This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team’s shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint humanitarian response planning.

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Cover photo: Albert Gonzalez/UNAMID
Part I

SUMMARY

- Humanitarian Needs & Key Figures
- Impact of the Crisis
This is an overview of the main humanitarian needs in Sudan. For detailed figures please see: page 06.

- **Total no. of IDPs**: 1,86M
- **Total no. of refugees**: 1.2M
- **Total no. of returnees**: 324,000

Map Legend:
- Country capital
- State capital
- State boundary
- No. of internally displaced persons (IDPs)

### NO. OF REFUGEES by state

<table>
<thead>
<tr>
<th>State</th>
<th>No. of Refugees</th>
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<tbody>
<tr>
<td>Central Darfur</td>
<td>84,859</td>
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<tr>
<td>East Darfur</td>
<td>446,441</td>
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<td>South Sudan</td>
<td>54,028</td>
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<td>White Nile</td>
<td>47,392</td>
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### NO. OF RETURNEES by state

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<td>White Nile</td>
<td>18,243</td>
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<td>Blue Nile</td>
<td>14,705</td>
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Humanitarian needs in Sudan are driven by several factors including displacement, climatic shocks and hazards, localised armed clashes and inter communal violence, disease outbreaks, food security, malnutrition and protection risks. An estimated 5.7 million people in Sudan need some form of humanitarian assistance. This includes over 1 million refugees and asylum seekers, the majority of whom are largely dependent humanitarian assistance. Further the situation is exacerbated by the ongoing macro-economic challenges resulting in high inflation - a three-fold increase compared to one year ago. This has led to shortages of fuel and cash, increase in prices of key commodities and medicines and subsequently reduced household purchasing power.

Food Insecurity

The Government led Food Security Technical Secretariat (FSTS) estimates that about 5.7 million people are experiencing crisis or emergency levels of food insecurity in Sudan. This has been exacerbated by the current macro-economic situation including increasing year-on-year inflation rates - 73 per cent in December 2018, compared to 63.9 per cent in June 2018 and food inflation rate at 87 per cent in December 2018. This consumer price inflation and high-costs of agricultural inputs against a backdrop of austerity measures has led to a drop in purchasing power and increase in production costs. Households have had to cut expenditures on education, health, and other goods, sell livelihood assets or further reduce the quantity and quality of meals. Further, after several years of conflict, disrupted livelihoods undermine the populations’ resilience to future shocks and people are increasingly forced to engage in negative coping mechanisms.

Malnutrition

Eleven out of Sudan's 18 states have recorded global acute malnutrition rates (GAM) above the World Health Organization's (WHO) emergency threshold of 15 per cent, with the highest rates found in eastern Sudan. Malnutrition rates are likely to stay at high levels. About 2.5 million children under age five suffer from wasting annually, out of whom close to 700,000 suffer from severe acute malnutrition (SAM). The Government has scaled up response in line with the National Nutrition Strategic Plan 2014-2025, and the number of children who have access to treatment of SAM has doubled over the past five years. Current nutrition programmes need to be significantly scaled up to achieve a meaningful impact and visibly reduce malnutrition rates in the coming years. Among South Sudanese refugees, GAM rates as high as 19.6 and some rates as high as 6.4 have been recorded in some refugee camps and settlements.

Displacement and refugees

According to the Government, the overall number of IDPs is 1.86 million, which includes 1.6 million IDPs living in camps. In 2018, limited displacement took place in areas of Jebel Marra, with some 24,000 people displaced. The situation in Darfur has remained relatively stable, except for intermittent clashes in western and southern Jebel Marra area. Disputes between herders and farmers, particularly between IDPs and returnees, over land and resources persist (UNAMID Secretary General Reports 2018), sometimes leading to displacement. The improvement of the security situation has influenced the increase of returns, which since 2016 accounts for some 324,000 people, of which 35,000 took place in 2018. As safety and security improves, returnees seek to find a solution to their long-term displacement by either returning to their areas of origin, resettling, or reintegrating in communities. Displacement has also been reported in South Kordofan and Blue Nile, although there is no verification. Sudan is one the largest refugee-hosting countries in Africa. In 2019 the country hosts over 1 million refugees and asylum seekers in need of assistance, including more than 850,000 refugees from South Sudan.. Refugees have particular vulnerabilities and different rights and access to services than Sudanese nationals. As a result, refugees are largely reliant on humanitarian assistance to meet their basic needs.

Protection

Children, women and girls, people at risk of landmines, and host communities remain exposed to protection risks in Sudan. Other issues of concern are tensions caused by land occupation and conflict between farmers and herders during the harvest season, as outlined by the Secretary General’s United Nations – African Union Mission in Darfur (UNAMID) report of October 2018. As is the case worldwide, people living in protracted displacement remain exposed to risks of harassment, rape, or violence in and around camps. As UNAMID reduces its presence in Darfur, protection is one of the key areas of concern, which will require close monitoring during 2019.
PART I: HUMANITARIAN NEEDS & KEY FIGURES

TOTAL POPULATION IN SUDAN

43.7 million

2005 31.9M
2010 36.2M
2015 40.2M

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

5.7 million

2013 4.4M
2015 4.5M
2017 4.8M

1 Highest sectoral figure of PSL sector

By age & sex

CHILDREN (below 18 years)

2.3 million 40% 50% girls 50% boys

ADULT (18 - 59 years)

3.1 million 55% 53% women 47% men

OLDER PEOPLE (above 59 years)

0.3 million 5% 53% women 47% men

BY SEX

2.9 million total female 51%
2.8 million total male 49%

2 Please note all figures are rounded

By need (million)

- Education: 1.5 (50% male, 50% female)
- Shelter & Household Items: 1.4 (56% male, 44% female)
- Food Security & Livelihoods: 5.7 (51% male, 49% female)
- Recovery, Return & Reintegration: 2.3 (55% male, 45% female)
- Health: 3.7 (51% male, 49% female)
- Protection: 2.7 (55% male, 45% female)
- Nutrition (children under five): 2.9 (51% male, 49% female)
- Water, Sanitation & Hygiene: 2.9 (51% male, 49% female)
PART I: IMPACT OF THE CRISIS

IMPACT OF THE CRISIS

DISPLACEMENT AND RETURNS

With the improvement of the security situation—as a result of cessation of hostilities announced by both the Government and armed groups—more people have been returning to their areas of origin. In 2018, at least 35,000 people returned home, and additional people may have returned spontaneously without being recorded. Overall, at least 624,000 people have returned to their areas of origin since 2003 when conflict in Darfur started. Many of those who have returned continue to need humanitarian assistance as they rebuild their livelihoods. Recent reports suggest that most of the registered returnees are female, of whom 55 per cent are children under 5 years. Other displaced people have yet to return to their home areas, resettle or integrate at their place of displacement. In areas of integration, return or resettlement, access to land for housing and livelihoods, including security of tenure, remains a priority.

RETURNEES OVER PAST FOUR YEARS

Source: IOM / VRRC / HAC

Overall, the number of people displaced remains far below the previous decade and new displacement has been limited. Sporadic fighting between Government forces and non-state armed groups has been largely confined to pockets of Darfur’s Jebel Marra area resulting in the displacement of some 24,000 people between January and September 2018. Most of these new IDPs fled to existing IDP camps and settlements in and around the Jebel Marra area. The new IDPs generally arrived with few belongings and lacked access to livelihood opportunities. In some cases, their villages and all their personal belongings were reportedly destroyed. In South Kordofan, ceasefires by the Government and the Sudan People’s Liberation Movement – North (SPLM-N) have held for the past two years. In Blue Nile State, fighting between SPLM-N factions in areas under their control resulted in major protection threats and there have been reports of people fleeing to Government-controlled areas or into South Sudan. These numbers however remain limited. Government estimates 215,000 of IDPs in South Kordofan and Blue Nile. Inter-communal conflict particularly in parts of Darfur has also decreased in intensity during 2018 (UNAMID). Localized armed violence continues to take place between sedentary farmers and nomadic-pastoral communities and between nomadic communities, usually over access to and use of resources, primarily land and water. Between December 2016 and December 2017, UNAMID has recorded 40 such incidents, with 271 fatalities, compared to 16 incidents with 52 fatalities between January 2018 and January 2019 with 52 fatalities. Positively, the concerted engagement of state authorities, local leaders, and security organs has led to the decline of such conflicts.

Within the protracted displaced population, the conditions and levels of need vary considerably. Many IDPs live in large IDP camps, which can be viewed as de facto neighbourhoods of adjacent urban areas, such as El Fasher town. Some of the IDPs living in protracted displacement have rebuilt their livelihoods, while others have come to rely less on...
humanitarian assistance, but are particularly vulnerable to economic shocks. The recent rise in food prices over the past year has pushed many IDPs back into higher levels of need (see below).

FOOD INSECURITY

The commodity price increases, low household purchasing power and high-costs of agricultural supplies and inputs have led to increased food insecurity in Sudan, despite the significant reduction in conflict across the country. According to the most recent analysis, 5.7 million people were estimated to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) levels of food insecurity between Oct - Dec 2018. Information available from the World Food Programme (WFP) Food Security Monitoring System (FSMS) suggests that the number of food insecure people increased between November 2017 and May 2018. In Al Salam, Zamzam and Abu Shok the percentage of food insecure people increased by 90, 79, and 76 per cent in the past year, with a consequent reduction of borderline and food secure percentages of people assessed in that period. In South Darfur, food insecurity in Al Sereif camp increased from 67 per cent to 98 per cent, similarly in Bielel camp, Otash, and Kass, an increase was 24, 94 and 23 per cent respectively. In these areas, the percentage of people classified as borderline decreased significantly, likely becoming food insecure: from 34 per cent to 4 per cent in Kass; from 18 to 5 per cent in Otash camp. More people are in need of food assistance and others who were not receiving any food assistance in the past, now require assistance. According to the WFP, FSMS May 2018 report, 72 per cent of IDPs and 82 per cent of refugees were food insecure in Darfur. In Central, Eastern, and Three areas (CETA), 44 per cent of IDPs and 33 per cent of refugees were food insecure.

Across Sudan, an average of 53 per cent of household expenditure is on food. In rural areas—where food is about 64 per cent of total household expenditure and where commodity prices have risen. As of September 2018, prices of sorghum, millet, and wheat were at record highs throughout the country as a result of the Government’s decision to partially remove wheat subsidies in January 2018. In addition, the prices of consumption substitutes such as millet and sorghum spiked. For example, in September 2018 the price of sorghum was 226 per cent higher than the five-year average. Prices of millet and wheat grain—mostly sourced from the international markets—followed a similar trend. Sorghum prices increased about 200 per cent reaching SDG 1,500 (US$ 31.6) for a 90 kg sack of millet in El Fasher, North Darfur State and SDG 1,300 ($27.4) for a 90 Kg sack of wheat in Khartoum. In Gedaref markets, sorghum traded at about SDG 900 ($18.9) per 90 kg sack in July, more than three times the price in 2017. These increases were attributed to the diminishing supply from the 2017/2018 harvest.

The cost of key agricultural inputs—including seeds, machinery, fertilizers, pesticides, water, fuel, and electricity—significantly increased in 2018 and are also projected to increase, exacerbated by diesel fuel shortages. Cereal production in the 2017/2018 season was 11 per cent more than the last five-year average. However, with the high costs of agricultural inputs, and expected decline in their use, crop production could be impacted in 2018 and prices of cereals are not expected to decline significantly in late 2018/early 2019.

Food security is of particular concern in parts of Jebel Marra, Blue Nile, and South Kordofan, where livelihood activities have been disrupted in non-government controlled areas. Although markets in most parts of the country are generally functional, they vary in terms of seasonality, prices, and currently lack some basic products. This situation is more challenging in rural areas affected by the rainy season, as roads to markets become impassable and market infrastructure is limited.

An additional driver of increased needs and food insecurity is the economic situation Sudan faced in 2018. Against a backdrop of foreign exchange shortage, currency depreciation, and limited access to international markets and finance, the cost of living has increased since January 2018, with the inflation reaching nearly 70 per cent by November

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1 The FSTS that issues the IPC Report is member of the National Mechanism. These figures have been endorsed by the National Mechanism in Sudan.

2 WFP Market Monitoring.
and 73 per cent in December. In rural areas it was 74 per cent in November 2018, while inflation in urban areas stood at 63 per cent. At the state level, Red Sea recorded the highest inflation among all states at 98 per cent, followed by Northern and Al Gezira at 94 and 87 per cent respectively, while the rate of inflation in Khartoum stood at 60 per cent. At the state level, Red Sea recorded the highest inflation among all states at 98 per cent, followed by Northern and Al Gezira at 94 and 87 per cent respectively, while the rate of inflation in Khartoum stood at 60 per cent. The higher cost of living has left many families, especially those most vulnerable, struggling to meet their basic needs. It is estimated that more than 58 per cent of the resident population and more than 90 per cent of the refugee and IDP population cannot afford to buy a local food basket per day.

Sudan has also faced shortages of imported commodities, especially fuel and medicines, impacting the delivery of critical basic services, including electricity, health care, and water and sanitation services. According to the Central Bank of Sudan, Sudan’s imports of medicines during the first three quarters of 2018 dropped by about 35 per cent compared to the same period in 2017. In January-September 2018, about US$217 million worth of medicines were imported, while for the same period in 2017, the amount was about $322 million. With the increase in costs of medical services ranging from 50 to 100 per cent, households are now unable to afford healthcare and are more vulnerable to health risks.

MALNUTRITION

Malnutrition is a chronic problem in Sudan. Out of the 18 states, 11 have a malnutrition prevalence above WHO’s emergency threshold of 15 per cent, and 128 of Sudan’s 184 localities have a stunting rate classified as high. Increases in food costs have a knock-on effect as households may be forced to compromise on the quality and quantity of meals. Over 38 per cent of children under-five years are believed to be stunted (too short for their age), up from 32 per cent in 1987. Some 16.3 per cent of children are wasted (too thin for their height), up from 15.8 per cent in 1987 and one third of children are underweight.

Localized conflict has also contributed to high malnutrition rates. In a 2017 survey carried out in Central Jebel Marra locality, GAM and SAM rates were as high as 17.5 per cent and 4.2 per cent respectively. In Blue Nile, as access to markets and availability of food commodities becomes increasingly limited during the rainy season due to poor access roads, there has been an increase of SAM cases among children under five years. A mid-upper arm circumference (MUAC) screening campaign carried out in Geissan locality during the peak of the lean season showed an increase of SAM cases compared to the previous year. While data is incomplete, available information suggests that in South Kordofan and Central Darfur states, severe and moderate malnutrition remain prevalent among children under five years. Poor child feeding practises, poverty, and lack of proper nutrition during pregnancy, limited access to safe drinking and water and sanitation services contribute directly to malnutrition in children. Poor water, sanitation and hygiene (WASH) conditions in rural areas of Sudan correlate with malnutrition. Only 64 per cent of rural households have access to improved water sources, compared to 78 per cent of urban households, though this situation varies across states.

In Gedaref, White Nile, and Red Sea states, fewer than one third of residents have access to improved water sources,
PART I: IMPACT OF THE CRISIS

while in Central, East, North, and South Darfur states, it is less than half the population. GAM rates as high as 19.6 in some rates as high as 6.4 have been recorded among refugee communities and White Nile and Kordofan states.

Diseases

Closely linked to high levels of malnutrition are poor health indicators, with significant urban, rural, regional, gender and socioeconomic disparities. Communicable diseases constitute a major cause for morbidity and mortality in Sudan and the country remains prone to measles, meningitis, acute watery diarrhoea (AWD) and most recently chikungunya and dengue. Among children, diarrhoeal diseases and lower respiratory tract infections remain the main causes of death, and antibiotic treatment is traditionally low among the poorest households. The trend of cases of AWD has also evolved. In 2016, only 6,395 cases of AWD were identified, with a peak of cases following in 2017 with more than 30,000 cases. In 2018, 502 cases of AWD were reported in Sudan. While the situation has significantly improved, the risk of future outbreaks remains. In 2018, 19,000 cases of chikungunya were reported across the country between 31 May and 2 October.

ACUTE WATERY DIARRHOEA (AWD) CASES PER YEAR

Source: FMoH & WHO

Measles continues to resurface, especially during the rainy season, and in 2018, 2,505 cases were reported in 17 States compared to 589 in 2017. While the percentage of the population practicing open defecation fell from 50 per cent in 2000 to 26 per cent in 2015, it remains a major concern, particularly due to its link to diarrhoea - a leading cause of death among children under the age of 5 years. The percentage of households practicing open defecation varies by state, reaching 45 per cent in Kassala, Central Darfur, and North Kordofan states.

Shortages of medicine and medical supplies have also curbed the capacity of partners to deliver quality health services across the country. In April 2018, the Government postponed its annual polio immunization and Vitamin A supplementation campaigns, due to the lack of fuel for transport. The impact of shortage and increase in the cost of health care and basic medications is particularly acute for poor and vulnerable groups, including many IDPs and refugees, as they often lack health insurance coverage.

DRY SPELLS, FLOODS AND SEASONAL CLIMATIC SHOCKS

Climate change and related natural disasters (floods, droughts, dry spells) have a strong bearing on the socio-economic situation of communities and households and can contribute to the number of people requiring humanitarian support. Environmental degradation (for example of land and forests) and unsustainable use of natural resources are both contributory factors and consequences of the humanitarian situation in Sudan. Limited water supply from non-Nilotic sources gives rise to humanitarian needs as well, although there has been an improvement in water supplies made available through integrated water resources management.

Every year heavy rains and flash floods—particularly from the Nile River and its tributaries—affect an estimated 200,000 people in Sudan especially in the flood-prone areas of, Kassala, Gedaref, Sennar, Blue Nile, White Nile, Khartoum, Darfur and Kordofan states (Sudan Meteorological Authority - SMA). Floods may lead to waterlogging of agricultural, impacting negatively on crops such as sorghum. In addition, access to markets, basic services, and delivery of assistance is also affected as roads are rendered impassable, especially in rural areas. For example in 2018, El Nuhud and El Meiram areas of West Kordofan State became inaccessible.

SUDAN SEASONAL CALENDAR

Sources: FEWS NET, The World Bank Group - Climate Change Knowledge Portal (CCKP)
In 2018, over 220,000 people were affected by heavy rains and flash floods and 20,000 houses were destroyed, according to the government’s Humanitarian Aid Commission (HAC). In the Abyei Area, floods cut off the Anthony areas (20 km south of Abyei town in Sector South) affecting about 2,000 people. While in 2017, about 100,000 people were affected and 9,000 houses were destroyed in the area.

**PROTECTION RISKS**

With the decline in armed conflict and large scale inter-communal clashes, the security situation in the country has improved and IDPs have experienced more freedom of movement. This improved security situation has been bolstered with the implementation of the Government’s weapons collection campaign that started in 2017 in some states. Despite this however, IDPs—particularly women and girls—still face high protection risks and continue to be harassed, and occasionally killed or raped.

According to the UN Country Team (UNCT) remote monitoring, lack of rule of law and of law enforcement remain a major concern for civilians, with reports of harassment when moving outside of town centres. In Darfur, UNAMID’s downsizing has reduced its monitoring and reporting capacity. Access to non-government-controlled areas in South Kordofan and Blue Nile remains limited.

During 2018, missions by the Special Representative of the Secretary-General (SRSG) on Sexual Violence in Conflict, the SRSG for Children in Armed Conflict, and the UN Independent Expert on the situation of Human Rights in Sudan all noted some improvements, although violations continue to be reported. Victims of sexual violence may be fearful of reporting or seeking assistance, which may lead to under-reporting. Notable progress has been made regarding the use of children in armed conflict, with the Government implementing an Action Plan to end and prevent recruitment and use of children in armed conflict. The lack of basic services and the violence targeting IDPs, including sexual violence against displaced girls and women, continues to hinder their safe return to areas of origin for those who wish to return.

In Darfur, UNAMID continues to engage state authorities on the necessity of ensuring a protective environment and access to justice for vulnerable groups, especially IDPs, returnees, women and children. More opportunities for returnees and IDPs to reintegrate and return to areas of origin are arising, in line with the government efforts. However, challenges such as occupation of land by third parties, threats of violence against returnees, unfair conditions when granting access to land, inadequate mechanisms to address land claims, and the presence of explosive remnants of war (ERW) are some of the obstacles. UNAMID reported that main protection issues identified in several Darfur states included harassment of farmers and land occupation reportedly attributed to armed nomads or other unidentified armed men. Community leaders expressed concerns over increased tensions between farmers and herders during the harvest season due to crop destruction by livestock. ERWs remain a concern in parts of Darfur and in non-government-controlled areas of South Kordofan and Blue Nile states. UNAMID continues to address threats posed by ERWs through surveys, clearance, and disposal tasks. Some areas of potential return also remain contaminated with ERW, limiting sustainable returns. Between January and May 2018, 13 deaths and 17 injuries due to ERW were recorded. Children are particularly at risk of ERWs, and more incidents can be expected when more people return to former conflict areas.

Shortages of food and high prices of basic commodities also exacerbate protection risks, impacting the most vulnerable. As more children stay out of protective environments such as schools, their vulnerability to risks of violence, exploitation and abuse increases. In addition, to supplement household income, parents may send their children to work, exposing children to risks such as child labour, unsafe migration, trafficking, recruitment and sexual exploitation. Women and the elderly continue to be particularly affected by the increase in food prices, as households are prioritizing food for children.

**GENDER**

Women and girls are disproportionately affected by the impact of the humanitarian situation in Sudan due to defined gender inequalities, combined with other factors such as discrimination and disadvantage, including age, ethnicity, marital status, etc. Existing gender inequalities are further compounded by the breakdown of protection mechanisms, destruction of essential services and economic structures and the lack of recognition of their crucial contribution to the survival and recovery of crisis-affected communities. The position of women and girls is further diminished due to their lack of access to and control of resources and viable coping strategies needed for survival as well the protection of their basic human rights and recourse to justice. The deterioration of gender-based power-relations during crises, heightens exposure to gender-based violence (GBV) in all its forms. Furthermore, impunity of perpetrators and barriers to justice and redress are even more difficult in situations where protections mechanisms are not functioning well.

However, whilst it is important to acknowledge the accentuated vulnerability of women and girls, it is also crucial to recognize their contribution and potential as frontline responders, taking the lead on decision-making for the survival and recovery of themselves and their dependants. To this end, the consultation of women and girls in what humanitarian services and assistance they require is of fundamental importance in ensuring effective and cost-efficient delivery of positive humanitarian outcomes.
Similarly, they must also be provided with the opportunity to provide feedback on ongoing delivery of services with respect to obligations on accountability to affected populations. It is also crucial that women are empowered with decision-making and implementation roles in the delivery of all humanitarian strategies intended to serve them, their households and their wider communities.

**REFUGEES AND ASYLUM-SEEKERS**

Sudan has a longstanding tradition of hospitality towards refugees and asylum-seekers. As of December 2018, UNHCR reports over 1 million refugees and asylum-seekers recorded in Sudan. This includes individuals officially registered by UNHCR and the Government’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. Factoring in new arrivals and population growth, it is projected that 1.2 million refugees will be in need of assistance in 2019. This includes refugees from the Central African Republic (CAR), Chad, the Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Somalia, South Sudan, Syria and Yemen. Voluntary return is not an option for a vast majority of these refugees due to the situation in their countries of origin and resettlement opportunities remain limited.

Since not all refugees and asylum-seekers in Sudan are registered or verified, the Government of Sudan estimates that there are 2 million refugees and asylum-seekers living in the country, of whom a large number are thought to reside in urban areas, often with limited access to assistance and basic services. Syrian, and Yemeni refugees are considered as “brothers and sisters” by the Government of Sudan, and are not required to register with UNHCR and COR upon arrival. About 16,000 Syrian and Yemeni refugees are registered in Khartoum by UNHCR and COR for assistance purposes, with an additional 80,600 Syrian nationals recorded by immigration authorities entering the country. There are also refugees from DRC, Somalia, and other countries living in Khartoum, of whom about 1,700 are registered or verified.

The South Sudanese refugee emergency is the largest refugee crisis in Africa, and Sudan is among the largest host countries of South Sudanese refugees, with more than 852,000 individuals recorded across the country as of December 2018. Among these, nearly 385,000 fled to Sudan since the outbreak of conflict in South Sudan in 2013, and have been registered or recorded at reception areas by UNHCR and COR. An additional estimated 467,000 South Sudanese have been recorded by various government and UN sources, most of whom were living in Sudan prior to the conflict in South Sudan and are recognized by the Government as refugees because they cannot safely return home. Overall, the Government of Sudan estimates there are up to 1.3 million South Sudanese refugees in Sudan.

**SOUTH SUDANESE REFUGEES MONTHLY ARRIVAL TREND 2015 - 2018**

The Government of Sudan has maintained an open-border policy for South Sudanese refugees, and recognized their status as refugees in August 2016, enabling them to enjoy the rights prescribed by the 1951 Refugee Convention. In addition to inter-agency response efforts led by COR and UNHCR, South Sudanese refugees also benefit from generous support provided by host communities, in spite of their own scarce access to resources. While the rate of new arrivals from South Sudan slowed down in 2018 compared to previous years, refugees are still expected to continue arriving in Sudan and no significant returns are anticipated without a sustainable peace and political solution in South Sudan.

Among South Sudanese refugees, 82 per cent are women and children. Most of the refugees have travelled long distances to seek safety and protection in Sudan and are in need of food, water, shelter and health assistance, as well as livelihood opportunities. Many new arrivals are also coming from parts of South Sudan that have high rates of food insecurity and malnutrition. At the same time, there are ongoing or unmet needs among existing refugee communities already in the country, with overcrowding and gaps in the provision of assistance reported in camps and large out-of-camp settlements, and limited interventions in smaller out-of-camp settlements. In August 2018, COR confirmed sustained access for humanitarian actors to Khartoum’s ‘open area’ settlements, where an estimated 57,000 South Sudanese refugees living in nine of the ‘open areas’ remain in dire need of basic services. There is also a need to support the local communities who host South Sudanese refugees, especially in remote, underdeveloped and underserved areas. Longer-term solutions are needed to strengthen the resilience of both the refugees and their host communities, and to support refugees’ self-reliance, especially for the 75 per cent who are living in out-of-camp settlements.

Refugees living in protracted situations in Darfur and eastern Sudan remain largely dependent on humanitarian assistance, and have limited access to livelihood opportunities. As of end
August 2018, 4,800 Chadian refugees living in Central Darfur returned to Chad through an organized returns process under the Tripartite Agreement on voluntary repatriation between Sudan, Chad, and UNHCR. The remaining 4,200 Chadian refugees in the state are also expected to return to their country through an organized returns process. In addition, as of November 2018 there are over 4,600 refugees from CAR living in South Darfur, mainly in urban settlements aroundNyala town who are in need of access to education, medical referrals and livelihood opportunities, as well as more than 1,300 newly-arriving refugees from CAR in El Radoom, in need of multi-sectoral assistance Eastern Sudan hosts over 132,000 Eritrean and Ethiopian refugees and asylum-seekers, including both new arrivals and protracted refugees, living across Al Gezira, Gedaref, Kassala, Red Sea and Sennar states. They are hosted in some of the poorest regions of Sudan and face high levels of poverty, and limited access to livelihood opportunities, and limited and requiring government approval. There are also 92,350 camp-based refugees, 55 per cent of whom were born in the camps. The Government of Sudan has provided access to agricultural land to some of these camps, allowing some to attain a certain level of self-reliance.

Sudan is a transit and destination country for asylum-seekers, refugees and economic migrants along the eastern Africa Migratory Route into North Africa and Europe. Socio-economic challenges and protection concerns are often cited by refugees as the primary factors in their choice to move onward, including the lack of education and livelihood opportunities, as well as limited access to health, water, sanitation and other assistance. An average of 500 to 1,000 new asylum-seekers arrive each month through Sudan’s eastern border, but over 70 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 (UASC) 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, and that also benefits host communities.

**ABYEI**

There are still humanitarian and early recovery needs in the Abyei Area, as a result of continued population movements, intercommunal tensions, lack of basic public services, and the presence of armed elements and explosive remnants of war - ERW. The current challenging economic situation in Sudan and South Sudan have further affected the services and livelihoods of the communities. This year Abyei faced new small-scale emergencies, including new armed clashes and flood which resulted in new displacements. The UN and partners have identified about 182,000 vulnerable people in the Abyei Area in need of humanitarian assistance, including 87,000 people from the Ngok Dinka communities and

**TIMELINE**

**2016**

- 152,600 people are newly displaced across Darfur. Up to an additional 20,100 people are also reportedly displaced (in addition to another 150,800 who reportedly return) but not verified.

- South Sudanese were recognised as refugees by GoS in Aug 2016. Since Dec 2013, over 297,000 South Sudanese refugees have arrived in Sudan (of whom over 130,000 in 2016).

- HAC amends directives for humanitarian action, leading to easing of access restrictions in parts of Darfur.

**Jan, 2017**

- The US announces the easing of sanctions against Sudan for 6 months. Humanitarian access is one area monitored by the US.

- Since Dec 2013, over 455,000 South Sudanese refugees have arrived in Sudan. - first I-A mission to Denbat, East Jebel Marra, in several years carried out.

**Oct, 2017**

- US partially lifts economic sanctions against Sudan.

**2018**

- 12,500 IDPs voluntarily return to Turba village, near El Malam town in Alwehda locality (South Darfur) from North Darfur.

- About 900 new IDPs arrive in Golo, Central Darfur from East Jebel Marra.

- SLA-AW announces a 3-month unilateral ceasefire to facilitate access and relief aid to a landslide-affected area in East Jebel Marra.

Photos: UN agencies
PART I: IMPACT OF THE CRISIS

returnees; 15,000 Ngok Dinka displaced within the Abyei Area; 9,000 people displaced from neighbouring States in South Sudan; 34,000 Misseriya communities; and 37,000 seasonal Misseriya migrants who entered the area in October 2017 and returned in mid-2018.

OUTLOOK 2019

In 2019, humanitarian needs will remain in certain areas of Sudan. Malnutrition will likely continue with a potential increase in GAM and SAM rates, particularly for children under 5 years. Despite the Government efforts on scaling up response in line with the National Nutrition Strategic Plan 2014-2025, efforts need to continue in this area. Additionally, given the high costs of agricultural inputs, the sporadic shortages on fuel—and consequently an expected decrease in their use—the harvest may likely be affected in 2019. Furthermore, higher production costs are anticipated to continue increasing the already high cereal prices, which are not expected to decline significantly in late 2018/early 2019, when the 2019 harvest will be available for consumption.

South Sudanese refugees are likely to stay and continue to arrive, with a projected figure of 1.2 people for the year, which represents a decrease compared with 2018. Conflict and food insecurity in South Sudan will influence these projections. The recurrence of communicable diseases, such as AWD and measles is likely to remain. However, due to preventable measures in put in place for AWD, the number of reported cases has dramatically declined in the last year and could remain low. Preventive measures against chikungunya and dengue are essential to avoid the spread of these diseases.

One of the greatest challenges the most vulnerable face is an erosion of purchasing power due to the economic situation. Many are struggling to meet their basic needs, with the price of sorghum having risen by 138 per cent. Recent studies show that vulnerable households are likely to adopt negative coping mechanisms, cutting expenditures on education, health, and other goods, and reducing the quantity and quality of meals.

Deterioration of food security can be expected. Households may have to diversify sources of income or cut expenditures on education, health, and other goods, sell livelihood assets or further reduce the quantity and quality of meals. The potential impact on the availability of food, due to the increase of prices, may influence the migration of poor household from rural areas to the capital (UNDP).

As conflict declines in many government-controlled areas across Sudan, UNAMID is downsizing and is preparing to leave the country in the next two years, in part due to the improvement of the security situation in areas of Darfur. However, as the root causes of the conflict remain unaddressed and long-standing grievances and competition for resources between communities continues, clashes and tensions may arise. It is important – including with the improvements in humanitarian access - that international partners work closely with government partners to support the effective delivery of humanitarian and protection assistance to the IDPs, returnees and refugees. Humanitarian partners, while focusing on delivery of relief response, will also collaborate effectively on joint analysis and advocacy for recovery and development assistance to address the underlying causes of displacement.
Part II

NEEDS OVERVIEW BY SECTOR

- Education
- Emergency Shelter/Non-Food Items
- Food Security & Livelihoods
- Health
- Nutrition
- Protection
- Recovery, Return & Reintegration
- Water, Sanitation & Hygiene
Nearly three million school-aged children are not in school mostly in the conflict-affected areas of Darfur region, South and West Kordofan and Blue Nile states. Outside of the school system, these children are at risk of abuse, exploitative labour, and early marriage, among other protection concerns. Children with disabilities are among the most vulnerable people in this group.

Sudan has one of the highest rates of out of school children in East Africa; the Gross Enrolment Rate (GER) for Sudan is 71.4 per cent with wide disparities between states, urban and rural areas, gender and conflict and non-conflict states. For instance, there is a 22 per cent gap between the GER for boys and girls in West Darfur and 20 per cent in West Kordofan. The GER in South Darfur stands at 50 per cent, followed by Blue Nile 51.8 per cent compared to Al Gezira at 87 per cent. The same disparity applies to the completion rate, with schools in urban areas at 77 per cent and 38 per cent for rural areas compared with the national average of 51 percent. Beside the conflict-affected states, the education situation in eastern states is critical where the GER in Kassala and Red Sea stands at 53 per cent and 58 per cent respectively, which is far below the national average. Access to education services for IDPs, refugees, returnees and vulnerable host communities continues to be challenging, compounded by insecurity and macro-economic shocks. In addition, in areas where conflict persists, access to education remains low. For example, in the Jebel Marra area, the enrolment rate stands at 40 per cent. The persistence of displacement and closure of some schools have put additional pressure on the existing limited education facilities and resources of host communities.

Low purchasing power of households due to the economic situation is expected to have an immediate impact on education, more will be unable to afford school costs – fees, learning materials, and school meals. In such situations, girls are at risk of dropout because of early marriage, domestic work and other unsafe income generating activities, and boys are at risk of dropping out from schools to engage in unsafe and exploitative labour to support their families.

The education sector estimates that 1.47 million school-aged children (4-16 years) need assistance to access and/ or continue their education, mainly in Darfur, South Kordofan and Blue Nile. Approximately 61 per cent of pre-school children (4-5 years) in conflict-affected states are not in school because of limited space, teachers and materials. This has short and long-term consequences for the children’s intellectual, social, emotional, language and even physical development. Among the 14-16 year age group, 32 per cent of children have access to secondary schools. Reasons for this gap include the long distances required to reach schools as there are no boarding facilities, limited household income and few secondary schools - there are 19,627 basic schools across the country, and 4,267 secondary schools, including government and private ones.

In the conflict-affected states, availability and capacity of teachers is a major challenge, most of teachers are volunteers particularly in IDP and refugee camps. Approximately half of them are untrained. Schools in newly accessible areas are reported to have been seriously damaged or destroyed during the conflict, with loss of materials and furniture. Its estimated that 37.5 per cent of schools in Darfur, South Kordofan and Blue Nile are completely or partially destroyed. Many schools were closed because of insecurity and displacement, for example, about 21 per cent of schools in South Kordofan are non-functional and in some localities all schools are closed. In West Darfur, 13 per cent of schools are closed.
Most schools are built from makeshift local materials exposing them to floods and fires. Moreover, several incidents of ERWs including fatalities were reported in conflict-affected states, namely South and North Darfur and South Kordofan. Occupation and attacks on schools were documented. According to the Monitoring and Reporting Mechanism (MRM) reports, there are six schools occupied by military forces in South Kordofan, South Darfur and Abyei.

Families and individuals facing crisis often find themselves making decisions with life-long impacts for short term gains. With growing pressure on limited household income, girls are being removed from school early for the purpose of household help, or for paid but exploitative domestic work or even forced early marriage. This is reflected in the gross enrolment rates for girls being 22 per cent lower in West Darfur than for boys and 20 per cent in Kordofan. Furthermore, by the fact that they are out of school, all children are at heightened risk of exploitation, abuse, tracking and forced recruitment. Gender-based violence is also occurring in schools, but it is rarely reported. In addition, students walk through unsafe routes and for very long distances of more than three kilometres to reach school; this also leads to an increase in drop-out rates.

In 2018, the Education Sector, in partnership with the Ministry of Education, evaluated needs in education on the basis of collaborative areas that address the underlying causes to low education indicators, such as WASH, sexual education for girls, and food security.

Refugee children who are out-of-school face serious protection risks, including risk of exploitation and abuse, as well as gender-based violence and early marriage for young girls. The situation is particularly concerning for the high numbers of unaccompanied and separated children (UASC) who are especially vulnerable. A lack of education also reduces a child’s income-earning capacity in adulthood, which perpetuates the cycle of poverty and dependence on humanitarian assistance, particularly in protracted situations of displacement. Existing schools often lack qualified teachers, sufficient infrastructure to accommodate all school-aged children, and teachers lack adequate teaching materials, while the capacity of PTAs remains weak. This has led to low levels of literacy and numeracy among refugee children in Sudan.

**INFORMATION AVAILABLE AND GAPS**

Information is available on enrolment rates, and number of functional schools across Sudan, as well as information provided by the Monitoring Reporting Mechanism on threats and risks for children. The last Multiple Indicator Cluster Survey (UNICEF) took place in 2014 and contains information on child mortality, nutrition, health, water and sanitation and maternal health among other key indicators. Education is also part of the several Inter Agency Assessments undertaken in 2018. However, information is only limited to areas in which partners are physically present and more information is required on IDP camps.

**REFUGEES AND ASYLUM SEEKERS**

Approximately 38 per cent of South Sudanese refugee children are of school-age, including 28 per cent of primary school-age and 9 per cent secondary school-aged. About 58 per cent of primary school-aged children remain out-of-school, with estimates above 90 per cent out-of-school in more remote refugee-hosting areas outside of camps. Refugee children in eastern 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 where families will struggle to pay for school fees, uniforms and supplies. 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.
Sudan still hosts a large number of affected populations, including those affected by natural disasters (floods and fire), resulting in the displacement of some 1.8 million people, with women and children estimated to make some 75 per cent and may continue to rely on life-saving humanitarian assistance to prevent further vulnerability.

However, the government’s disarmament campaign within Darfur has improved security and this has led to an increase of returnees over the past three years. Spontaneous returns of IDPs and refugees from within Darfur and Chad to stable areas of Darfur has shown an upward trending Central, North, South and West Darfur, in addition to West and South Kordofan. This trend is expected to continue into 2019, and assistance is required for families returning to their areas of origin/resettling elsewhere or integrating in host communities through the provision of non-food items, durable shelter solutions, and integrated early recovery activities.

**AFFECTED PEOPLE**

Affected populations include IDPs, returnees and refugees, who often move multiple times, leaving belongings behind. Women, children and Persons with Special Needs (PSNs) are particularly vulnerable without shelter to protect them from the elements and avoid exposing them to further health risks. The sector provides communal shelters at the sites of new displacement or arrivals in the case of refugees, and assists with a one-time provision of emergency shelter and NFI at the time of displacement or arrival. Assistance is also required for returnees and integrated IDPs to stabilize returns and support the host population.

Targeted beneficiaries selected for shelter/NFI interventions for IDP, returnees and refugees responses are based on rapid needs assessment (rapid influx) or through sectoral-specific assessments. All forms of shelter solution and NFI interventions shall be based on assessments conducted and needs are confirmed by Humanitarian Aid Commission (HAC), UNHCR and partners.

The Shelter/NFI sector identified 1.4 million people in need, including 0.5 million people displaced by conflict and natural disasters, including people in need in areas that are newly accessible. These figures include the most vulnerable protracted IDPs and 0.3 million returnees, in addition the Sector will target host communities affected by natural disasters. Protracted IDP and returnees in rural areas in Darfur will require more durable transitional shelter assistance together with some income generation/livelihood training for self-reliance.

**HUMANITARIAN NEEDS**

The overarching objective of the Shelter/NFI sector in Sudan is to save lives and provide protection from life-threatening diseases, and restore dignity to all persons of concern. This is done by ensuring they have access to basic domestic items (jerry cans, plastic sheets, plastic mats, and kitchen sets) and various shelter solutions (emergency and transitional) that provide privacy, security, protection from the elements, and a space to live and store belongings in a dignified manner.

In 2019, affected population will continue to need life-saving NFI Kits, these items help restore a minimal sense of dignity and protection against exposure to the elements and mitigate health risks. IDPs returning to their places of origin, resettling in stable areas or integrating within host communities are also in need of Shelter/NFI assistance to facilitate and stabilize their return, and to support hosted families. In addition, durable solutions (return and urban integration) are needed for IDPs in Darfur, as well as EFTS combined with community
training on building techniques, and livelihood opportunities to promote self-reliance and resilience. The Sector will also focus on exploring Cash-based Interventions as an alternative modality in 2019.

In 2018, a key challenge has been the service delivery of humanitarian assistance of shelter and NFI that was affected by a heavy rainy season. For 2019, stronger efforts will be made to pre-position key NFI stocks and ensure the availability of shelter solutions in key locations. Finally, the Sector will ensure coordination with other sectors such as Livelihood, Water, Sanitation and Hygiene (WaSH), and Return, Reintegration and Recovery (RRR) to ensure synergy in planned intervention and to avoid duplication of services.

**REFUGEES AND ASYLUM SEEKERS**

For refugees, access to environmentally-friendly shelter and NFIs remains among the most critical need of newly arrived refugees and asylum-seekers, and for those in protracted situations. 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. Key challenges to meeting ES/NFI needs of refugees include limited access to refugee settlements across North, South and West Kordofan states. Land constraints in refugee camps in eastern Sudan, White Nile and East Darfur have led to congestion with insufficient space to accommodate additional household shelters for new arrivals, leading to crowding and increased health risks.

**INFORMATION AVAILABLE AND GAPS**

Information on ES/NFI needs is made available through initial internal agency assessments and registration processes of newly displaced people from IOM, UNHCR, HAC, and COR. Information is also provided through the refugee groups and biweekly registration. More information is needed on copying mechanisms, shelter vulnerability assessments, and data for off camp settings and host communities.
Food insecurity in Sudan remains a major concern, and 5.7 million people require assistance in 2019. Elevated levels of food insecurity are reported among the most vulnerable populations across Sudan, largely attributed to the removal of subsidies for various commodities, fuel shortages, which have impacted the cost and frequency of transportation, agricultural costs, yields, and access to markets, contributing to an increase in household expenditure. In El Fasher (North Darfur), Kassala, Red Sea, and Gedaref states cereal production was 65-90 per cent lower than in the previous year contributing to grain price inflation. The 2018 floods in West Kordofan also caused localized damage to cereal harvests. Besides inflation and the country’s agricultural status, insecurity and conflict in the Darfur states, South Kordofan, and Blue Nile continues to drive the protracted humanitarian crisis in 2019, where with albeit limited new displacement, some 1.86 million IDPs and approximately 324,000 returnees rely on humanitarian assistance. This is coupled with climate change, natural hazards and environmental degradation, meaning food shortages and limited access to basic services. More than half a million refugees reliant of food assistance.

Two major groups of people are affected by food insecurity and loss of livelihoods opportunities: (i) people affected by natural or man-made disasters, such as conflict, who need timely assistance during and in the aftermath of a shock, particularly during the lean season when their stocks of self-produced commodities are exhausted; (ii) vulnerable people among protracted displaced populations, refugees, returnees and resident populations who have lost their livelihoods and face daunting challenges to meet their basic needs and/or access essential basic services. The sector’s affected people figure is differentiated with a sex breakdown of a sex breakdown of 49 per cent male and 51 per cent female ratio; and age breakdown of 40 per cent children under 18 years, 55 per cent adults [18-59 years], and 5 per cent above 59 years.

IPC data available suggests 5.7 million people are in IPC Phases 3 (Crisis) and 4 (Emergency) in the period from October to December 2018. People in crisis and emergency levels can only meet minimum food needs with irreversible coping strategies that involve liquidating livelihood assets or diverting expenses from essential non-food items. This represents the most extreme loss of livelihood assets that will likely lead to further food consumption gaps. About 1.6 million people displaced by conflict continue live in IDP camps and reliant on food assistance to varying degrees, complemented by produce farmed seasonally in areas of origin. With the consolidation of peace in Darfur, the number of people in need may temporarily decrease, however, improved access to areas in Jebel Marra area may contribute to an increase of people in need. In South Kordofan, West Kordofan and Blue Nile, conflict has affected food security and livelihoods of approximately 1.3 million people, which represents around 40 per cent of the overall population in these states.

Some 5.7 million people face seasonal food insecurity, mainly in the Darfur states, the Kordofan states, Kassala, Red Sea and Blue Nile. However, estimates by WFP show that more than 58 per cent of the country’s population may not be able to afford the price of the local food basket and is facing continued food access challenges. Information from the Food Security Monitoring System indicates that food insecurity is higher among surveyed IDP and refugee households in South Darfur (67 per cent), East Darfur (75 per cent), Kassala (87 per cent), and Red Sea (75 per cent).
cent) and North Darfur (69 per cent), with borderline results for 62 per cent of the population surveyed in West Darfur and 58 per cent in Central Darfur. Between May 2017 and 2018, there has been an overall increase of food insecurity in Darfur of more than 10 per cent in all states, except for Central Darfur and West Darfur, which have remained relatively stable. The increase in the cost of production due to the economic situation may result in higher food gaps, and greater reliance on humanitarian assistance.

Both during the most critical months of the agricultural lean season (July to September) and the pastoral lean season (March to June), the country’s mostly agro-pastoralist populations possess limited coping capacity. Gender-disaggregated data indicates an increased exposure of female-headed households to food insecurity, especially pregnant and lactating women who are among the most vulnerable.

During the past year, the average cost of the food basket has also increased across most states, with a spike in states such as Kassala and White Nile, with the highest increase recorded in East Darfur, where the average cost of the local food basket is 33 SDG in December 2018, up from 8.5 SDG in May 2017. In Kassala, it increased from 7.3 SDG in May 2017 to 19.8 SDG in May this year, and in White Nile tripled the price between May 2017 and now, raising from 4.8 SDG to 16.4 SDG. This reflects the increase in market prices, with some areas exhibiting a 12-month increase that exceeded even 200 per cent\(^{16}\). Overall, the prices of cereals and livestock have increased since the start of 2018 with no decline expected due to the high cost of production and agricultural inputs\(^{16}\).

Although rainfall levels have been average or above average in most areas of Sudan, there are limiting factors that could have a negative impact on the harvest. Low purity in the seeds may decrease productivity, and most farmers fulfilled their needs for the current year using seeds retained from previous years. Increased prices of fuel has also had a negative impact on the planting season. For example, in Blue Nile only 2,200 gallons of fuel out of the 6,000 required for planting were received; in West Kordofan, only 448 out of 4,958 gallons (9 per cent); in South Darfur, 437 out of 1,500 gallons (29 per cent) were received. Farmers resorted to finding alternative sources of provision of fuel to cope with their needs, making the planting area more optimal in comparison with previous years.

After several years of conflict in Sudan, disrupted livelihoods undermine the populations’ resilience to future shocks. Limited access to fertile land and agricultural inputs means people are increasingly forced to engage in negative coping mechanisms, selling productive assets such as wheelbarrows, or the last female animals. Many resort to money lenders and a large number will consume seed stock. These people require immediate food assistance especially for the groups most at risk (i.e. children, adolescents and women). In addition, they need to be supported to engage in crop production, livestock rearing and fisheries either in the areas of displacement or returns. Displacement across Sudan has triggered family separation and new family compositions, such as female-headed households, adolescent-headed households, widows, and unaccompanied minors. Amongst refugee and IDP populations, estimates indicate 45 per cent of households are female-headed. In many cases, women are finding themselves facing new roles as the main source of income for their households and dependants, as well as continuing to shoulder their already existing care-duties. This situation is further compounded by increasing rates of inflation and skyrocketing prices of basic commodities making it difficult to access food and other basic commodities for survival. To this end, long-term self-reliance and resilience strategies for women and girls are of paramount importance, providing them with the viable skills and resources they need for long term, sustainable livelihoods – be it through agricultural support or other entrepreneurial activities.

REFUGEES AND ASYLUM SEEKERS

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 to safeguard their food security while enhancing their self-reliance and capacity to meet their basic needs. 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. This is particularly in a context of ongoing food assistance pipeline breaks, as well as protection concerns, as it relates to the risk of child labour and exploitation, as well as women’s access to safe and legal income-generating opportunities. 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, access to basic services and to support a basic household income.

\(^{15}\) FSMS May 2018

\(^{16}\) FAO mid-season assessment.
Agriculture-based livelihood interventions are particularly well-suited to many locations hosting South Sudanese refugees, considering the willingness of host communities to provide land for agricultural production on a crop sharing basis. Livelihood support is especially important for South Sudanese refugees living outside of camps because in most cases they must pay for services at the same, and sometimes higher, rates as host communities. There is a strong linkage between access to livelihoods and access to basic services, including water, health and education, for out-of-camp South Sudanese refugees.

For Eritrean refugees in eastern Sudan (mainly Kassala and Gedaref) and among urban refugees in Khartoum, a lack of livelihoods opportunities remains a key driver of onward movement and continues to be a critical gap. Many refugees have skills that can be easily and quickly transformed into livelihood options with some initial financial assistance and/or training. Some of the options for livelihood in Sudan include vocational training, agricultural access, agri-business, fishing, and small business grants for those qualified. Furthermore, gaps in energy access persist, with limited sustainable and safe sources of charcoal and fuelwood. While the introduction of cooking gas has helped improve energy access in some camps, it is expensive and reinforces the need for livelihood support linked to energy access initiatives.

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 across the response.

INFORMATION AVAILABLE AND GAPS

FSL sector available information includes the IPC and regular assessments undertaken by WFP and FAO, including the Comprehensive Food Security Assessment analysis (CFSA) done annually and FSMS done twice a year. Information is available from FEWSNET Sudan on food security and outlook is available on a regular basis, including seasonal performance, seasonal calendar, prices of cereal and main staples and projected outlooks. The Sudanese Meteorological Authority provides information on rainfall projections and updates during the rainy season, including temperatures, daily and weekly forecasts. The IPC information used in this document is a projection to November 2018; once the new IPC is available information will be updated. SMART surveys are not available and the information is only available at the locality level.
Sudan has made progress in improving access to basic health service over the past few years. The Federal Ministry of Health (FMoH) and the World Health Organization (WHO) develop joint annual health security plan and organize cross border collaborations to help improve the health security situation in the country. And yet, access to quality basic health services that includes sexual reproductive health (SRH), mental health and psychosocial support (MHPSS) to displaced populations i.e. IDPs, refugees and returnees, is the major gap in pockets of conflict-affected areas. Factors such as conflicts, disease outbreaks, recurrent droughts, and inter-communal tensions led to population displacements making the humanitarian situation remains complex. The local capacity to prepare, detect and respond to disease outbreaks is limited. Poor access to water, sanitation and hygiene (WASH) services has contributed to the occurrence and spread of communicable diseases such as Acute Watery Diarrhoea (AWD) across all 18 States in the country. As a result, acute respiratory diseases, diarrhoea, measles, and malaria are the main under five killers. There have been outbreaks of measles, AWD and recently Chikungunya in the country (FMoH/WHO). Pocket areas in Darfur such as Jebel Marra in Central Darfur State, South Kordofan State, West Kordofan State, Blue Nile State and areas in Eastern Sudan such as Kassala, Red Sea, and flood prone areas in Al Gezira remain the most vulnerable to disease outbreaks.

**AFFECTED PEOPLE**

Based on the ‘Health Sector Vulnerability Assessment’ conducted by FMoH/WHO in August 2018, 44 per cent of all localities in Sudan are categorized as with ‘very high’ and ‘high’ vulnerability due to limited level of access to health services. Approximately, 3.7 million people have urgent humanitarian health needs. Of these, 253,458 are vulnerable residents, 1.86 million are IDPs, 0.3 M are returnees; and 1.2 million are refugees.

**HUMANITARIAN NEEDS**

The 2017 global estimate for Universal Health Coverage (UHC) in Sudan reported to be at 43%, requiring more investment to achieve the national target (100%) by 2030. About 24% of the Primary Health Care (PHC) facilities in five Darfur states in Sudan are not fully functional either due to staff shortages or poor physical infrastructure (FMoH/WHO HeRAMS July 2018). It is important to regularly assess and improve access to basic and life-saving PHC services including SRH, MHPSS and referral services to girls, boys, men and women in the affected populations. Addressing severe acute malnutrition (SAM) with medical complications is a priority for health sector. FMoH/WHO highly recommends and support strengthening the case management, improving the care seeking behavioural change, improving referral system and ensuring availability of treatment for children under the age of five years. The preparedness, detection and response capacities of the local health systems needs to be strengthened through development of context-specific risk management plans, including training and pre-positioning of medical supplies. Strengthening the State Health Information System (HIS) and Early Warning, Alert and Response System (EWARS) is crucial for early detection and monitoring of communicable diseases outbreaks. Addressing the root causes and risk factors such as poor access to WASH and nutrition services requires inter-sectoral collaboration and integration of responses. Availability of predictable and ready-to-use funding is indispensable to prevent and respond to outbreaks on time. Lack of sustained Expanded Program on Immunization (EPI) services in Darfur states need to be improved by periodic acceleration campaigns to increase low vaccination coverage that will help reduce risk of Vaccine-Preventable Disease (VPDs) outbreaks. Maternal mortality...
RATION decreased from 133 per 100,000 in 2016 to 115 per 100,000 in 2017 (FMoH/WHO estimates), with the main reasons for maternal death being the lack of emergency obstetric care in events of complications during birth and unattended births. About 67% of pregnant women received Ante Natal Care at least four times (ANC 4) by health care provider (FMoH).

REFUGEES AND ASYLUM SEEKERS

The health status of newly arrived refugees and those in protracted situations remains a concern, especially among South Sudanese refugees arriving from areas of South Sudan facing emergency levels of acute malnutrition and food insecurity. Sustainable health screening services at border crossing points and reception centers remains a challenge. 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. Understaffing, and drug and medical supply gaps are major challenges, resulting in poor quality of service delivery. 2018 mid-year indicators show that approximately 30 per cent of refugees in Sudan still lack access to primary health care services. Within the South Sudanese refugee response, access to health coverage varies from location to location. For example, access is estimated at over 90 per cent in White Nile, while in Khartoum recent assessment indicates only about 25 per cent are able to access primary health care services. 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. The integration of health services to meet the needs of both out-of-camp refugees and host communities is also a key challenge.

INFORMATION AVAILABLE AND GAPS

Information available on health Early Warning System (FMoH) - which aims to detect, respond to and control outbreaks in camps and host communities for displaced people, immunization reports, number of health facilities providing primary health care, and information on health, wash and nutrition indicators on MICS 2014 survey. Currently there is lack of information on the impact of the economic situation on the availability of medicines and medical supplies.
PART II: NUTRITION

Malnutrition is chronic in Sudan and rates have not improved for the past 30 years. It is a threat to public health limiting educational achievements and opportunities for economic development. Malnutrition in Sudan is not only limited to the conflict-affected areas; 52 per cent of acutely malnourished children live in nine states not affected by conflict including Al Gezira, Red Sea and Kassala. Displacement in conflict-affected areas increases the prevalence of malnutrition, while other contributing factors include food insecurity, poor child feeding and caring practices, illiteracy, limited access to health care and clean drinking water and sanitation facilities. The recent deterioration in the economic situation, with increase in food prices, and fuel shortages has increased the vulnerability of the population, including household level nutrition security levels.

AFFECTED PEOPLE

The level of acute malnutrition among children under the age of 5 across Sudan above the emergency threshold is widespread. Eleven out of Sudan’s 18 states have recorded global acute malnutrition rates (GAM) above the World Health Organization’s (WHO) emergency threshold of 15 per cent, with the highest rates found in eastern Sudan. Malnutrition rates are likely to stay at high levels. About 2.9 million children under age five suffer from wasting annually, out of whom close to 698,744 suffer from severe acute malnutrition (SAM) and 406,611 pregnant and lactating women were in need for counselling on optimal infant feeding and care practices. Maternal nutrition is a concern, with some 277,855 pregnant and lactating women (PLW) undernourished every year.

Under-nutrition results in short term consequences, such as increased risk of mortality and morbidity, and long-term consequences, such as physical underdevelopment and low immune systems. Using the conservative global estimate of 45 per cent child deaths attributable to undernutrition, this amounts to an estimation of 40,050 Sudanese children who die every year as a direct or indirect result of undernutrition. This represents 120 children under-5 years of age who die every day due to undernutrition.

HUMANITARIAN NEEDS

In the context of humanitarian crisis in Sudan, malnutrition mostly affects children under the age of five, pregnant and lactating women while the prevalence of malnutrition among the vulnerable groups is informed by the severity mapping. Across all of Sudan, in 2018 around 1.5 million children did not receive malnutrition management services due to lack of resources and capacity of the humanitarian partners. This left them vulnerable to morbidity and further exacerbating the situation.

The most vulnerable people live in areas with levels of severity four and five regarding nutrition specific and sensitive indicators in access to food, sanitation, clean drinking water and low coverage of social protection programs. In 2018, assessments in areas in East Jebel Marra, Kass, Mersing (South Darfur) and White Nile documented alarming levels of malnutrition. Additionally, there is a high risk of micronutrient deficiency: the 2014 MICS indicated only 7.6 per cent of households consumed iodized salt. The underlying causes of malnutrition are multisectoral, including food insecurity. Little variety of diet, poor access to water and sanitation services – less than 50 per cent of the population have access to basic...
services and these have no integration of nutrition services into healthcare (UNICEF).

Despite efforts made in 2018 to scale up nutrition services, a gap remains between the actual coverage of basic services and the needs. Among the main causes of Sudan's malnutrition are the ongoing conflict in the Two Areas and Darfur’s Jebel Marra, widespread poverty, challenging agro-ecological conditions, including the 2015–2016 El Niño–driven drought, and the current economic situation in the country, with an increase of food prices. Inadequate feeding of children related to social norms and cultural practises, lack of sanitation services and droughts also negatively influence infant nutrition, with rural families having less dietary diversity than urban ones. There is also disparity on the levels of dietary diversity between rural and urban populations ranging from 48 per cent in Northern State to 3 per cent in Kassala State. The agriculture sector and food productivity are under severe stress, which entails adaptation of negative coping mechanism by the population and increase the food and nutrition insecurity at household level, thus worsening the existing level of stunting and wasting across the country. Additionally, the influx of refugees mostly from South Sudan and internal displacement of people resulting from conflict within Sudan itself, exacerbate the situation increasing needs in geographical areas and limiting the available resources.

Information available in the sector originates from the MUAC 2014 survey, which provides information on health, nutrition, maternal care, and has specific indicators; 3SM survey from 2014. An updated MICS survey is pending publication at the time of the HNO. The sector faces challenges on implementing regular and updated surveys on nutrition due to assessment and data sharing regulations in place.

REFUGEE AND ASYLUM SEEKERS

Nutrition status remains a concern for refugees in Sudan, with GAM and SAM rates above emergency thresholds across all camps and informal settlements. Notably among South Sudanese refugees, results from the March 2018 Standardized Expanded Nutrition Survey (SENS) in White Nile camps indicate an average GAM rate of 15.8 per cent and SAM rate of 2.7 per cent across eight camps, with GAM rates as high as 19.4 per cent and SAM rates reaching 6.4 per cent in some camps. Nutrition status in out-of-camp locations are equally concerning, with SENS data from Kordofan states indicating as high as 19.6 per cent GAM and 4 per cent SAM in El Meiram, West Kordofan, and 17.6 per cent GAM and 4.2 per cent in El Leri, South Kordofan. While food insecurity remains a key driver of poor nutrition status, the wider effects of chronic underfunding, especially in WASH, health and livelihoods also play a part. These contribute to aggravating factors such as high anaemia, high prevalence of diarrhoeal disease, low coverage of measles vaccine (especially in out-of-camp locations), and low latrine coverage. Ongoing pipeline breaks for general food assistance, nutritional resources such as therapeutic and supplemental foods, and lack of school feeding programmes. 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’ age.
PART II: PROTECTION

OVERVIEW

2.9 million people need humanitarian protection, including children, women at risk, people with specific needs, and people at risk of injury from landmines or Explosive Remnants of War (ERW). People in need of humanitarian protection include the most vulnerable among internally displaced people, refugees, returnees and host communities in areas of displacement and return, and resettlement who may face challenges related to land occupancy, livelihoods and sharing of stretched natural resources. People in areas of return may face additional risks, pending the restoration of safety and security mechanisms. Lack of protection monitoring, and specialised protection services also affect the use and impact of the overall humanitarian response. Social and protection capacity of the government is limited, while long-standing conflict, displacement and the economic shocks have profoundly impacted community-based social protection and resilience capacities.

AFFFECTED PEOPLE

About 60 per cent of all IDPs and returnees require humanitarian protection assistance, in addition to all refugees and asylum seekers in Sudan. Among these, several groups require additional attention:

- Children who represent up to 60 per cent of IDPs (and even more among the newly displaced communities), and 62 per cent of the refugee population. The most vulnerable include children associated with or at risk of recruitment by armed forces and groups, child survivors of physical and sexual violence, children at risk of trafficking and exploitation, as well as child workers, child caregivers and children requiring psychosocial and livelihood support, legal support including safety and security. Child labour represents approximately 25 per cent of the population in Sudan.¹⁸

- Unaccompanied and separated children (UASC’s): There are over 3,000 reported cases of recent UASC’s, in addition to a backlog of over 4,000 UASC’s, who need to be reunited with their families or to be placed in alternative care.

- Women and girls at risk: who represent respectively 25 per cent and 30 per cent of the displaced population, this percentage is higher in situations of new displacement. Single heads of households (38 per cent of women and girls), survivors of gender-based violence (GBV), women in prison and pregnant and lactating women are also at risk. Adolescents are one of the groups most likely to adopt risky behaviour and coping mechanisms, which often puts them at greater risk of abuse and exploitation. Girls are also vulnerable to early marriage, exclusion from education due to domestic work, and trafficking. Community safety nets are severely weakened by conflict and a protracted humanitarian crisis. Social institutions are usually too stretched to provide adequate protection services to the affected people. In newly accessible areas, such as Jebel Marra, social services are not available or have very limited capacity to take care of people affected by violence and displacement.

- People at risk of landmines and ERW: Over 205,712 people are exposed to the threat of landmines/ERW in Blue Nile, South Kordofan, and West Kordofan, affecting livelihoods in addition to safety concerns for agro-pastoralist communities and residents.

- Other vulnerable groups: people with disabilities or with special needs, elderly (above 65 years), people with serious medical conditions.

PART II: PROTECTION

- Host populations: as communities that host returnees, IDPs or refugees, there is higher exposure to communal violence, competition for natural resources and livelihoods, including land, further exposing community members to gender-based and other forms of violence.

HUMANITARIAN NEEDS

Displaced people, host populations, returnees and refugees are exposed to the effects of conflict and displacement, including family separation, destitution and lack of access to assistance and other services. In 2019, these needs may increase as a result of the economic situation, continued intermittent and localized conflict and prolonged periods of unemployment and dependence on humanitarian assistance. These factors can contribute to breakdown in family and community structures, which leaves vulnerable people without adequate support to address their essential needs.

In 2018, reports from a number of recent IA assessments in Darfur in West and East Jebel Marra highlighted that women report psychosocial distress due to violence and fear for family members, whilst men report distress due to loss of livelihoods, and restricted mobility. These stress points for men are often contributing to an increased level of domestic violence, placing more women at risk.

Data collected through the Monitoring and Reporting Mechanism (MRM) in Q1 of 2018 in Blue Nile, Darfur and South Kordofan indicates that 126 children were victims of child right violations, including killing, maiming, abduction, sexual violence, recruitment, use of children in armed conflict, occupation of schools and hospitals, and denial of humanitarian access for children. Destitution resulting from displacement and loss of a protective environment puts children at higher risk of abuse, exploitation and violence, requiring physical shelter and emotional safeguard from violence and protection services. Birth registration in displacement, return areas, and for refugee communities is also a challenge.

Pre-existing systemic weaknesses in delivering quality protection services and protective assistance, such as psychosocial support, legal assistance and health assistance, coupled with high staff turnover among social workers, restrictions in programming space, poorly maintained case management systems, and social service facilities are major challenges across all conflict-affected states. In over 80 per cent of localities with IDPs and returnees, such services are either weak if existing and, in most cases, lacking. This makes it challenging to coordinate case management systems, provide and maintain quality services.

IDPs, refugees, returnees and host communities continue to face GBV risks in areas of conflict in Darfur’s Jebel Marra, South Kordofan and Blue Nile. Women’s financial status force them to work in unfavourable and insecure environments that expose them to violence. The current harsh economic conditions in the country may also be exposing vulnerable women and girls to further risks. Rape, physical violence, FGM, early/forced marriages, denial of opportunities and verbal abuse are some of the common violations against women and girls reported. Gaps in personal hygiene kits (PHKs) further exacerbate risks for women and girls of reproductive health age. Survivors of gender-based violence have inadequate access to services and reporting mechanisms. Specialized lifesaving GBV services, such as the clinical management of rape (CMR), and psycho-social support (PSS) are unavailable in over 80 per cent of affected localities and where available their quality needs to be strengthened. Access to justice for GBV survivors is very limited due to the community lack of awareness on GBV vis-a-vis legal / justice avenues, lack of legal aid, shortage of female police officers, community distrust of formal legal mechanisms, transport costs, legal fees as well as weak coordination and referral mechanisms.

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. Specialized lifesaving GBV services i.e. clinical management of rape (CMR), psycho-social support (PSS), including individual counselling, case management and livelihood support are unavailable in over 80 per cent of affected localities and where available their quality needs to be strengthened. By the end of 2017, the gap in CMR services in Darfur was 86 per cent in East Darfur, 83 per cent in South Darfur, 81 per cent in North Darfur, 79 per cent in Central Darfur and 72 per cent in West Darfur. In 2017, 307 cases of GBV were reported to the Special Prosecutor for Darfur Crimes with the majority involving minors (286 cases). Access to justice for GBV survivors is very limited due to the community lack of awareness on GBV vis-a-vis legal / justice avenues, lack of legal aid, shortage of female police officers, community distrust of formal legal mechanisms, transport costs, legal fees as well as weak coordination and referral mechanisms.

Landmines and ERW affect the safety of the displaced, local, and returnee communities as well as the safety of humanitarian actors; populations need support to demarcate and clear these areas to maintain or restore livelihoods.

Finally, other cyclic shocks such as floods, lean season and disease outbreaks, as well as the presence of ERW reinforce the effect of protection risks faced by exposed households, especially people with disabilities, children and other vulnerable people. In this context, it is likely that people at risk will be facing additional challenges if humanitarian needs are
not assessed through a protection lens and do not integrate protection actions.

**REFUGEES AND ASYLUM SEEKERS**

Lack of documentation remains a key driver of refugee vulnerability in Sudan, especially for refugees living in out-of-camp settlements, as those without sufficient documentation are unable to access social services where available, access formal and stable livelihoods opportunities, and face movement restrictions. Despite progress made in 2018, approximately half of the South Sudanese refugee caseload is not biometrically registered. Closing this gap is challenging given the geographic scale of the response, rainy season accessibility issues and the high mobility of the refugee population, especially during the agricultural season. Furthermore, 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 in eastern Sudan and Khartoum continues to contribute to the protracted nature of their assistance needs.

According to UNHCR statistics, nearly 60 per cent of refugees in Sudan are children, among which child protection partners report approximately 12,500 unaccompanied and separated children (UASC). Participatory Assessment findings for the Darfur, Kordofans and White Nile states indicates that many refugees are concerned about 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. The lack of livelihoods opportunities and the deteriorating economic situation in Sudan also further undermines the safety and well-being of refugee women, girls and boys. 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 Personal Hygiene Kit (PHK) provision to women and girls of reproductive age persist, compounded by insufficient water supply to meet personal hygiene needs.

**INFORMATION AVAILABLE AND GAPS**

The protection sector faces challenges in conducting assessments which can provide comprehensive information on protection needs, there is lack of demographic data on people exposed to protection risks, such as EWRs, GBV, and they face challenges accessing and sharing data available.
Part II: Recovery, Return & Reintegration

Overview

Protracted displacement in Sudan has created vulnerabilities and dependencies. Since 2016, approximately 324,000 people have voluntarily returned to different states of Darfur and South Kordofan. In 2018, several returnees were reported in areas of East Darfur and West Darfur. There are around 300,000 Sudanese refugees living in eleven refugee camps in Eastern Chad for the past 15 years. Joint Assessment missions conducted by the HAC and IOM to the locations estimated that approximately 164,000 individuals have returned. Among these, 22,675 are verified with refugee documentation from Chad, though not yet de-registered in Chad. In 2019, the UN jointly with the Government of Sudan plans to verify and register the returnees across areas in Darfur.

The challenging environment, including marginalization and harassment of IDPs, and Sudanese refugees in the neighbouring countries (mainly in Chad) without the prospect of durable solutions presents an obstacle to stability, recovery and reconstruction. Therefore, protracted displacement in Sudan will continue to require humanitarian response to address needs of people to become more self-reliant and resilient. RRR jointly with VRRC and HAC is visiting reported return areas for verification then registration of the returnees.

AFFECTED PEOPLE

Where safety and security allowed, spontaneous returns took place in the past few years and is likely to continue and even increase further in 2019 in areas where safety and security allows. IDPs returning to their places of origin, resettling in stable areas or integrating within host communities also need ES/NFI assistance to facilitate their return. However, lack of access to basic services, shortage of natural resources and economically and environmentally viable livelihoods, and land tenure issues in some areas make them not conducive for permanent return. Separated or widowed women returning to their place of origin can face issues with being allocated land or with third parties having taken over existing plots in their absence. Proof of ownership and risk of violent resistance can be issues for women. Areas of recent return can still remain insecure and single women and girls can be at risk of SGBV, especially if community make up has changed since the displacement.

HUMANITARIAN NEEDS

People who have voluntarily returned or integrated locally, continue to be vulnerable, as root causes of the displacement related to tribal conflict and armed conflict in areas such as South Kordofan and Blue Nile remain unaddressed. These causes include disruption or loss of traditional livelihoods, weak or lack of rule of law, weak or absence of state administration in rural areas, presence of small arms and potential reactivation of conflict in some areas such as in Jebel Marra. The current economic situation in the country may have a negative impact in areas of return, where the increase of prices for basic food items and intensification of resource-based conflicts, which already exists in areas where resources are stretched over access to basic services such as water, education, and health, as well as infrastructure such as wells, markets, and community centres.

Some 30 per cent of IDPs interviewed in the framework of the Darfur Development Strategy affirmed that behind the reasons for unsustainable return were lack of access to basic services, followed by food insecurity (19 per cent) and lack of employment (17 per cent) (UNDP, DDR 2016).

Preconditions for durable solutions include a conducive environment for return or local integration, and secured access and right to use of land allowing people to return home or to become fully self-reliant in their location of displacement. As returnees seek locations with ensured access to basic services for immediate return, prioritizing lifesaving support upon initial return through jerrycans, blankets, kitchen utensils and other NFI, followed by medium-term reintegration such as livelihoods support,
including agriculture and livestock, transitional shelter, and access to land and social services. Women may require additional support in terms of accessing the tools and skills to develop independent livelihoods, due to lack of previous experience and/or limited control of, or access to, the resources that they require.

Addressing the underlying issues of access to land and tribal conflict are underway, however, remain limited at this stage, without which the number of returns will likely remain low. The Darfur Recovery and Reconstruction Strategy addresses some of these key challenges in Darfur states, however, more efforts are needed on this to ensure sustainable returns.

INFORMATION AVAILABLE AND GAPS

Information available on returns is patchy across locations in Sudan. Although the registration of returnees has been progressive, there is likely several returnees that have not been formally registered. VRRC and RRR will work closely to establish a verification system of returnees in the coming year, to ensure availability of information on returns across Sudan. Needs assessments in return areas to understand short and long term needs of returnees is also needed, to inform response and to advance durable solutions.
PART II: WATER, SANITATION & HYGIENE

Overview

Across Sudan, WASH remains an urgent humanitarian priority. At least 2.9 million people are living in precarious conditions or temporary settlements with unsafe water supplies and poor hygiene practices. These people are highly vulnerable to epidemics and diarrhoeal diseases, the second main cause of under-five mortality in the country. While this represents the most vulnerable portion of Sudan’s population, more than 30% of Sudan population people lack access to safe drinking water and more than 65% lack of access to improved sanitation and continue to practice open air defecation.

In 2018, some of the gains witnessed in the WASH sector were eroded by the economic situation. At the peak of the crisis, where fuel was scare and cost of transport rose, some affected people reported increase in the cost of a water barrel ranging up to 200 per cent (from 10-20 SDG to 50-100 SDG). In effect, in some area, water coming fuel-powered systems became either unavailable or unaffordable, forcing people to reduce their intake or to resort to unsafe water sources. The situation has now reverted to normal but such water service remains fragile according to the economics uncertainty.

Affected People

It is estimated that out of 2.9 million people in 11 states need humanitarian WASH assistance, which includes people without access to potable water, sanitation, and handwashing facilities. These are compounded by factors such as the current economic situation, malnutrition, disease outbreaks and the limited availability of water resources.

At least 84 per cent of the people in need live in conflict-affected areas in the Darfur states, Blue Nile and South Kordofan. The remaining 16 per cent require mid to long-term assistance to prevent malnutrition and spread of communicable diseases, including acute watery diarrhoea, and other public health diseases associated with the lack of access to safe water and sanitation, with vector control as a key priority. IDPs, refugees, returnees and vulnerable residents represent respectively 41 per cent, 5 per cent, 8 per cent and 54 per cent of the affected people.

Humanitarian Needs

Besides the current economic situation witnessed in the country, other factors exacerbating the humanitarian situation include fuel shortages, pre-existing low levels of WASH access in many states, and environmental conditions among Sudan’s poorest and most densely populated regions. Surveys done at IDPs camps indicate that water service varies from 7.5 to more than 20 liters per person per day, with an important number of them are still below the global SPHERE standards. This involves prioritization of water use within the household and resorting to use of unsafe drinkable water. In the non-conflict eastern states, such as Red Sea, Kassala or Gedaref, the low coverage of WASH services, coupled with unhygienic practices, such as open defecation, and adverse climate conditions - such as dry spells - increased the risk of water-borne disease and malnutrition.

The remoteness of some villages, the limited of investment in water management and infrastructure and social behavior norms and practices all contribute to challenges in WASH interventions addressing these issues. Newly accessible areas in South Kordofan and Blue Nile are also in need of WASH services following long periods of insecurity and neglect.

Refugees and Asylum Seekers

Access to reliable and sustainable WASH services remains a key need for refugees across Sudan. While 99 per cent of refugees in eastern Sudan camps have access to more than 20 liters of improved water per person per day (l/p/d).
South Sudanese refugees still face critical shortages in many areas. This is due to frequent water supply breakdown, and overcrowding at available water sources, which results in varying levels of water supply ranging from 5 – 10.2 l/p/d across the response areas and locations, and sometimes less than 5 l/p/d in out-of-camp settlements during the dry season. In these areas, drinking water is limited even for host communities, which leads to over-reliance on costly and unsustainable emergency water trucking. South Sudanese refugees in Khartoum's “open area” settlements rely on purchasing water from donkey cart water vendors, which is often of poor quality and limited in quantity, and many refugees lack income to do so. Access to functional latrines remains a challenge across the country. In eastern Sudan, 10 per cent of camp-based households lack latrines, have poor access to sanitation services and hygiene support. In White Nile camps, land constraints have led to overcrowding and high latrine usage ratios, up to 85 persons per latrine in some camps, with many latrines in disrepair and in need of decommissioning and replacement. Land in White Nile has been secured for a new camp and camp extensions for about 10,680 households, however lack of latrines in new sites has stalled relocation and decongestion of camps. In East and South Darfur, more than 50 per cent of household latrines have collapsed due to rains and require urgent replacement, while access to latrines is a critical gap in North Darfur and Khartoum’s “open area” settlements. Open defecation remains widespread posing major health hazards and risks.

INFORMATION AVAILABLE AND GAPS

WASH sector partners implement assessments at the locality level which contain information on the provision of basic services of water and sanitation. However, baseline data on the provision of these services in off camp locations is not available, including data on impact on the provision of services.
Part III

METHODOLOGY AND ASSESSMENTS
PART III: METHODOLOGY AND ASSESSMENT

METHODOLOGY

The 2019 HNO is based on 2018 population figures, refugee and asylum seekers numbers provided by UNHCR, IDP and Returnee numbers provided by HAC and IOM, agreed upon by the joint HAC and UN committee. Sectoral and intersectoral severity of needs and people in need have been calculated with methodology below:

INTER-SECTORAL HAZARD INDEX

The ISCG and OCHA agreed to a series of hazards which drive humanitarian needs in Sudan and are common across sectors: Dry spells, Floods, Conflict, and Disease Outbreaks. Data sources for these hazards are: OCHA, HAC, WHO, IOM, UNICEF, IPC.

The risk of each of these hazards per locality in Sudan was rated, assigning a rating for each of the hazards per locality: 5 = Very High, 4 = High, 3 = Medium, 2 = Low, 1 = Very low. If absolute numbers were available for the hazard, numbers were categorized from 1 to 5 using the Jenks Natural Breaks optimisation method. Once the rating was done, a percentage was assigned per each of the ratings to identify the weighting of that hazard in a given locality. The percentages were aimed at comparing hazards within the same locality, not across localities. The Hazard index was calculated per locality by applying the weighting to the hazard rating. This hazard index is common to all sectors and was used to calculate the overall severity across sectors.

SECTORAL SEVERITY INDEX

Each sector identified indicators which highlights the sector humanitarian situation across the country; each indicator was broken down in different categories and given a range on severity. Each indicator was rated against each locality. Once all severity numbers were provided per each indicator in one locality, an average of those was taken.

SECTOR INDICATORS:

| Nutrition (UNICEF) S3M 2013 | 1. Prevalence of Acute Malnutrition amongst children under 5 years (SAM)  
2. Prevalence of Sever Acute Malnutrition amongst children under 5 years (SAM)  
3. Prevalence of stunting amongst children under 5 years |
|------------------------------|------------------------------------------------------------------|
| WASH (UNICEF) S3M 2013       | 1. Percentage of access to Water  
2. Percentage of access to Sanitation  
3. Percentage of access to Hygiene |
| Protection (UNHCR) Prt WG+ field partners August 2018 | 1. Field WG scoring of general protection  
2. Field GBVWG ranking of GBV situation  
3. Field CPWG scoring of child protection  
4. Food insecure residents (FSL) |
2. Teacher/Pupil ratio  
3. Non-functional/closed schools  
4. Children having access to teaching and learning materials |
| FSL (IPC September 2018)     | 1. IPC projected period 2018 |
3. % Health Facilities providing primary health care package-Expansion department, FMoH 2017  
4. % births assisted by skilled attendant- Mics 2014, Emergency & Epidemic control, FMoH 2014  
5. Number of outbreaks and other emergencies in last 3 years- Emergency & Epidemic control, FMoH 2014 |
| ES/NFI (HAC/OCHA) 2017 & 20018 HNO | 1. # of IDPs (incl. new and protracted disaster-affected)  
2. # of returnee households requiring with ES/NFIs  
3. host community (including disaster affected) |

Data on Mortality and Morbidity wasn’t included.
OVERALL IMPACT SEVERITY PER LOCALITY

The overall impact severity for each locality was obtained by multiplying the Population, Hazard Index and the Sectoral Severity Index in each locality.

SECTORAL PEOPLE IN NEED

Each sector agreed on the rating that falls under the humanitarian caseload for their sector. For example, FSL=IPC, 3-4 severity localities; Nutrition = 4,5. Once that was agree upon, the sector identified the localities that fall under the humanitarian caseload. For example, Nutrition selected all localities rated 4, and 5, which were included in the calculations. Each sector agreed on a formula to calculate the pin in each locality and calculated the number. All sectors provided their sectoral pin per locality.

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>FORMULA</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>Vulnerable localities ranking 4 and 5, based on a weighting coefficient for water (45%), sanitation (45%) and hygiene (10%) for different criteria whether the data are coverage (S3M) or level of services provided (in some settlements)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Total PIN (U5 GAM target+ PLWs MAM target + PLWs (Prevention in IDP camps subtracted the PLWs MAM target from this figures)</td>
</tr>
<tr>
<td>Education</td>
<td>40% of vulnerable groups (IDPs, Refugees, Returnees, vulnerable residents) of localities ranked 3,4 and 5</td>
</tr>
<tr>
<td>Health</td>
<td>IDP + Returnees + Refugees + 15%GAM + 25%Food insecure</td>
</tr>
<tr>
<td>Shelter</td>
<td>X% of returnees + X% of IDPs</td>
</tr>
<tr>
<td>Protection</td>
<td>IDP + RET + REF + (Host = (IDP+RET+REF)/4) (i.e 20% of beneficiaries are host)</td>
</tr>
<tr>
<td>FSL</td>
<td>The proportion of individuals from all the population groups that fall under IPC phases 3 (crisis) and 4 (emergency) localities.</td>
</tr>
<tr>
<td>ES/NFI</td>
<td>Total PIN is IDP (70%) +RET (30%)+REF+ Host (10% weighting 27% of total)</td>
</tr>
</tbody>
</table>

REFUGEES AND ASYLUM SEEKERS

The population figures of refugees and asylum-seekers are based mainly on UNHCR and COR biometric and household-level registration data. In some cases, the figures are also derived from verification exercises, IOM population tracking and government figures. The projections for 2019 are based on arrivals trends from this year and past years, also taking into consideration the evolving context in refugee countries of origin, particularly South Sudan and Eritrea.

HOST COMMUNITIES

The vulnerable host population figure was provided by HAC with the support from FSL sector.
ASSESSMENTS

In 2018, partners have been able to undertake more inter-agency humanitarian assessments in Sudan compared with the previous year. Assessments took place in newly accessible areas in East Jebel Marra, and areas in South Kordofan which have not been accessed previously. Additional efforts are necessary to increase the implementation of sectoral and partner-specific assessments, strengthen harmonization and establishing of a country-wide assessment registry and access to identify humanitarian needs in areas which have been previously inaccessible.

Inter-agency assessments have provided contextual information at the locality level for this HNO in some instances, in addition to the sources of information available per sector.

Severity of needs:

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<tr>
<th>Severity</th>
<th>1</th>
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<th>4</th>
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DARFUR

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<tr>
<th>ASSESSMENT</th>
<th>SECTOR</th>
<th>LOCALITY</th>
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<tbody>
<tr>
<td>Ardamata IDPs Camp Flood Affected Mission</td>
<td>ES/NFIs</td>
<td>Ardamata</td>
</tr>
<tr>
<td>IDP returnee verification mission</td>
<td>Refugee Multisector</td>
<td>Yassin and Sheiria, East Darfur</td>
</tr>
<tr>
<td>Initial needs assessment</td>
<td>Refugee Multisector</td>
<td>El Ferdous, Abu Jabra, East Darfur</td>
</tr>
<tr>
<td>Inter-Agency Assessment</td>
<td>Multisector</td>
<td>Nyala North</td>
</tr>
<tr>
<td>Inter-Agency Assessment</td>
<td>Refugee Multisector</td>
<td>Settlement adjacent to Bielel IDP camp</td>
</tr>
<tr>
<td>Inter-Agency Assessment</td>
<td>Refugee Multisector</td>
<td>Settlement El Radoom reception center</td>
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<tr>
<td>Inter-Agency assessment to Golo</td>
<td>Multisector</td>
<td>Central Jebel Marra</td>
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<tr>
<td>Inter-Agency Assessment to Thur</td>
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### PART III: METHODOLOGY AND ASSESSMENTS

**Severity of needs:**

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