) among children under five years and women aged 15-49 years.

ANALYSIS OF HUMANITARIAN NEEDS

An estimated 2.7 million children under 5 suffer from acute malnutrition, including an estimated 522,000 who are severely malnourished are nine times more likely to die. An estimated 70 per cent of children with acute malnutrition (SAM or MAM) will not to receive nutrition treatment through the therapeutic and supplementary nutrition interventions due to lack of resources[51].

The rate of children under 2 years achieving age-appropriate dietary diversity is poor. East Darfur has the highest failure rate at 90 per cent (S3M II, 2018). This situation is particularly harmful to children 6-23 months old, who are at the stage of rapid growth and have high nutritional requirements. The national prevalence of stunting in Sudan is high at 37 per cent (Five states have stunting rates above 30 per cent including, River Nile, Al Gezera, Sennar, Red Sea and Kassala. Aside from limited dietary diversity, there is a consensus that poor WASH conditions influence child growth in several ways. Poor food hygiene and use of contaminated water, for instance contribute to the spread of infections which impacts nutritional status.

Nutrition support is lacking, particularly for some 530,000 pregnant and lactating women. Approximately 70 per cent of these women do not have access to nutrition treatment services due to lack of resources. The geographic coverage of grown monitoring programmes (GMP) is lowest in West Kordofan (1.1 per cent) (S3M II, 2018). Nutrition sites are unevenly distributed geographically with some localities lacking services. 30 per cent of the population lives more than 5 kilometers from a health or nutrition facility. Many women in particular face challenges traveling long distances to nutrition facilities due to a lack of affordable transport. Many opt for local traditional healers who are more accessible. Despite efforts in 2019 to scale up nutrition services a significant gap remains in reaching vulnerable women and children in need.

Some 15 per cent of the population are living with disability. Children with disability often live under stigma and discrimination and even within families and communities are perceived as not contributing to the household and therefore, not as worthy of food as their healthy siblings (World Report on Disability, 2011). Children with disability who experience complex feeding disorders lack access to services supporting appropriate management of their special needs. They are usually slow to feed and often are given diets they cannot tolerate. Consequently, they frequently suffer from aspiration pneumonia, choking episodes, dehydration, wasting, stunting and general poor nutritional status.There is a lack of appropriate services available to address the special needs of children with disability and feeding problems.

The on-going deterioration in the macroeconomic situation and rising levels of food insecurity also contribute to malnutrition rates. 2019 saw an increase in the cost of basic foods and showed a large decline in the proportion of people who could afford the local food basket in 2019 (WFP).

Nutrition status remains a concern for refugees in Sudan, with GAM and SAM rates above emergency thresholds across all camps and informal settlements. Among South Sudanese refugees, results from the Standardized Expanded Nutrition Survey (SENS) in White Nile camps indicate an average GAM rate of 16 per cent and SAM rate of 2.7 per cent across eight camps, with GAM rates as high as 19 per cent and SAM rates reaching 6.4 per cent in some camps. Nutrition status in out-of-camp locations is also concerning, with SENS data from Kordofan states indicating GAM rates as high as 20 per cent and SAM rates of 4 per cent in El Meiram, West Kordofan; and 18 per cent GAM and 4.2 per cent SAM in El Leri, South Kordofan.

There is a need to strengthen the quality, access and coverage of community-based management of acute malnutrition (CMAM) programming targeting refugee locations, especially for refugee settlements in out-of-camp areas. Where refugees access nutrition through public health facilities, targeted outreach and management interventions are needed to ensure refugees at-risk of- or suffering from malnutrition can access treatment, and can complete the treatment programme and are successfully discharged. Provision of operational and maintenance support for nutrition centres accessed by refugee communities is needed, including supplies and staffing, to ensure facilities can accommodate refugee caseloads. There is also a need for school feeding in locations with high MAM levels, which can be linked to school retention initiatives to support positive nutrition outcomes and overall wellbeing for refugee families.

PROJECTION OF NEEDS

The key structural and chronic drivers of malnutrition and humanitarian needs are expected to continue into 2020. Key factors that may influence this increase are socioeconomic challenges including the rise in food prices, along with closure or disruption of nutrition centres due to flooding and limited funding. Moreover, the impact of flooding on arable land conditions and crop production, combined with the cost of agricultural inputs and fuel shortages, can increase the cost of the household's food basket. This can exacerbate existing food insecurity levels in vulnerable communities.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**3.1 million***	Macroeconomic factors, Food insecurity, Poor WASH, flooding, AWD spread	PLW and children under 5 years

** includes vulnerability severity of need among children <5 and PLW categories 3-5 only*

3.6 Protection

	PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
General	1.8M	51%	40%	15%
Child protection	1.8M	51%	80%	15%
GBV	1.8M	80%	35%	15%
Mine Action	1.8M	55%	55%	15%

OVERVIEW

General Protection: About 1.8 million people are estimated to need humanitarian protection in 2020. The most vulnerable among them include unaccompanied and separated children, survivors of sexual and gender-based violence (SGBV), women-headed households, elderly people, people with disabilities and people with specific health concerns. Both displaced people and refugee returnees face risks in areas of return. The government's protection capacity is limited, while conflict, displacement and the ongoing economic crisis have profoundly impacted community-based social protection and resilience capacities.

Refugees face additional challenges and are in need of targeted and specific protection assistance. Lack of documentation is a key driver of refugee vulnerability, especially for refugees living in out-of-camp settlements, as they are unable to access social services where they are available, have limited access to formal and stable livelihoods opportunities, and face movement restrictions.

In 2019, inter-communal conflict was one of the principal drivers of protection needs. Areas in Darfur saw an increase in tensions caused by land occupation and conflict between farmers and herders during the harvest season, which further exacerbated the protection environment[52]. This was mainly in the Kutum, Kebkabiya and Tawilla areas in North Darfur. Such localized armed violence takes place most frequently between sedentary-farming and nomadic-pastoral communities, as well as between nomadic communities, over access to, use of, and management of resources, particularly land for farming and grazing and water sources. Ethnic tensions also remained high in some areas in South Kordofan due to the conflict and political polarization, and in eastern Sudan where a tribal conflict between Nuba and Beni Amir tribes erupted Port Sudan.

Child Protection: Children, especially those affected by conflict and natural disasters, continue to experience grave violations of their rights, including sexual and gender-based violence (SGBV). Multiple factors such as localized displacement, tribal clashes, cyclical floods, malnutrition, social and political instability, gender inequality, and the effects of the current economic situation, contribute to the absence of protective environments and monitoring mechanisms.

While fighting has subsided in large parts of Darfur, sporadic clashes between Government forces and the Sudan Liberation Army-Abdul Wahid (SLA/AW) continued in the Jebel Marra area, resulting in the displacement of civilians; killing and maiming of children; children being subjected to sexual violence; and children being abducted. Localized armed clashes by different tribes in Blue Nile, South Kordofan, Sennar, Port Sudan and parts of Darfur continued to pose major risks for children, making them vulnerable to abuse, violence, exploitation and neglect.

Over 56 per cent of newly arrived South Sudanese refugees are children. Unaccompanied or separated refugee children continue to arrive in Sudan and are in urgent need of individual case management and access to targeted services, including financial assistance.

Gender Based Violence: GBV is a key concern in Sudan, including by armed groups and within communities. Refugee and IDP women and children face heightened risk of sexual violence amid overcrowding in both IDP and refugees' camps and out-of-camp refugee locations. The farming season, which coincides with the migration of armed nomadic herders from the north of the country, registered high attacks on IDPs - including rape – and increased tensions over land, In 2019, GBV incidents were reported in Khartoum and other state capitals, following the 3 June attack on sit-in protestors.

Mine Action: Years of conflict have resulted in contamination with anti-personnel and anti-tank mines and other explosive remnants of war (ERW). In 2019, eight of Sudan's 18 states are reportedly affected by landmines and/or ERW. While South Kordofan has the highest recorded concentration of landmines and ERW, Darfur states are affected by ERWs only. The presence of these devices poses a direct threat to the lives of both residents and humanitarian workers. In Sudan, there are more than 3.6 million at risk of injury or death from mines. IDPs and refugees on the move are particularly vulnerable, as they are often

uninformed about local landmine or ERW contamination, putting them at higher risk of injury or death. Additionally, there are more than 3 million people living in or moving through areas affected by landmines or ERW, who are in need of humanitarian assistance which could be hindered or limited because of the presence of landmines or ERW. Furthermore, Sudan has a commitment to meet its obligations under the Anti-Personnel Mine Ban Convention (APMBC) Article 5 to remove all known anti-personnel mines by April 2023.

AFFECTED POPULATION

General Protection: The people in greatest need of protection support are IDPs, persons with disabilities, survivors of SGBV, women, children, people with serious medical conditions, the elderly and minority groups. These groups have a limited ability to adapt to and mitigate new risks or hazards, and they often face additional barriers when attempting to access services. As the protection environment is weak, and further weakened in situations of conflict and protracted displacement, all vulnerable groups require protection and assistance to enable them to avoid undue physical and mental harm, fully participate in society, and access basic social services.

Despite progress made since 2018, 46 % of refugees need registration. Access to birth registration is limited in most locations, which places refugee children born in Sudan at risk of statelessness. Limited access to durable solutions for refugees continues to contribute to their needs.

Child Protection: About half the people in need of protection support are children. This includes 585,000 refugees, IDPs, 75,937 returnees, and 1 million other vulnerable residents. Children with catastrophic severity of needs (severity level 5), including refugees, live in 111 localities across East Darfur, Central Darfur, North Darfur, Blue Nile, South Darfur, Khartoum, South Kordofan, Sennar, Gederef, Red sea, West Darfur, West Kordofan and White Nile states.

According to UNICEF, Sudan has the 16th highest rate of child marriage in the world, with approximately 34 per cent of girls married before the age of 18, and 12 per cent married before the age of 15. 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 Gedaref (49 per cent).

About 10,000 boys and girls are living outside of a family environment as either unaccompanied or separated children, in addition to 13,000 unaccompanied or separated refugee children who are in need of protection support.

About three million school-aged boys and girls, the majority of whom are displaced, are out of school mainly due to a lack of financial means; the prolonged closure of schools and disruption of school calendars; congestion in schools; and poor hygiene and sanitation conditions - including lack of menstrual hygiene management supplies and facilities for girls. Children out of school are at increased protection risk. An estimated 67 per cent of refugees across Sudan do not have access to primary education, while up to 94 per cent are not able to receive secondary education.

Children with disabilities, 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. Access to documentation and birth certificates also remains a challenge, particularly for refugees and for children living in conflict affected and inaccessible areas.

Boys and girls recruited by armed groups are subject to detention and 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.

Gender Based Violence: There are 1.8 million people at risk of Gender based violence (GBV). 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; and lack of community awareness on women's rights due to cultural and societal norms. About 55 per cent of displaced people are women and girls, with 27 per cent of those women below the age of 18. They are particularly exposed to protection risks, such as threats, harassment, and sexual violence from armed men[53], as they engage in daily chores such as farming and fetching water and firewood. According to available information on GBV cases in Sudan, women and girls account for over 90 per cent of survivors, and although grossly underreported, cases of sexual violence against men and boys have also been reported. FGM remains prevalent in Sudan, affecting 87 per cent of women aged 15-49 years old, and 32 per cent of girls 14 or younger.

Domestic violence rates are high. According to the MICS 2014 findings, 34 per cent of women across Sudan agreed that it is permissible to be beaten by a husband. Displacement and poverty heighten cases of domestic violence, which has been reported to have increased in IDP camps as husbands demand income from wives involved in income-generating activities (IGAs). Women also suffer reprisal attacks for their participation in IGAs or for their new-found mobility and voice in local communities.

UNHCR's 2018 Participatory Assessment findings indicates that the primary concern for refugees across all populations is the prevalence of SGBV in their communities. Data collection on SGBV is challenging, as is establishing prevention, referral and treatment services, with a service gap affecting over 560,000 children and women at risk. SGBV risk is aggravated by inadequate lighting in camps and settlements, and access to energy and water supply gaps that require women and girls to travel long distances to collect water and firewood, exposing them to harassment and violence.

Refugee survivors of SGBV have very limited access to justice and legal aid, and there remain significant gaps in medical and other support services. Gaps in the provision of personal hygiene kits (PHK) to refugee women and girls of reproductive age persist, compounded by insufficient water supply to meet personal hygiene needs.

Mine Action: Over 3.1 million people are exposed to the threat of landmines and contamination in Blue Nile, South Kordofan, West Kordofan and Darfur states. In addition, according to the Information Management System for Mine Action (IMSMA) 2,151 victims of landmines/ERWs and their families were found to be psychologically, physical and socioeconomically affected, including 585 children directly affected.

ANALYSIS OF HUMANITARIAN NEEDS

General Protection: The evolving socio-political situation in Sudan has resulted in a concerning increase in protection risks in many parts of the country, including in some states and localities where the protection and security context had previously been stable or had improved in recent years. These risks are exacerbated by the deepening economic crisis, which has heightened exposure to abuse and exploitation among the most vulnerable, and has increased inter-communal tensions. Areas of priority concern include locations with deteriorating security environments as a result of the socio-political situation, resulting in heightened protection risks for IDPs, returnees and vulnerable residents. Locations receiving newly-displaced persons, as well as newly-accessible IDP and returnee areas with high assessed need are also prioritized for immediate and urgent interventions.

Underlying causes for violence and insecurity in conflict-affected areas are complex, and include the lack of a political settlement to ongoing conflict; impunity for the perpetrators of violence; insufficient oversight and accountability mechanisms within security forces and armed groups; lack or absence of law and order institutions; and the proliferation of weapons. Conflicts are also fuelled by the increased pressure on limited resources, such as land and water, as a result of drought and crop destruction, and the competition for the control of mineral resources. Land and natural resources remain at the heart of inter-communal conflicts and are key challenges for durable solutions for IDP and refugee returnees.

In Darfur, in addition to new displacements in and around Jebel Mara, there has been an increase in inter-communal and political tensions. These tensions are building in a context of weak rule of law, a security vacuum following to the redeployment of RSF forces, the drawdown of UNAMID, and a continued proliferation of weapons in spite of disarmament campaigns. Heavily armed militias are increasingly harassing farmers, including IDPs and returnees, preventing them from accessing their land during the planting season. This includes reports of extortion, violence, sexual abuse and abduction. This is likely to impact sustainable returns, leaving displaced persons in protracted situations for longer. Tensions within IDP populations are also growing, resulting in bursts of violence in IDP camps between groups with opposing political views and affiliations.

In South Kordofan, areas hosting displaced persons and returnees are increasingly accessible to humanitarian actors, with assessments indicating high needs. There are also ongoing new arrivals of both displaced persons and returnees in some localities. The limited access to livelihoods for IDPs has resulted in high risk of exploitation, while the collapse of traditional community support structures has increased the vulnerability of IDPs, in particular persons with specific needs. Disputes over land between nomads and farmers remain a concern. Community protection risks also remain high, with reports of increasing inter-communal tension in some areas in light of political polarization.

An average of 500 to 1,000 new asylum-seekers arrive each month through Sudan's eastern border, but over 50 per cent migrate onward, becoming vulnerable to criminal networks involved in smuggling and trafficking of people. Along these migratory routes, refugees and asylum-seekers can be exposed to various forms of exploitation that can result in human rights violations. The large number of unaccompanied and separated children arriving through these routes is of concern. Within this context, there is an urgent need for more durable solutions that support greater self-reliance and enhanced protection of refugees, as well as for timely assistance to victims and survivors of the increasing incidents of violence and abuse in areas with deteriorating security environments.

Child Protection: Risks to children, such as child labor, trafficking, and physical and sexual violence – have been exacerbated by prolonged displacement; loss of property and livelihoods; and limited access to basic services as a result flash floods and localized armed conflict. During the first half of 2019, available information suggests that some 9,338 children (45 per cent girls) were unaccompanied and separated children (UASC), with the highest numbers in Jebel Marra, Abyei, Khartoum, Red Sea, and North Darfur. This represents a 73 per cent increase compared to the same period in 2018, when only 3,500 UASC were recorded. Violence at home is reported both in IDP and returnee locations across Sudan, which indicates the need to strengthen family and community-based care for children. According to the Family and Child protection unit of the police (FCPU) over 5,000 children (30 per cent of which are girls) suffer from domestic violence, with the highest percentages in South Darfur, Blue Nile and Khartoum. Children in these states reported experiencing physical violence including violent discipline. Caregivers and children, especially adolescent boys and girls, need life skills support, quality psychosocial support or social protection services to help them cope.

Since December 2018, women and adolescents were part of protests and demands for a democratic change in Sudan, particularly in Khartoum, Omdurman, and Nyala. The evolving socio-political situation in the country resulted in an increase in protection risks for children and adolescents, including in states and localities where the protection and security context had previously been stable or had improved, such as Khartoum, Nyala, North Kordofan, West Darfur and Red Sea.

Active armed conflict between government and factions of the SLA-AW forces in Jebel Mara continued in 2019, leading to further displacement in Greater Jebel Mara, with some 4,100 people displaced in these areas. In Darfur, according to the monitoring and reporting mechanism of grave child rights violations, at least one form of grave violation was reported against 516 children (44 per cent of which are girls), with the highest number in Nyala (South Darfur), Zalingei (Central Darfur) and Tawilla and Elfasher (North Darfur). Additionally, based on information available from FCPU police, 2019 witnessed an increase compared with 2018 in the number of crimes involving children, and an estimated 66 per cent increase in the number of children in contact with the law.

Pre-existing systemic weaknesses in delivering quality protection services such as psycho social support, legal assistance and health assistance have been exacerbated by high staff turnover among social workers; ailing case management systems; poorly maintained social service facilities; and lack of capacity of key child protection workers.

This has further increased the number of children in need of care and support services. According to safety audits conducted among children in 103 villages in 57 localities[54], an average of 74 per cent of children (40 per cent female) reported having challenges in accessing quality child protection response services, including but not limited to clinical care, psychosocial support, social workers, legal services, community-based child protection structures, and referral systems.

Multiple other factors also contribute child protection risks, including limited availability of data to inform analysis and planning across all sectors to monitor and mitigate child protection risks; limited funding; restrictions on the scope of humanitarian programs and access which hampers the ability of child protection actors to assess and support children and caregivers. Poor quality of services is, within itself, a protection risk to children as they may cause further harm.

Gender-based Violence: GBV, especially sexual violence, continues to affect women and girls especially among the IDP communities[55, 56]. Particularly vulnerable are over 200,000 women-headed refugee households, and nearly 7,800 child-headed refugee households. Women and girls lack access to quality specialized lifesaving GBV services, such as the clinical management of rape (CMR), and psycho-social support (PSS), legal aid, case management and referral mechanisms, which are unavailable in over 90 per cent of localities in Sudan. Across all Darfur states, only 14 to 21 per cent of health facilities provide CMR services. This gap in services is further exacerbated by the shortage in trained personnel and weak referral pathways. Community structures are weak with only a few localities with functioning community-based protection networks and women's centers offering GBV services.

Further, access to justice for GBV survivors is very low due to lack of community awareness on legal and justice issues related to GBV; lack of legal aid; shortages of female police officers; community distrust of formal legal mechanisms; centralized handling of cases at state capitals which disadvantage survivors from poor backgrounds due to transport costs and legal fees; and weak referral mechanisms. The fear of sexual violence also impacts opportunities for women and girls, as they will cautiously or at times not engage in some livelihood activities. Lack of GBV awareness among communities makes it challenging to ensure prevention, mitigation and access of survivors to the relevant multi-sectoral services where available. SGBV risk among refugees is aggravated by inadequate lighting in camps and settlements, and access to energy and water supply gaps that require women and girls to travel long distances to collect water and firewood, exposing them to harassment and violence.

Early marriage and FGM are contributing factors to high cases of fistula. Partners working on GBV response are hesitant to collect data on GBV cases, and assessments have not been possible for several years. Sexual violence continues to be chronically 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. The lack of succinct information and data affects programming as well as advocacy. Gaps highlighted in other sectors involved in the provision of multi-sectoral services, especially health and livelihoods, poses a challenge to GBV response.

In areas with lack of economic resources and livelihoods opportunities, women's financial status forces them to work in harmful and insecure environments by venturing into the forest to collect firewood or straw for sale, which exposes them to potential attacks and violence. The current economic conditions in the country are likely to exacerbate exposure of vulnerable women and girls to further risks, as they may be seen as a way to increase income for the household. Rape, physical violence, FGM, early or arranged marriages, denial of opportunities and verbal abuse are some of the commonly reported violations against women and girls. According to a study by UNWOMEN, 80 per cent of women interviewed in Darfur recognized domestic violence as a problem, 70 per cent identified economic violence as an issue, and 5 per cent cited rape as a concern. Lack of services and social norms were identified as some of the exacerbating factors contributing to domestic violence[57]. Additionally, the collapse of traditional community support structures has increased the vulnerability of affected people, and particularly persons with specific needs, including persons living with disability (15 percent of the population). Responders expressed serious gaps in handling cases of male sexual violence which may further affect reporting due to lack of confidence on confidentiality.

Mine Action: Until 2019, the Sudan Mine Action Programme had registered 3,621 hazardous areas, out of which 3,422 areas - covering more than 130 square kilometres of land - have been released and handed over to communities for productive use. Still, there are 27 square kilometres of land in 199 locations across Sudan which remain contaminated by landmines/ERWs. There is also a likelihood that there are more contaminated locations in areas where surveys have not been conducted or in inaccessible areas, putting the lives of local community members, IDPs, refugees, returnees and aid workers in danger. According to the HNO severity analysis, 43 localities were reported to be impacted by landmines/ERWs, out of which 37 are ranked as being highly, very highly, or severely impacted. Landmines/ERWs affect the lives and livelihoods of more than 3.1 million people, particularly IDPs, returnees, pastoralists, nomads and.

Children and caregivers in areas with ERWs and UXOs, particularly in Jebel Mara, South Kordofan and Blue Nile, remain at risk of being injured or killed by explosive remnants of war and need critical knowledge on how to prevent or mitigate the risk of injuries and death. To date, IMSMA has registered 2,151 victims of landmines or ERW victims, including 1,532 peopl who have been injured and 619 fatalities. The highest number of victims was registered in South Kordofan state, followed by Kassala and Blue Nile. During the first half of 2019, children accounted for approximately 87 per cent of the known victims of ERW's and UXO's. Although 38,134 km of roads have been opened since 2002, there are still thousands of kilometers of roads suspected to be contaminated with landmines/ERWs blocking access to services, socioeconomic activities, or delivery of humanitarian services.

PROJECTION OF NEEDS

General Protection: Protection needs, driven by the economic crisis, the lasting effects of conflict and displacement, and heightened by the lack of protective environments, are likely to continue or even worsen in some areas. At the same time, there may be more space and opportunity to conduct protection interventions, due to the evolving political and social context, which could lead to identification of new needs.

Child Protection: Protection needs for children are likely to remain stable in 2020, with an expected increase of needs in areas affected by localized conflict, such as Jebel Mara. Needs of adolescents are likely to increase, especially as their specific concerns including safety, property rights, and livelihoods remain unaddressed. All refugee children and youth (48 per cent of refugees) will continue to need assistance. With the peace process with armed groups in South Kordofan, Blue Nile and parts of Darfur, there is hope that areas that have hitherto been inaccessible to humanitarian actors will open, which may increase the number of vulnerable people, including children, requiring urgent humanitarian assistance.

Gender-based Violence: The needs highlighted above are likely to remain in 2020, with the potential to increase as a result of the failure in social protection, social stigma around GBV, impunity, and harmful cultural practices. As affected populations become more accessible, and as the protection space potentially opens up, demand for services is likely to rise. Addressing the drivers of GBV, such as social norms, conflict, disregard for human rights and inequality will likely influence the continuation of GBV issues.

Mine Action: The need for land release will remain high, considering that the anticipated peace settlement in conflict areas may increase the movement of people through locations affected by landmines/ERW. The lack of awareness amongst communities and impacted populations will further increase the need for mine/ERW risk education. Also, the need for road verification and clearance will increase due to the high demand of accessing new areas to deliver humanitarian assistance and due to the expected movement of the IDPs, returnees and local populations. Victim assistance interventions will remain stable.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
January - December 2020	**3.4M**	Conflict, natural hazards, armed tribal clashes, disease outbreaks, severe economic hardships, poor access to services, poor quality of existing services	Women, children and adolescents (0-19), persons with disabilities, survivors of GBV, people with serious medical conditions, elderly and minority groups

3.7 WASH

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
7.6M	51%	60%	15%

OVERVIEW

About 7.6 million people need water, sanitation and hygiene services. These people include IDPs, returnees, non-displaced and vulnerable host communities with limited access to WASH services. Only 74 percent of the population has access to basic drinking water services, 39 percent have access to limited sanitation services[58], and only 23 percent have access to basic hygiene services[59]. Only a third have simultaneous access to water and sanitation, with wide disparities between states, between urban and rural areas, and between the richest and poorest.

AFFECTED POPULATION

The most affected population groups are IDPs, returnees, non-displaced host communities and refugees. 1.7 million IDPs and 291,000 returnees are in dire need of WASH support – 26 per cent of the total people in need. The remaining 5.5 million people in need of WASH support are non-displaced conflict-affected communities; people affected by WASH-related epidemics; and people identified as vulnerable elsewhere in the country based on the IPC analysis. These people are facing acute food and livelihood crisis, and are at high risk of WASH-related diseases and outbreaks compounded by flooding and malnutrition.

Amongst the above population groups there are people with specific needs including unaccompanied and separated children, survivors of gender-based violence (GBV), women-headed households, elderly persons, persons with disabilities and people with specific health concerns. These groups are highly vulnerable as they often have lesser coping mechanisms to mitigate the multiple risks they face and are often confronted with additional barriers to meeting their basic needs and accessing their rights.

ANALYSIS OF HUMANITARIAN NEEDS

About 5.3 million people lack access to improved water sources, 6.2 million people lack access to improved sanitation, and 7.5 million people lack access to hygiene services. South, North, West and Central Darfur, North, South and West Kordofan, Red Sea, Kassala and Gedaref, White Nile, and Gezira all have critical and chronic WASH needs. Nile and Sennar states show critical WASH needs. Blue Nile and East Darfur show very acute as well as chronic WASH needs. 1.59 million vulnerable people in 25 localities are in severe need of WASH support. 1.27 million people in 37 localities are in very high need of WASH support; and 2.12 million people in 39 localities are in high need of WASH support. The remaining 2.6 million people in 89 localities are in medium-to-low need of WASH assistance. White Nile, Sennar, Gezeira, Kassala, Blue Nile, Khartoum and River Nile states are considered high-risk states for AWD and cholera.

Access to WASH in schools and primary health centers is limited. Half of existing schools do not have improved sanitation facilities, and half do not have access to clean water[60]. This is further compounded by the lack of gender-segregated sanitation facilities, including for menstrual hygiene management; and ease of access to physically disabled children. This negatively impacts children's attendance and enrolment, especially for girls.

The key drivers of WASH needs are the deepening economic crisis; lack of investment in already-weak and ageing WASH services; poor knowledge, attitude and practices related to water, sanitation and hygiene; lack of community governance of WASH infrastructure in rural areas; huge disparities amongst the rich and poor; and climate change.

The WASH needs for the refugee population remain high, with an estimated 890,542 refugees in need of WASH assistance. Despite some progress made in 2019, there still remain huge disparities in levels of WASH service provision. For example, in White Nile camps, per capita water consumption is 16l while West Kordofan is 12l. Latrine usage ratios have remained quite high. For example in Um Sangour camp in White Nile, the ratio is 107 users per latrine, against a desired number of 20 users. This has resulted in over-congestion and open defecation. Progress has been made in supporting sanitation challenges in Khartoum's two refugee settlements hosting the largest refugee numbers (Bantiu and Naivasha). However, the needs still remain high, requiring more additional latrines.

Inadequate and inconsistent provision of soap for personal hygiene; poor hygiene practices; open defecation due to absent and limited latrines; frequent breakdown of water supply infrastructure due to overuse; erratic fuel supply; and overcrowded living conditions have all worsened the situation for refugees. Water availability is a major challenge, particularly during the dry season in South Kordofan where the underground water is limited, affecting both refugees and host communities. This often leads to conflict and tension over scarce water resources.

The undernutrition situation in North Darfur, Red Sea, River Nile and East Darfur states affects most vulnerable children under 5, and is also associated with poor WASH conditions. Over 90 percent of the 2.5 million people in need of nutrition support are in localities with severe to high WASH needs. For example, in Haya locality of Red Sea, a high GAM rate of 45 per cent has been linked to poor WASH conditions, as 40 per cent of people do not have access to improved water, and 91 per cent do not have access to improved sanitation.

The highest hygiene needs are in South, North and Central Darfur, as well as Al Gezira, White Nile, South Kordofan, Kassala, West Darfur, North Kordofan, Red Sea, West Kordofan, Sennar and Blue Nile. Gedaref, Khartoum, East Darfur, Nile and Abyei also have people in need.

PROJECTION OF NEEDS

It is anticipated that 7.6 million people will require at least one of the three main components of water, sanitation, or hygiene services, out of which an estimated 4.2 million will need emergency WASH response. The uncertain economic situation will aggravate the existing WASH needs, which increase the risk of water borne diseases and incidence of malnutrition.

	PEOPLE IN NEED	ASSOCIATED FACTORS	MOST AFFECTED GROUPS
December 2020	**1.7M**	Displacement considered also socioeconomic factors, Poor WASH, flooding, AWD/ Cholera outbreaks, high Malnutrition GAM rates	IDPs, refugees
December 2020	**291K**	Considered also socioeconomic factors, Poor WASH, flooding, AWD/ Cholera outbreaks, high Malnutrition GAM rates	Returnees, refugees
December 2020	**4.5M**	Socioeconomic factors, Poor WASH, flooding, IPC 3 and 4, AWD/Cholera outbreaks, high Malnutrition GAM rates	Vulnerable residents, refugees
December 2020	**3.5M**	Socioeconomic factors, Poor WASH, flooding, AWD/ Cholera outbreaks, high Malnutrition GAM rates	AWD/Cholera affected population
December 2020	**2.5M**	Socioeconomic factors, Poor WASH, flooding, AWD/ Cholera outbreaks, high Malnutrition GAM rates	Malnutrition/GAM

Part 4

Annexes

Internally displaced woman in Darfur

Photo: UN agencies

4.1

HNO Methodology and Data Gaps and Limitations

METHODOLOGY

The 2020 HNO analysis was based on new global guidance, which sought improved focused analysis of severity of needs. The analysis was centered on understanding the needs of people categorized under humanitarian consequences (the impact of a shock), ranked on a 1 to 5 severity of need scale (minimal, stress, severe, extreme and catastrophic). The lessons learnt and experiences of the 2019 HNO process were built into the methodology. Despite the difference with the 2019 methodology, the mapping of needs using the new method, showed a geographic spread of needs similar to those identified in 2019 and are consistent with the general understanding of the humanitarian needs by humanitarian stakeholders.

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. See annex for detailed technical description of the method.

1. Defined and agreed on the scope of the analysis (population groups, geographic areas and thematic sectors) during the months of July and August 2019. There was agreement that for the 2020 process, intersectoral calculation of the PiN would be based on two consequences i.e. living standards and physical & mental wellbeing, in line with global guidance. Sectors could identify indicators and data for the other two consequences i.e. resilience and protection, however, the two were 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 broken into two:

   a. Humanitarian profile – IDP data from the Humanitarian Aid Commission (HAC) and International Organization for Migration (IOM); refugee data from UNHCR; returnee data from HAC and IOM. Vulnerable residents' data was calculated based on IDP data (80% of IDPs in a locality) and IPC 3 & 4 in localities without IDPs.

   b. Common datasets such as population data, national percentage breakdown of sex and age and hazard data (floods, disease, conflict) were made available to the sectors.
3. Designed and endorsed the inter-sectoral model for estimating PiN by severity by humanitarian consequence (see Annex for comprehensive method). The process included:

   a. 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:

      i. Relevance to the consequence

      ii. Availability of up to date data from reliable sources, prioritizing data that covered the whole country

      iii. Data that was available at locality level (admin level 2).

      iv. The RCF led multi-sectoral analysis for refugee locations using a set of indicators agreed to with COR and refugee response partners

   b. This was followed by a peer review of indicators by the ISCG, that focused on removing duplicates, identifying complementary multi-sectoral indicators and ensuring indicators chosen were relevant for the consequence.

   c. Once the indicators were agreed, sectors embarked on secondary data collection and processing. Data was collated 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 severity of indicators per locality by consequence (highest frequency of a severity). This enabled the development of severity maps by consequence and overall severity. The mode was chosen instead of the average as the data is categorical rather than continuous. To confirm this, a peer review at national and subnational level, of severity maps developed using the mode and average method was done. The mode was seen as being a better reflection of reality.

CALCULATION OF PEOPLE IN NEED (PiN)

Both sector and intersectoral PiNs used similar methods of calculation. People in need were estimated by selecting the highest number of people categorized to be in severity 3,4 or 5 by vulnerable group, by humanitarian consequence and by locality. The sectors calculated sectoral PiNs and OCHA calculated the intersectoral PiN. For the

intersectoral PiN, it was first calculated by humanitarian consequence and the overall PiN was calculated by looking at the two humanitarian consequences (living standard and physical & mental wellbeing) PiNs side by side by locality, and the higher PiN of the two consequences was taken as the overall PiN for the locality. This approach avoided double counting. The total PiN was calculated by adding the locality PiNs.

CONCLUSION

The new method of analysis helps in intersectoral analysis by putting the people in need at the center of the analysis. Instead of merely looking at the person's vulnerability from a sector lens, analysis by consequences helps look at the impact of a shock across the sectors, thus setting a solid base for a multisectoral response. Like most humanitarian needs analysis methods, it relies heavily on quantitative data. Efforts will be made in 2020 to see how to better incorporate qualitative data into the analysis. The ISCG and IMWG will review the methodology and refine it and make necessary adjustments, where required. To keep up with the changing needs and requirements, systems will be put in place to update the HNO during the course of the year, when new data available. The integration of national and localized assessments will also be considere. The analysis will be further improved by weighting indicators, distinguishing between lifesaving and non-life saving indicators. In 2020, the humanitarian community will need to invest time and resources in harmonizing assessment methodologies across all sectors, to assist in filling geographical data gaps. The indicators used to calculate the inter-sectoral PiN and severity are listed in the Annex. The HNO dataset will be available on HDX.

INFORMATION GAPS, CHALLENGES AND PLANS TO OVERCOME THEM

As this is the first year this methodology is used in Sudan, 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 availability of data for Darfur, Kordofan states and Blue Nile is higher, compared to other geographical areas in Sudan. However, the S3M II of 2018, helped in making national data available across six sectors and subsectors (see data sources table), enabling improved nationwide analysis, unlike previous years where extrapolated data from assessments as old as 2011 was used. In 2020, efforts will be made, to continue improving national data collection, including better harmonization of sub-assessments so that they can be collated to form a national picture. These sub assessments will be used to update the HNO during the course of the year, together with planned assessments like IPC and the MICS, in a bid to ensure updated data is made available to the humanitarian community. The ISCG is working on leveraging existing national assessments (e.g IPC, CFSA) and data collection mechanisms (e.g DTM) by adding key sectoral indicators that will help in improving multisectoral needs analysis and response monitoring. With the change of government and better assessment environment, the humanitarian community plans to conduct a nationwide humanitarian needs assessment in 2020, which will help in the analysis of the next HNO.
- **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 2020. In preparation, the humanitarian community together with 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. 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). 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. A 40 percent risk proxy was applied at the locality level to estimate the number of children at risk of abuse, violence and neglect.

CONCLUSION

Despite the data and information challenges identified, the available analysis is the best available and is good enough for a comprehensive response. The severity of need maps were validated at both national and state level by operational partners, through the Inter Sectoral 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.

Methodology - Sector Technical Guidance

This methodology paper outlines the key elements and steps of the Humanitarian Needs Overview (HNO) 2020, including the changes that Sudan will be undertaking. This methodology has been presented and agreed with the humanitarian sectors – the Inter Sectoral Coordination Group – in Khartoum and state level.

1. **HUMANITARIAN CONSEQUENCES:** sectors will focus on two of the four humanitarian consequences – physical and mental wellbeing (1) and living standards (2) for the calculation of the overall people in need (PiN). However, sectors can consider the other two consequences in their analysis selection – protection (3) and resilience (4), ensuring that i) there is no overlap in the number of people across the indicators provided; ii) the sector has the time and capacity to provide this information. The PiN will, however, reflect only the physical & mental wellbeing and living standard consequences.

2. **VULNERABLE GROUPS:** the vulnerable groups that the ISCG in Sudan has agreed to focus on are:

POPULATION GROUPS	SOURCE
IDPs	HAC 2018 & IOM 2019
Refugees	UNHCR
Returnees	HAC 2018 & IOM 2019
Vulnerable residents	80%IDPs and IPC (3&4) in localities without IDPs (as in the 2019 HNO)

STEPS TAKEN BY SECTORS

Each sector will select three to five indicators, either from the Joint Inter-Sectoral Analysis Framework (JIAF) Indicator Reference Table provided or sector specific indicators. If sector specific indicators were used, thresholds for each severity were developed. The indicators should best represent the sector and contribute to the two humanitarian consequences which will be the focus of Sudan's HNO: physical and mental wellbeing and living standard. Sectors were requested to ensure that there is data that supports the indicators by locality and severity levels.

The severity scale[1] to be used by all sectors and for each indicator is here below:

Scale / Class	1	2	3	4	5
Severity	None / minimal	Stress	Severe	Extreme	Catastrophic
Humanitarian Profile	Total Population				
		Total Affected			
			Total PiN		
Living Standards	Living standards are Ok	Living standards under stress	Degrading living standards	Collapse of living standards, with survival based on humanitarian assistance	Total collapse of living standards
Physical and Mental Wellbeing and Human Rights Violations	Risk of impact on wellbeing	Minimal impact on wellbeing overall; localized / targeted incidents of violence + human rights violations	Degrading wellbeing; physical and mental harm resulting in a loss of dignity	Presence of irreversible harm and heightened mortality; widespread grave violations of human rights	Widespread mortality and / or irreversible harm; grave human rights violations causing mass displacement

[1] *This is a global severity scale that is being used by all HRP countries.*

For each indicator and for each population group described in point 2 above, each sector took the following steps:

STEP 1. Estimate the percentage of the population corresponding to each severity ranking:

In each locality and for each indicator, sectors used available sector data to provide value (percentages) of the population falling under its respective severity value.

Example: Indicator = Proportionate morbidity due to outbreak-prone disease → 10 % under severity 1 (minimal); 20%<30% under severity 3 (stress) etc.

		1	2	3	4	5
Indicator		None / minimal	Stress	Severe	Extreme	Catastrophic
Proportionate morbidity due to outbreak-prone disease	Wellbeing	<10%	10%<20%	20%<30%	30%<40%	40%+

STEP 2. Calculate the Locality PiN:

For each locality calculated the estimated PiN per locality. There were two options: i) if there was overlap (e.g. if two indicators are targeting the same population group), obtained the PiN by multiplying the highest percentage of people among the indicators (from step 2).

Example: location 'a', the indicator 4 has the highest percentage, so we will take 22% of 25,000 which is 5,500.

	Baseline IDP population	HUMANITARIAN CONSEQUENCE (Wellbeing)				PiN - Wellbeing Consequence
		Indicator 1	Indicator 2	Indicator 3	Indicator 4	
Location a	25,000	13%	19%	7%	22%	5,500
Location b	84,000	11%	32%	20%	16%	26,880
Location c	23,000	13%	9%	5%	12%	3,055
Location d	38,450	14%	26%	15%	18%	9,997
						45,432

IDPs in need for wellbeing consequence by location

The estimated PiN by location for wellbeing consequence is the highest percentage among all indicators chosen applied to the baseline population of the IDPs that location

IDPs in need for wellbeing consequence in all country

TABLE: The percentage of people in need by indicator represents those categorized in severity 3 to 5.

ii) if there is no overlap (e.g. one indicator is targeting children, another one targeting elderly), obtain the PiN by adding values across the indicators to arrive at the locality PiN.

Example: In the above table let's say indicator 1, 2, 3, and 4 for locality 'a; are not overlapping each other, we would add (13% + 19% + 7% +22% = 61%), so the total population in the locality would be 61% of 25,000 which is 15, 250.

STEP 3. Calculate the sector PiN per vulnerable population group:

To obtain the total sector PiN for each vulnerable group, per consequence, add the locality PiNs calculated in step 2

Locality	IDP pop	WELLBEING				LIVING STANDARDS				
		Indicator 1	Indicator 2	Indicator 3	PiN WB	Indicator 1	Indicator 2	Indicator 3	PiN LS	LS = (LS - WB)
a	25,000	13%	19%	22%	5,500	19%	25%	35%	8,750	3,250
b	84,000	11%	32%	16%	26,880	31%	46%	15%	38,640	11,760
c	23,000	13%	9%	12%	3,055	35%	11%	18%	8,225	5,170
d	38,450	14%	26%	18%	9,997	14%	45%	25%	17,302.50	7,306
		Total PiN			45,432				72,918	27,486
		Total Sector PiN		72,918	LS + WB					

STEP 4. Calculated the total sector PiN for all vulnerable groups:

Add the PiNs for from each population group (i.e. IDP from above and so on for other groups such as refugees, returnees, vulnerable residents).

Note on calculation on disability: As advised by WHO and the health sector, a 15 percent prevalence will be applied to calculate the people with disabilities in Sudan. For types of disability, the following can be also applied: mobility (18.1%), visual (31.5%), mental (24.2%), hearing (13.2%) and speech (4.0%)[2].

Sector	IDPs	Refugees	Residents	Returnees	Total Sector Population
Health	72,918	4,000	3,000	2,000	81,918

STEPS TAKEN BY OCHA

Inter-sectoral PiN calculation

To calculate the intersectoral PiN, OCHA will take the below steps per vulnerable population group:

STEP 1. Calculate the inter-sectoral PiN: For each consequence and each sector, filled the template using the percentage of the population in need per indicator per locality (step 2 above).

a. For each consequence calculate:

i) Locality PiN: For each locality, select the maximum percentage across all the sector values in the relevant consequence. Multiply the maximum value by the locality's vulnerable population to obtain the locality PiN.

ii) Consequence PiN: Add the locality PiN to obtain the total consequence PiN.

b. To calculate the intersectoral PiN :

Using the consequences selected (wellbeing and living standards), the total PiN = Max of "Wellbeing" PiN and "Living standards" PiN.

c. Inter-Sectoral Severity

Inter sectoral severity was calculated by taking the severity with highest frequency (statistical mode) across the locality per sector indicator of the relevant consequence.

Steps a, b, and c were repeated for each vulnerable group.

STEP 2. Calculate the HNO overall PiN

The HNO overall PiN is obtained by taking the maximum of the PiN of wellbeing and living standards, by locality and then adding the locality totals.

RISK ANALYSIS & PROJECTIONS

Risk Analysis:

The risk analysis considers the process of determining the likelihood and impact of a hazard in a defined period. There are four threat categories (floods, drought, AWD, conflict) which may have potential consequences.

Similar to the 2019 HNO methodology, for the 2020 HNO, the ISCG agreed to a series of hazards that drive humanitarian needs in Sudan and are common across sectors. They are drought, floods, conflict, and disease outbreaks (Multi hazard approach).

Data sources for these hazards are: OCHA, HAC, IOM, UNICEF, IPC.

The ISCG rated the risk of each of these hazards per locality in Sudan, assigning a rating for each hazards in all localities 5 = Very High, 4 = High. 3 = Medium, 2 = Low, 1 = Very low. By using these ratings, the estimated projections of people in need as a consequence of these potential four hazards are:

HAZARD	SROUCE
Floods	Floods Task Force
Conflict	IOM, HAC, OCHA and WFP
Drought	IPC
AWD	Health sector

[2] *More information can be found here https://www.who.int/disabilities/world_report/2011/en/.*

4.2

Sector Indicators Used for Analysis

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Nutrition	Prevalence of GAM (children under 5)	Wellbeing	< 2.5%	2.5-<5%	5-<10%	10-<15%	> = 15%
	Prevalence of chronic malnutrition (Stunting/low height for age) among children 6-59 months	Wellbeing	<2.5%	2.5-<10%	10-<20%	20-<30%	> = 30%
	Prevalence of severe acute malnutrition (MUAC <115mm/+ or -oedema) in children 0-59 months	Wellbeing	<1%	1-2%	2-3%	3-4%	>= 4%
	Prevalence of acute malnutrition among pregnant and lactating women (PLW)	Wellbeing	0-4.9%	5-9.9%	10-19.9%	20-39.9%	>=40%
Health	Proportionate morbidity due to outbreak-prone disease	Wellbeing	<10%	10%<20%	20%<30%	30%<40%	40%+
	Coverage DPT3 vaccine	Wellbeing	>80%	80%<70%	70%<60%	60%<50%	<50%
	Composite hazard indicator (floods, conflict, AWD, drought)	Wellbeing	Data dependant	Data dependant	Data dependant	Data dependant	Data dependant
	Number of ANC visits during most recent pregnancy	Living standards	>3	3<2	2<1	1<0	0
	Percentage of HH reported to have access to health facilities within 5 km (1 hour walk)	Living standards	>90%	90%<80%	80%<70%	70%<60%	<60%
	Number of healthcare workers (doctors, nurses, and midwives) in each locality per 1000 population	Living standards	4.45	4.45<3.5	3.5<2.5	2.5<2	<2
Food Security	Share of Expenditures for Food	Living standards	< 50%	50% < 65%	65% < 75%	≥ 75%	≥ 75%
	Food Consumption Score	Living standards	Acceptable and stable	Acceptable but deterioration from typical	Borderline	Poor	Poor
	Reduced Coping Strategies Index	Living standards	0-3	18-Apr	≥ 19	≥ 19	≥ 19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5)
	Livelihoods Coping Strategies Index	Coping mechanisms	No stress, crisis or emergency coping observed	Stress strategies are the most severe strategies used by the household in the past 30 days	Crisis strategies are the most severe strategies used by the household in the past 30 days	Emergency strategies are the most severe strategies used by the household in the past 30 days	Near exhaustion of coping capacity
WASH	% of HHs having access to improved water source	Living standards	<35%	35% - < 55%	55%- <65%	65% - <85%	>85%
	% of HHs having access to improved sanitation facility	Living standards	<7.5%	7.5% - < 25%	25%- <50%	50% - <80%	>80%
	% of HHs having a place for handwashing with soap and water	Living standards	<7.5%	7.5% - < 25%	25%- <50%	50% - <80%	>80%

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
ES/NFI	% of HHs which shelter is currently affected by, or at risk of, any hazards	Wellbeing	0	1%-25%	26%-38%	39%-44%	>44%
	% of households applying high-risk coping mechanisms (high CSI)	Wellbeing	0	1%-5%	6%-25%	26%-50%	>50%
	% of households in need for NFIs assistance	Living standards	<= 10%	11%-20%	21%-30%	31%-40%	>40%
	% of households in need of shelter assistance	Living standards	<= 10%	11%-20%	21%-30%	31%-40%	>40%
Education	% of functional primary learning spaces	Living standards	100% - 86%	85% - 71%	70% - 56%	55% - 41%	<41%
	Pupils-Teacher Ratio (primary)	Living standards	<30	31-35	36-40	41-50	>50
	Student-Segregated Latrines Ratio (primary)	Living standards	<40	41-50	51-60	61-70	>71
	Student classroom ratio (Primary)	Living standards	<30	31-35	36-40	41-50	>50
	% of children (6-13) with access to basic education (formal/informal schools and ALP centers)	Living standards	100-85%	84%-75%	74%-65%	64%-55%	<55%
General protection	Potential population affected by Risk of conflict (Armed + Tribal clashes) - Vul Res	Wellbeing	1	2	3	4	5
	Index on protection environment (reported occurrence of key protection incidents)	Wellbeing	1	2	3	4	5
	% of households applying high-risk coping mechanisms (high CSI)	Wellbeing	percentile ranges according to S3M data				
	Presence/prevalence of mixed population groups (i.e; IDPs, returnees and refugees)	Living standards	1	2	3	4	5
	Level of availability of basic services	Living standards	1	2	3	4	5
Gender Based Violence	Level of availability of basic services	Living standards	1	2	3	4	5
	% of households applying high-risk coping mechanisms (high CSI)	Living standards	1	2	3	4	5
	IPC phase 4	Wellbeing	0-10%	<10%	10-30%	30-50%	>50%
Mine Action	% of communities affected by explosive ordnance	Wellbeing	5	6 to 10 %	11 to 20 %	21-30 %	Above 30 %
	Number of people injured/killed by explosive ordnance	Wellbeing	0	0	1	1	1
	% of at risk population within the community affected by explosive ordnance	Wellbeing	0 to 10 %	11 to 30 %	31 to 50 %	51 to 70 %	71 % Above
Child Protection	% of children in this location living without their usual caregivers (no mother, no father or any other adult)")	Wellbeing	<9%	>10%<19%	<20%>29%	<30%>39%	<40%
	% of Children engaged in exploitative forms of Labor (type of work that puts their health or safety at risk)	Wellbeing	<9%	>10%<29%	<30%>39%	<40%>50%	<60%
	% of children and adolescents that have experienced violence, abuse, and neglect	Wellbeing	<9%	>10%<29%	<30%>39%	<40%>50%	<60%
	% of children in contact with law reported at FCPU, POLICE, court etc....	Wellbeing	<9%	>10%<29%	<30%>39%	<40%>50%	<60%
	% of children reporting having challenges in accessing quality child protection response services (health/GBV, social workers, FCPU, community-based child protection structures, referral systems)	Living standards	<9%	>10%<29%	<30%>39%	<40%>50%	<60%

4.3

Sector Indicators for Monitoring Needs

Education

#	INDICATOR	SECTORS	SOURCE
1	Percentage of schools not functioning	Education	Education Management Information System (EMIS), MRM and partners reports
2	Pupil-teacher ratio	Education	Education Management Information System (EMIS)
3	Student-Segregated Latrines ratio	Education	Education Management Information System (EMIS)
4	Student-classroom ratio		Education Management Information System (EMIS)
5	Percentage of children (6-13) without access to basic education (formal/informal schools and ALP centers)	Education	Education Management Information System (EMIS)
6	# of school-aged refugee children (by end of 2020)	Refugee Response	UNHCR ProGres

ES/NFIs

#	INDICATOR	SECTORS	SOURCE
1	Percentage of households in need for NFIs assistance	Shelter / NFIs,	IA/ Sector needs assessments, PDMs, DTM, and NFI distribution from the NFI common pipeline UNHCR ProGres.
2	Percentage of households in need for shelter assistance	Shelter / NFIs,	IA/ Sector needs assessments, PDMs, DTM, UNHCR ProGres.
3	Percentage of HHs which shelter is currently affected by, or at risk of, any hazards	Shelter / NFIs	IA/ Sector needs assessments, PDMs, DTM, UNHCR ProGres and NFI distribution from the NFI common pipeline.

FSL

#	INDICATOR	SECTORS	SOURCE
1	Reduced Coping Strategies Index	Food Security & Livelihoods	CFSA/FSMS
2	Share of Expenditures for Food	Food Security & Livelihoods	CFSA/FSMS
3	Food Consumption Score	Food Security & Livelihoods	CFSA/FSMS
4	Livelihoods Coping Strategies Index	Food Security & Livelihoods	CFSA/FSMS
5	IPC Phase	Refugee response	IPC
6	Age appropriate dietary diversity	Refugee response	SENS, S3M
7	Age appropriate meal frequency	Refugee response	SENS, S3M

Health

#	INDICATOR	SECTORS	SOURCE
1	Proportional morbidity of outbreak-prone disease	Health	FMOH
2	Coverage of DPT3 vaccine.	Health	S3M
3	Number of ANC visits during most recent pregnancy	Health	S3M
4	Percentage of HH reported to have access to HF within 5 km (1 hour walk)	Health	S3M
5	Number of healthcare workers (doctors, nurses, and midwives) in each locality per 1000 population	Health	FMOH
6	Percentage of refugees with measles vaccination (with card)	Refugee response	SENS
7	Percentage of refugees receiving Vitamin A supplementation in past 6 months	Refugee response	SENS
8	Crude mortality rate in refugee locations	Refugee response	SENS
9	Under 5 mortality rates in refugee locations	Refugee response	SENS

Nutrition

#	INDICATOR	SECTORS	SOURCE
1	Global Acute Malnutrition (GAM) among PLW	Nutrition	S3M (2018)
2	Global Acute Malnutrition (GAM) among in children under 5 years	Nutrition	S3M (2018)
3	Severe Acute Malnutrition (SAM) among children under 5 years	Nutrition	S3M (2018)
	Stunting among children under 5 years	Nutrition	S3M (2018)
	Exclusive breastfeeding (0-5 months)	Refugee response	SENS
	Introduction of food (6-8 months)	Refugee response	SENS

Protection

#	INDICATOR	SECTORS	SOURCE
1	# of women-headed refugee households	Refugee response	UNHCR ProGres
2	# of child-headed refugee households	Refugee response	UNHCR ProGres
3	% engaged in potentially risk or harmful activities	Refugee response	UNHCR ProGres
4	Camp congestion	Refugee response	UNHCR ProGres
5	Projected new arrivals in 2020	Refugee response	UNHCR ProGres
6	Registration target	Refugee response	UNHCR ProGres

WASH

#	INDICATOR	SECTORS	SOURCE
1	% of HHs having access to improved water source	WASH	S3M
2	% of HHs having access to improved sanitation facility	WASH	S3M
3	% of HHs having a place for handwashing with soap and water	WASH	S3M

4.4 Acronyms

ANC	Antenatal Care
APMBC	Anti-Personnel Mine Ban Convention
AWD	Acute Watery Diarrhea
CCA	Common Country Assessment
CFSA	Comprehensive Food Security Assessment
CMAM	Community-based Management of Acute Malnutrition
CMR	Clinical Management of Rape Services
CoH	Cessation of Hostilities
COR	Commission for Refugees
CPIMS	Child protection information management system
CSI	Coping Strategy Index
DTM	Displacement Tracking Matrix
EMIS	Education Management Information System
EmONC	Emergency Obstetric and Neonatal Care
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
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
HDX	Humanitarian Data Exchange
HERAMS	Health Resources Availability Monitoring System
HHs	Households
IA	Inter-Agency
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IGA	Income Generating Activities (IGAs).
IMCI	Integrated Management of Childhood Illness
IMSMA	Information Management System for Mine Action
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
JEM	Justice and Equality Movement
JIAF	Joint Inter-sectoral Analysis Framework
LFB	Local Food Basket
MAM	Moderately Malnourished
MI	Military Intelligence
MICS	Multiple Indicator Cluster Surveys
MUAC	Mid-Upper Arm Circumference
NISS	National Intelligence and Security Service
OCHA	Office for the Coordination of Humanitarian Affairs
PDM	Post Distribution Monitoring
PiN	People in Need
PLW	Pregnant and Lactating Women
PSS	Psycho-social Support
RCF	Refugee Consultation Forum
RSF	Rapid Support Force
S3M	Simple Spatial Surveying Method
SAM	Severe Acute Malnutrition
SENS	Standardized Expanded Nutrition Surveys
SGBV	Sexual and Gender-based Violence
SLA-AW	SLA-Abdul Wahid faction
SLA-MM	Sudan Liberation Army – Minni
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
TMC	Transitional Military Council
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
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health organization

4.5 End Notes

[1] This includes refugees from the Central African Republic (CAR), Chad, the Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Somalia, South Sudan, Syria and Yemen.

[2] 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.

[3] Sudan Doctors Syndicate, cited by PHR https://reliefweb.int/report/sudan/sudan-protester-killings-demand-independent-international-investigation-phr

[4] https://www.hrw.org/report/2019/11/17/they-were-shouting-kill-them/sudans-violent-crackdown-protesters-khartoum

[5] https://reliefweb.int/report/sudan/sudan-splm-n-al-hilu-sign-peace-roadmap-talks-srf-approaching-separate-deal

[6] https://www.reuters.com/article/us-sudan-protests-exclusive/exclusive-sudan-needs-up-to-10-billion-in-aid-to-rebuild-economy-new-pm-says-idUSKCN1VE0QZ?il=0

[7] https://www.reuters.com/article/us-sudan-politics-debt/bashir-ouster-rekindles-interest-in-long-defaulted-sudan-loans-idUSKCN1RO24S

[8] UNDP CCA Desk Review https://www.undp.org/content/dam/unct/sudan/docs/Sudanper centage20CCAper centage20Aprilper centage202016per centage20-per centage20DRAFT.pdf

[9] https://www.afdb.org/en/countries/east-africa/sudan/sudan-economic-outlook

[10] African Development Bank Sudan Poverty Profile, https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Brief-Sudan_Poverty_Profile_2014-2015_-_Key_Findings.pdf

[11] http://worldpopulationreview.com/

[12] African Development Bank Sudan Poverty Profile

[13] OCHA based on HAC and DTM (IOM figures). Returnee figures include people who returned during 2017, 2018, and 2019 as well as some caseloads of returnees in Central Darfur from 2016 (Jabal Mara (Rokero, Golo, Geldo, Thur) and Um Dukhun returnees).

[14] http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152151/?iso3=SDN

[15] Availability and Affordability Survey in Sudan, July 2019 WHO/FMOH/ Directorate General of Pharmacy

[16] Simple, Spatial, Survey Method (S3M) for Sudan 2018-2019

[17] WHO, Ministry of Health

[18] WFP Report November 2018 to February 2019

[19] The case for investment in nutrition in Sudan

[20] CFSA 2018-19

[21] Common Country Analysis 2016

[22] http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152151/?iso3=SDN

[23] FEWSNET

[24] Displacement Tracking Matrix figures for Sudan– IOM August 2019

[25] Comparison between IPC June-August 2019 (5.8M) and West Darfur projection from January-March 2019 (0.3M) with IPC October 2018 (5.7M)

[26] Includes West Darfur numbers that were not part of the analysis

[27] Crop and Food Supply Assessment Mission to the Sudan – FAO March 2019

[28] Sudan Comprehensive Food Security Assessment (CFSA) – WFP November 2018 and Food Security Monitoring Systems (FSMS) – WFP November 2018

[29] WFP Market Monitor – August 2019

[30] Figure excludes West Darfur State as the analysis did not take place

[31] Integrated Food Security Phase Classification IPC October 2018

[32] Crop and Food Supply Assessment Mission to the Sudan – FAO March 2019

[33] https://data.humdata.org/dataset/acled-data-for-sudan.

[34] Availability and Affordability Survey in Sudan, July 2019 WHO/FMOH/ Directorate General of Pharmacy

[35] Federal ministry of health data from the expansion project

[36] Simple, Spatial, Survey Method (S3M) for Sudan 2018-2019.

[37] Simple, Spatial, Survey Method (S3M) for Sudan 2018-2019.

[38] Statistical report FMOH 2018, http://sho.gov.sd/controller/knowledge_hub.php?sm_id=132&mid=110&lid=1#.

[39] Weekly Surveillance reports FMOH week 31.

[40] Malaria, diarrhea, dysentery, Typhoid, and pneumonia cases. Statistical report FMOH 2018.

[41] IAWG MISP for RH calculator 2019.

[42] MDSR Report, FMOH 2018

[43] IAWG MISP for RH calculator 2019

[44] IAWG MISP or RH calculator 2019

[45] World report on disability WHO/World Bank https://www.who.int/disabilities/world_report/2011/en/.

[46] Sudan national health profile 2015 http://sho.gov.sd/files_documents/EMROPUB_2017_EN_19610.pdf?sm_id=134&mid=111&lid=1.

[47] HeRAMS report, December 2018.

[48] IAWG MISP for RH calculator,2019

[49] Emergency obstetric and neonatal (EmONC) care survey in Sudan,FMOH,2017

[50] HeRAMS report, December 2018

[51] Background Note on Sudan, GNC Annual side event, 2018

[52] African Union-United Nations Hybrid Operation in Darfur Report of the Secretary-General, 12 October 2018

[53] https://www.dabangasudan.org/en/all-news?search=rape

[54] Tawilla, Elfasher -Zamzam camp, Kutum, Kebkabiya, Mellit and Saraf Omra in North Darfur, Zalengei, Golo, Rokero, Nertiti, Mukjar, Umdukhun, Wadi Saleh, Azum, Bindisi and Mukjar in Central Darfur, Abu Jabra, Abu Karinka, Adila, Assalaya, Bahr El Arab, Ed daein, Elferdous, Sheria, Yasin in East Darfur, Buram, Bielel, Dimsu, El Salam, Gereida, Kass, Nyala, Nyala North, Sharg Jebel Mara, Marshang, Niteaga, El radoom in South Darfur, Beida, El geneina, Forobaranga, Habila, Jebel Moon, Kereinik, Sirba in West Darfur, Abu Jubaiha, Abu Kashola, Alburam, Dellami, El Abassiya, Kadugli, Rashad, Talodi, Heiban, Abyei, Elobeid in North Kordofan, Kost, Elsalam and El jabelein in White Nile states

[55] https://reliefweb.int/report/sudan/final-report-panel-experts-sudan-established-pursuant-resolution-1591-2005-s201722-enar

[56] https://www.youtube.com/watch?v=iNGoliK_7Xs

[57] Study on gender-based violence and women access to justice in Darfur by UN Women, 2018

[58] Simple, Spatial, Survey Method (S3M) for Sudan 2018-2019

[59] Joint Monitoring Program

[60] 2018 WASH in School National assessment