3.2 million internally displaced people and refugees cannot meet their essential needs to survive and live in dignity

Internally displaced people and newly arrived refugees have similar needs. Among them, the majority are women and children. They require humanitarian protection and immediate relief assistance including health, food, nutrition, water and sanitation, shelter, education and information to improve their lives. While about half a million people were newly displaced in 2014, another 2.7 million people have been living in displacement for at least one year in Darfur, South and West Kordofan and Blue Nile states. Those displaced for many years also need opportunities to enhance their self-reliance through integrated programming and livelihood interventions.

1.2 million children under 5 across the country are acutely malnourished

Both displaced and resident children suffer from acute and chronic malnutrition in Sudan. Emergency level rates have been observed for the last decades and 59 out of the 184 localities in Sudan have a prevalence of Global Acute Malnutrition (GAM) above emergency threshold levels of 15 per cent, including in areas not affected by conflict. Some localities in North Darfur and Red Sea State report GAM rates above 30 per cent. An estimated 550,000 children under 5 suffer from severe acute malnutrition. Malnutrition is fuelled by infectious diseases and underlying public health threats. Addressing these needs will require a comprehensive approach which takes into account the multiple causes of malnutrition.

0.7 million people need durable solutions

Several groups of people need long-term solutions to transition to a more sustainable future. These include an estimated 350,000 South Sudanese who lived in Sudan before secession. Another 170,000 refugees and asylum seekers from Central African Republic (CAR), Chad, Eritrea, and Ethiopia live in Sudan, sometimes for decades, awaiting durable solutions. 150,000 internally displaced persons (IDPs) and former Sudanese refugees have recently returned to their area of origin and need to rebuild their lives.
OVERVIEW

Figure 1: Humanitarian Overview

Figure 2: Seasonal calendar in Sudan

Source: FEWSNET 2011 - 2013
IMPACT OF THE CRISIS

HIGHLIGHTS

Sudan’s humanitarian needs are mainly caused by armed conflict, which drives displacement and food insecurity. Over the last year the humanitarian situation has deteriorated as a result of armed conflict. The worst affected areas are Darfur, South Kordofan and Blue Nile states where conflict has been protracted and intense. The overall humanitarian situation is compounded by the fragility of many of Sudan’s neighbouring countries, environmental factors, and a challenging economic situation. Food, nutrition, health, and water and sanitation needs are particularly important, with women and children often being the most vulnerable. The humanitarian challenges are likely to remain high throughout 2015.

Drivers and underlying factors

Conflict drives protracted displacement and food insecurity

Humanitarian needs in Sudan are mainly caused by the effects of armed conflict, which drives displacement and food insecurity, but also natural hazards (floods and droughts), and underinvestment in social services. The ongoing violence in Darfur, South Kordofan, and Blue Nile has forced millions of people to abandon their homes and livelihoods, disrupted the production and supply of food, prevented access to basic services, and increased vulnerability to malnutrition and disease. The same applies to tens of thousands of people who have recently fled their country to seek refuge in Sudan as a result of wider instability in the region. It is estimated that, before the outbreak of violence in South Sudan in December 2013, there were up to 350,000 individuals of South Sudanese origin still residing in Sudan who are now at risk of statelessness.

The conflicts in Sudan are complex and protracted. Now entering its twelfth year the conflict in Darfur reflects longstanding competition over land and resources. Increasingly, the conflict has taken on multiple dimensions with a range of armed groups and criminal gangs operating in the region. In this context, violence has become more pervasive and unpredictable, putting additional strain on humanitarian operations. With the fighting often involves civilian areas, there is a persistent humanitarian protection crisis. The most vulnerable, especially women and children, are exposed to exploitation by the different armed groups and at risk of family separation and psycho-social distress. In turn, displacement can distort social norms and behaviour in affected communities. Due to the ongoing violence there are often poor prospects for displaced people to return to their original homes and livelihoods.

Fighting continues to drive people away from their homes

Despite ongoing peace efforts continued and sustained fighting over the last year has resulted in a deepening of the humanitarian crisis in Darfur, South Kordofan and Blue Nile states. In Darfur, almost half a million people have been displaced in 2014 - more than any single year since the height of the conflict in 2004. In South Kordofan and Blue Nile armed conflict has resulted in the displacement of an additional 86,000 people in Government areas alone. Additionally, since 2013, fighting in South Sudan has led to the displacement of more than 100,000 South Sudanese people to Sudan. It is expected that this influx will continue in 2015. More generally, there has also been an increase in criminality and banditry in the region. Kidnappings and carjackings have become common, with the aid community being targeted, seriously constraining the humanitarian effort.

The impact of the environment on food security and water availability

Sudan faces a number of climatic and environmental challenges, which also contribute to displacement and food insecurity. Although not as severe as in 2013, the annual flooding between July and September 2014 affected over 270,000 people across 15 states, destroying some 30,000 homes. Over 300 education facilities, including school latrines, were also either damaged or destroyed. Rapid urbanisation and lack of adequate drainage systems are leaving hundreds of thousands vulnerable to floods every year from July to September.

in other parts of the country, the problem is too little rainfall which damages the harvest. 2015 should however see an above average harvest due to higher than expected rains, while the 2013-14 level was 68 per cent below the five-year average. Factors causing acute food insecurity are multiple and include high staple food prices, continued inflation, poor harvests, inputs/seeds and rainfall shortage, crop destruction by pests or floods, and the blockade of internal and cross-border livestock migratory routes. Conflict further aggravates the impact of these factors. In general, Sudan capacity in disaster risks management needs to be enhanced and strengthened to mitigate these environmental crises.

1 Humanitarian protection is the effort to protect the fundamental well-being of individuals caught up in conflicts. Humanitarian action includes activities aimed at stopping and/or alleviate the immediate threats to well-being.
In Darfur, water shortage is largely a result of over-exploitation, not scarcity, as the region is endowed with huge underground water basins. Because of years of conflict, Darfur has seen larger concentrations of people, which impose high localized demands on water resources. The disruption of traditional livestock migratory routes also reduces the options for herd mobility and further causes a high concentration of animals on water points and pasture.

**Figure 3: IPC Sudan (November, 2014)**

A difficult economic climate compounds the humanitarian situation

Sudan’s humanitarian situation is compounded by the effects of a challenging economic climate, which has left millions of Sudanese extremely vulnerable to external shocks, especially in rural areas. Overall, Sudan ranks 171 out of 186 member states in the 2013 UNDP human development index, with 44 per cent of the population living under two USD per day. The secession of the south in 2011 brought an end to a decade of growth, depriving Sudan of most of its oil income which had accounted for nearly 55 per cent of its fiscal revenues. Hard hit by sanctions, Sudan also lacks access to foreign exchange which has led to difficulties in financing imports of all kinds. The annual inflation rate over the last five years has averaged 30 per cent, driving up the cost of living, and impacts food insecurity.

Health needs remain important

The main anticipated threats to public health in Sudan relate to natural disaster, conflict, and epidemics. Natural disasters like floods have adverse effects on many states and roughly 18 per cent of Sudan’s population is highly exposed to the risks of seasonal rains (June-September). Conflicts not only increase the number of deaths, injuries, and disabilities but as conflict leads to displacement, people are also more vulnerable to health risks. As regards epidemics, haemorrhagic fevers such as dengue fever, and the yellow fever, have become a real hazard, particularly in eastern parts of the country. Furthermore frequent outbreaks of diarrhoeal disease and some vaccine preventable diseases like measles are still witnessed in some parts of the country. the porous borders around Sudan
Also mean that some areas are especially susceptible to a re-emergence of polio. The main causes of morbidity and mortality are infectious and parasitic diseases, particularly malaria, tuberculosis, schistosomiasis, diarrhoeal diseases, acute respiratory infections (ARIS) and protein-energy malnutrition.

Health needs are more acute in areas such as the Darfur states where access to public infrastructure and social services is limited. There is on average one primary health care facility per 6,816 people nation-wide, while in south Darfur the ratio is one primary health care facility per 20,779 demonstrating the disparity between states. About one fifth of the population of Sudan has no easy access to health facilities (defined as living within 5 Km from the nearest functioning health facility). Half of health facilities across Sudan require reconstruction or major rehabilitation, while half of health facilities are also without latrines. Only 24 per cent of health facilities provide an essential primary health care service package; while in Darfur this figure increase to 41 per cent of health facilities as a result of the commitment of humanitarian partners. With only 21 per cent of health facilities in Darfur providing Basic essential obstetric Care many pregnant women to not receive specialized health care. This also means that many women deliver at home, often without skilled assistance. This leads to an increase in maternal mortality and morbidity. This is further exacerbated by insecurity which often impedes access to health services, especially in times of emergency pregnancy needs.

Children suffer from malnutrition

Overall, food insecurity, combined with economic hardship, low access to healthcare, infectious diseases and lack of safe drinking water has affected the nutritional status of large portions of the population. The nutritional situation of children across Sudan is of particular concern. Based on the prevalence and incidence rates, it is estimated that the malnutrition burden could translate into a caseload of 550,000 children. Malnutrition among children in Sudan is chronic and ‘emergency level’ rates (above 15 per cent) have been observed for the last decades. The 2013 nation-wide survey results released by the Ministry of Health revealed that 59 out of the 184 localities in Sudan have a prevalence of GAM above emergency threshold levels of 15 per cent, while some localities in North Darfur and Red Sea states reported GAM rates above 30 per cent. Child malnutrition is observed in both conflict and non-conflict affected states as well as in all socio-economic groups, including the wealthiest. Displacement clearly increases fragility and the prevalence of malnutrition but additional factors are important as well, including feeding habits, child care, sanitation and access to health services.

Outlook

Overall, humanitarian needs in Sudan are driven by deep and long-term factors which are unlikely to remain in the next year. Ultimately, a fundamental improvement will only come with an end to conflict through various peace initiatives. While there has been some progress with the implementation of the Doha Document for Peace in Darfur (DDPD) the ultimate outcome remains unknown. Given the current context, it is however likely that humanitarian needs in Sudan will continue to remain high over the coming year.

Figure 4: Critical events timeline

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNAMID mandate</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Seasonal floods</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Planting / Harvest Season</td>
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</tbody>
</table>

Geographic scope and demographic profile of the crisis

The majority of people in need live in conflict-affected states: the five Darfur states, South and West Kordofan, Blue Nile, and the Abyei area. Cumulatively over the last years, 3.1 million have decided to leave their place of origin due to violence. Among them, 2.5 million have been internally displaced in the Darfur states, including over 1.4 million who now live in camps. Refugees and asylum-seekers, as well as refugee returnees account for another 0.7 million people.

Non conflict-affected states also experience significant food-related vulnerabilities, especially in Kassala in the east. Across the country, some 1.6 million non-displaced people are food-insecure (over and above the food-insecure displaced). 1.2 million children under five (displaced and non-displaced) are, cumulatively, at some point in the year, suffering from acute malnourishment.
Women and children are disproportionately represented among the vulnerable populations. According to the Central Bureau of Statistics, the projected census figure for the total population of Sudan for 2014 is 37.2 million. Of these an estimated 3.7 million are children under the age of 18. In the context of ongoing armed conflict within the Darfur states, in South/West Kordofan, and in Blue Nile it is expected that 2015 will see another 300,000 new IDPs (200,000 in Darfur, 50,000 in South and West Kordofans, and 50,000 in Blue Nile). The number of new South Sudanese arrivals in 2015 is expected to reach 70,000.

Conflict-affected States

a) The five Darfur states: About 3.7 million vulnerable people live in the greater Darfur region, with the majority concentrated in North and South Darfur. People in need comprise several groups: 2.5 million internally displaced, representing almost a third of the total Darfur population (see table below) and 1.2 million food insecure resident population. These groups include 470,000 children under the age of five acutely malnourished.

Displaced people are mainly concentrated in 60 camps, of which eight are hosting more than 50,000 people. Eighty per cent of the 60,194 displaced households newly registered in 2014 are female-headed households making them particularly vulnerable to economic and social pressures. Similarly, out of the registered newly displaced people, two thirds are minors and only seven per cent are adult males. Women, children and people with specific needs are most likely to face protection concerns as the family structures have collapsed and community protection tools have diminished, especially in the case of new displacements. These groups remain at a heightened risk before, during and after displacement.

b) South and West Kordofan, Blue Nile: Over 638,000 people are in need of humanitarian aid in South and West Kordofan, and Blue Nile State (see table below). About 378,000 people - equivalent to a seventh of the total population - live in displacement (including an estimated 90,000 people in areas where Sudan People Liberation Movement-North is present⁶) and often live within host communities. Another 270,000 resident people are food insecure. Among both displaced and resident populations 130,000 children are acutely malnourished.

According to the Sudan Relief and Rehabilitation Agency (SRRA), an additional 238,000 people are displaced in unverified locations. Should the peace agreement between the government and SPLM-N materialise, access may be facilitated.
c) Abyei: Against the backdrop of continued inter-tribal and inter-communal conflict, the contested area of Abyei also witnesses humanitarian needs. Given the erosion of political and administrative authority, aid organisations have become the main provider of basic social services. In addition, protracted food insecurity in the southern area along with a changed pattern of migration in northern areas have contributed to increased vulnerability. In these circumstances, 102,800 people are currently considered to be in need of humanitarian assistance in Abyei. This includes 20,000 IDPs, 61,000 returnees, 15,000 vulnerable people from the Misseriya tribe, and 6,800 people from Unity State. An estimated 24,000 people from Abyei currently living in Warrap State, South Sudan could return, bringing the total potential number of people in need in 2015 to 126,800.

Nation-wide food insecurity and malnutrition

Based on a review and analysis of reporting on current and projected food security, including FSTC/IPC, FEWSNET, VAM and GIEWS (see Information Sources), it is estimated that 5.2 million people are food insecure across Sudan: 3.6 million people among displaced (incl refugees and asylum seekers) and another 1.6 million people among residents. As the overwhelming majority of the food insecure resident people live in conflict-affected states (1.5 million), the geographical scope of food insecurity is primarily located in the Darfur region, South and West Kordofan and Blue Nile states (hosting 4.2 million food-insecure displaced and non-displaced). Food insecure people live in other parts of the country as well, mainly in the eastern region (Red Sea, Kassala, Gedaref State), where some of the worst nutritional levels for children are found.

Acute malnutrition is a nation-wide issue, with 1.2 million children below 5 years old suffering from wasting – half of them living in conflict-affected states. The burden, based on prevalence and incidence, is estimated to be 2 million who will be in need of immediate life-saving nutritional support. The regions with the highest GAM rates are the Red Sea, Blue Nile, South Kordofan as well as North, South and East Darfur States. In absolute numbers the worst affected states are North Darfur, South Darfur, Kassala and Khartoum. The most vulnerable groups are children under 5, pregnant and lactating women who also face multiple deprivations including poor access to basic services, mainly health care, WASH, education, psycho-social support and behaviour change information and communication.

Refugees and asylum seekers, and South Sudanese

The Government of Sudan has a 40-year history of welcoming refugees into its territory. There are around 620,000 refugees, asylum seekers and South Sudanese in need of humanitarian aid and assistance in Sudan. These include nearly 170,000 refugees and asylum seekers, 350,000 individuals of South Sudanese origin who had been living in Sudan prior to secession which are potentially at risk of statelessness, and 100,000 South Sudanese (two thirds being children) who have arrived since December 2013. Following the eruption of the conflict in South Sudan, the Government of Sudan has kept its borders open and welcomed those fleeing the conflict. A significant proportion of the new South Sudanese refugees have settled in White Nile (43,388) and Khartoum State (28,000), while the rest are located in South Kordofan, West Kordofan and Blue Nile states. It is expected that the total number of registered new South Sudanese arrivals will reach 195,000 by the end of 2015.

The refugees originating from neighbouring countries (CAR, Chad, Eritrea, and Ethiopia) are mainly located in the eastern region (Kassala and Gedaref States) but are also present in significant numbers in Blue Nile, South Kordofan, Khartoum, Red Sea and West Darfur states.

The South Sudanese who lived in Sudan prior to the outbreak of conflict in December 2013 did not flee conflict and continue to have an unclear legal status in Sudan. An estimated 40,000 of them live in a camp-like situation in Khartoum State, in the so called ‘open areas’, facing particularly difficult humanitarian conditions, especially in relation to health, WASH and protection.

<table>
<thead>
<tr>
<th>State</th>
<th>Children (&lt;18)</th>
<th>Adult (18-60)</th>
<th>Elderly (&gt;60)</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Total Male</th>
<th>Total Female</th>
</tr>
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<tbody>
<tr>
<td>Blue Nile</td>
<td>24,785</td>
<td>24,594</td>
<td>11,811</td>
<td>1,310</td>
<td>1,667</td>
<td>24,785</td>
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<td>11,811</td>
<td>1,310</td>
<td>1,667</td>
<td>45,830</td>
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<tr>
<td>South Kordofan</td>
<td>72,846</td>
<td>72,864</td>
<td>43,570</td>
<td>3,967</td>
<td>3,202</td>
<td>72,846</td>
<td>72,864</td>
<td>43,570</td>
<td>3,967</td>
<td>3,202</td>
<td>126,383</td>
</tr>
<tr>
<td>West Kordofan</td>
<td>11,396</td>
<td>11,308</td>
<td>5,431</td>
<td>603</td>
<td>766</td>
<td>11,396</td>
<td>11,308</td>
<td>5,431</td>
<td>603</td>
<td>766</td>
<td>17,429</td>
</tr>
<tr>
<td>TOTAL</td>
<td>115,028</td>
<td>108,767</td>
<td>60,811</td>
<td>5,880</td>
<td>5,635</td>
<td>115,028</td>
<td>108,767</td>
<td>60,811</td>
<td>5,880</td>
<td>5,635</td>
<td>181,718</td>
</tr>
<tr>
<td>PROJECTED</td>
<td></td>
<td></td>
<td></td>
<td>196,230</td>
<td>196,230</td>
<td>377,948</td>
<td>377,948</td>
<td></td>
<td></td>
<td></td>
<td>477,000</td>
</tr>
</tbody>
</table>

Returnees and migrants

An estimated 150,000 IDPs and Sudanese refugees have returned to their place of origin in 2014 and are in need of immediate reintegration assistance. These recent returns happen in a context where, cumulatively over the last five years, 640,000 IDPs and Sudanese refugees have chosen to return to their areas of origin as and when conditions for return and local reintegration were met. Returns are taking place in very specific localities in the Darfur region and South Kordofan.

While the numbers of migrants passing through or remaining in Sudan is unknown, 28,577 Eritreans out of a total of 112,689 migrants arrived on Italian shores from January to August 2014 and, in most likelihood, transitted at some point through Sudan. Irregular migrants are often concentrated in urban centres in Khartoum, Kassala, Blue Nile, Gedaref and the Darfur states. The gender breakdown of migrants varies. Eritrean arrivals have been largely men, whereas Ethiopian arrivals have been both men and women. Approximately 10 per cent of known victims of trafficking were unaccompanied minors.

Figure 8: Classification of people in need of humanitarian assistance

<table>
<thead>
<tr>
<th>To date (Sept/Oct 2014)</th>
<th>Projected for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8 million displaced</td>
<td>4.2 million displaced</td>
</tr>
<tr>
<td>3.1 million IDPs</td>
<td>3.4 million IDPs</td>
</tr>
<tr>
<td>0.7 million refugees, asylum seekers, South Sudanese, and returnees</td>
<td>0.8 million refugees, asylum seekers, South Sudanese, and returnees</td>
</tr>
<tr>
<td>1.6 million resident food insecure</td>
<td>1.6 million resident food insecure</td>
</tr>
</tbody>
</table>

Source: OCHA, UNHCR, IOM, FAO, WFP, UNICEF
Situation of the affected populations

Prolonged conflict in the Darfur, South Kordofan and Blue Nile states has taken a toll on the lives of millions of displaced people. Among displaced populations, various groups have different profiles with distinct needs. Against the backdrop of generalised fragility, food insecurity and malnutrition are also scarring the lives of children across Sudan.

Figure 9: Overall Needs per Localities

Internally Displaced People

People displaced internally, mostly within their state of origin, represent the largest group. They require humanitarian protection and immediate relief assistance including health, food, nutrition, water and sanitation, shelter, education and information, to survive and live in dignity. In addition to lacking permanent shelter, their food insecurity is heightened due to a lack of assets, displacement from land and an absence of alternative livelihood opportunities. Those facing longer-term displacement need to become more self-reliant and reduce their dependency on aid.

Clashes during the planting and harvesting periods have left fields uncultivated, further worsening the overall food security situation. Earlier in the year, food prices were highest in conflict-affected areas in South Darfur, East Darfur and West Kordofan states. These have now have dropped following the beginning of the 2014/15 harvest. In the Jebel Marra area of Darfur, the suspension of International Committee of the Red Cross (ICRC) activities in 2014 has further undermined the availability of seeds and will result in reduced yields in 2015. While the 2015 harvest is expected to be back to average due to better than expected rainfall, lack of inputs due to high prices compounded by reduced access to land resulting from conflict, land mines, and floods have reduced the planted areas. For example, planted areas in South Darfur are estimated to be 35 percent of normal. Food insecurity is also not just about the quantity of food but also ensuring access to a diverse supply. Addressing food insecurity will thus require multidimensional medium and long-term humanitarian and development interventions at policy and programme levels to increase resilience. For IDPs, access to sufficient supplies of clean water is a major issue. In Darfur, water coverage is less than 15 litres per person per day in 46 camps. And among these, basic survival needs are actually not covered in 14 camps where availability is less than
7.5 litres per person per day. In 33 camps, SPHERE standards of sanitation coverage are not met. Needs are similar in South Kordofan and Blue Nile.

As regards education, existing schools and learning spaces are overcrowded and largely unable to meet the high demand of children and communities who routinely prioritise education among their top needs. In some areas, access to education for girls, children with disabilities, and nomadic populations is particularly challenging due to social norms and practices which undervalue education for these groups. Post-primary education is largely non-existent in IDP camps resulting in a large youth population at risk of being recruited into armed and criminal groups.

Figure 10: Water and sanitation coverage

<table>
<thead>
<tr>
<th></th>
<th>North Darfur</th>
<th>South Darfur</th>
<th>West Darfur</th>
<th>Central Darfur</th>
<th>East Darfur</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main camps in state</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water coverage &lt; 15 Ltrs</td>
<td>17</td>
<td>15</td>
<td>25</td>
<td>12</td>
<td>2</td>
<td>71</td>
</tr>
<tr>
<td>Water coverage &lt; 7.5 Ltrs</td>
<td>13</td>
<td>11</td>
<td>13</td>
<td>7</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>Sanitation: &gt; 20 persons / latrine</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: UNICEF

Sustained violence over the last two years has led to even more people seeking safety in camps, placing greater strain on already diminished aid services such as healthcare, water supply and sanitation infrastructure. In all conflict affected states, the health priority needs of displaced populations are life-saving primary healthcare, including treatment for injury and trauma care, maternal and child health care, immunisation, and treatment of endemic and chronic diseases. Conflict also disrupts preventive and curative health activities, access to healthcare and disease control programmes. For instance, in North and South Darfur in 2014 there have been Acute Jaundice Syndrome, Hepatitis-E and diarrhoea cases in camps directly linked to inadequate sanitation and lack of safe drinking water, most recently seen during an outbreak of Hepatitis E in Nyal'a’s Kalma camp. There is also a continual threat of the re-emergence of polio, especially in SPLM-N areas, where vaccinations against polio, measles and other preventable diseases have not been carried out since June 2011. Sudan also faces a concentrated HIV epidemic, with an estimated 49,000 people living with the virus. While the overall level among displaced people is not known, prevalence of HIV has been detected as high as 1.2 percent among pregnant women in a North Darfur surveillance site.

Against the background of continuing conflict, displaced people are at a heightened risk of physical abuse and exploitation. Across conflict-affected areas, there have been incidences of assault, robbery and gender-based violence. IDPs, particularly amongst children, are also vulnerable to recruitment into armed gangs, trafficking, early marriage and abuse. Responsibility for security and protection of civilians lies with the Government of Sudan and the humanitarian protection activities remain a central part of the wider humanitarian effort. In the Darfur, Blue Nile and South Kordofan states, there is a continued need for urgent humanitarian protection interventions in close cooperation with the Sudanese Government to ensure the physical security of displaced populations. Measures to enhance access to justice, particularly to address land and property issues and to promote birth registration are also urgently needed.

In certain areas, progress towards self-reliance and achieving durable solutions is obstructed by the presence of land mines. Out of the 18 states in Sudan, 10 are reported to be affected by the land mines and explosive remnants of war. The most affected are South Kordofan and Blue Nile states which account for 73 percent of the total contaminations in the country (with 128 minefields in South Kordofan and 27 hazardous areas in Blue Nile).

Figure 11: New Displacement in Darfur per year

Source: OCHA
Children, and pregnant and lactating women across Sudan

With widespread and persistent malnutrition, both acute and chronic, Sudan has the highest prevalence of wasting among under-5 years old children in the East African region. Worryingly, this situation exists in both conflict and non-conflict affected states – three of the seven states with wasting levels at or above the emergency threshold are not conflict affected. Younger children are more likely to be malnourished, largely due to poor feeding practices (only 41 per cent of children are exclusively breastfed for the first five months) and use of public health and sanitation facilities (only 27 per cent of households use adequate sanitation facilities). The most vulnerable children, pregnant and lactating women are found in conflict affected areas, IDP and refugee camps. Addressing these needs will require a multi-sector approach, which takes into account the multiple causes of malnutrition.

Refugees and asylum seekers

For the vast majority of refugees and asylum-seekers in Sudan, voluntary return is not yet an option due to the situation in their countries of origin. Following the outbreak of violence in South Sudan in December 2013, 100,000 South Sudanese have been registered seeking refuge in Sudan. The majority are women and children. While many new South Sudanese refugees have joined relatives or community members, the most vulnerable live in relocation sites.

A decades-old refugee population from Eritrea and Ethiopia requires a new type of assistance, particularly to increase their self-reliance. In some camps, more than 50 per cent of refugees from Eritrea and Ethiopia may have been born in Sudan. It is expected that the flow of refugees from Eritrea will continue at a pace of around 1,000 new arrivals per month. These people come from urban areas, are young and educated. Seventy per cent of the new arrivals, including unaccompanied minors, tend to continue their journey onwards to North Africa and Europe. Many are facing serious physical protection risks, such as abuse, torture and extortion. Their irregular status also means that they are more vulnerable to marginalisation and discrimination and less likely to access justice. In addition, Central Darfur has hosted around 40,000 refugees, mostly from Chad, for several years, with a new influx from CAR in 2014 so far totalling 2,517, all of whom need access to basic services and protection.

South Sudanese at risk of statelessness

Following the introduction of a new legal framework on nationality in both Sudan and South Sudan, the estimated 350,000 South Sudanese who have been residing in Sudan since before 2011 lost their Sudanese nationality and all related rights and entitlements. Their status and rights is governed under the Four Freedoms Agreement (movement, residence, work and property) and remains the subject of on-going negotiations between the two governments. In the meantime, with the continuation of the crisis in South Sudan, return is no longer an option for this population and they are at risk of statelessness. In this context, the main need of these people is to obtain documentation to confirm nationality and enjoy their economic and social rights (especially for education and access to justice). Possession of South Sudanese documents is needed to access legal remedies, education, medical treatments, pensions, address property issues, and obtain birth and death certificates. Proof of nationality will also be needed to enjoy the rights enshrined in the Four Freedoms Agreement once this is enacted. In a recent Sudan and South Sudan Presidential summit, the two countries renewed their commitment to accelerating its enactment and implementation.

Returnees and migrants

The majority of Darfur’s 2.4 million IDPs fled their homes in 2003-2004 due to conflict and persistent insecurity has prevented most people from returning to their homes. The verified number of returnees in Darfur fell from 109,000 in 2012 to 36,000 in 2013, but increased to 150,000 in 2014. When returning, women are especially vulnerable in relation to the ownership of land and property. Darfur is also hosting a large number of returning Sudanese refugees, mainly from Chad, who have not always been able to return to their area of origin and are in need of support. While there has been no formal refugee returns from Chad, the returns that are known to take place, including IDP returnees, are often seasonal, temporary, spontaneous and along border areas. Some may return from the camps in eastern Chad, but do not relinquish their ration cards. Early recovery needs in return areas are high for all services, particularly in terms of health, education and economic opportunities – this is a cross-cutting area of intervention with the Darfur Development Strategy and the United Nations Development Assistance Framework (UNDAF). In addition, a durable solution strategy is needed to support returns for IDPs who could potentially return or be locally reintegrated.

Sudan serves as a transit route to reach Europe for migrants and asylum-seekers. Along the route they are exposed to various dangers such as physical and psychological abuse by smugglers and may become victims of trafficking. While the problem remains, some protection needs are being addressed through a successful partnership between the Government of Sudan, International Organization for Migration (IOM) and UNHCR. Regional strategies have to be developed to address the wide geographic scope of this problem.
INFORMATION SOURCES AND GAPS

HIGHLIGHTS

Sectors consulted a wide range of sources, supplementing existing information with their own field visits and workshops. However, key gaps remain. In particular, there is a lack of data where there is no access to the population – notably, in Non-Government controlled areas of South Kordofan and Bue Nile states, as well as parts of Darfur. Reliable and up-to-date information is also difficult to gather in relation to certain segments of the population owing to their transient lifestyles. And essential baselines are also missing, such as crude and under 5 mortality rates per locality.

Sources

In determining the humanitarian needs in Sudan, sectors have consulted a wide range of data sources and used different collection methodologies. In particular, several sectors used the Simple Spacial Survey Methodology (S3M). A particularly important survey conducted by the Ministry of Health, provided data for different health needs. The sectors supplemented existing information with field visits. UNICEF will make data available from its international household survey initiative, the Multiple Indicator Cluster Surveys (MICS), to monitor the situation of children and women.

Education

- Data gathered through the Education Management Information System (EMIS) of the Ministry of Education.
- Key informant, sector discussions, consultations and state level sector meeting.

Emergency Shelter and Non-Food Items

- Joint inter-agency assessment missions in coordination with HAC.
- Fortnightly and monthly sector meetings in Darfur states and Khartoum respectively.
- Returnee monitoring and assessments from the Return and Reintegration Working Groups (RRWGs) in Darfur.

Food Security and Livelihoods

- Sudan Food Security Outlook (October 2014 and March 2015), Famine Early Warning System Network (FEWSNET).
- Sudan Meteorological Authority Rainfall and Weather Situation.
- Federal Ministry of Agriculture.
- Darfur Trade and Markets Study Reports, Darfur Development and Reconstruction Agency (DRA).
- Review of Vulnerability and Analysis Mapping (VAM) reports.
- Global Information and Early Warning System (GIEWS), Sudan (November 2014), Food and Agricultural Organisation (FAO).

Health

- Health Sector Strategic Plan 2012-2016.
- Health Resources Availability Mapping System (HeRAMS).
- PHC Mapping.
- GHWA, 2009, HRH Action framework: A guide to develop and implement strategies to achieve an effective and sustainable health workforce.
- FMoH, 2011, Sudan National Health Accounts.
- S3M Survey.
- Sudan Health Profile.
- Sudan health profile (www.who.int/gho/countries/sdn.pdf?ua=1).

Nutrition

- Federal Ministry of Health S3M Survey.
- Federal Ministry of Health official nutrition database.
**Protection**

- Regional States Protection Working Group (PWG) scoring/ranking localities based on the above mentioned substantive methods.
- Country reports on Monitoring and Reporting Mechanism (MRM).
- DDR review (2012).
- Family Tracing and Reunification (FTR) and MRM data bases.
- Daily and weekly security sit-reps and updates of UNDSS.
- Darfur monthly updates.
- Information from UNAMID.

**Recovery, Return and Reintegration**

- Village assessments undertaken by IOM (2013-14).
- Returnee monitoring and inter-sector coordination assessments from the RRWGs in the field.
- Information collected through the Crisis and Recovery Mapping and Analysis (CRMA) programme (ended in 2013) were also used where available and if updated information was lacking.
- Rankings provided by the Health, Education and WASH sectors.

**Refugee Multi-Sector**

- UNHCR field presence in Kassala, Girba, Gedaref, Nyala, El Geneina, Habilla, Mukjar, Zalingei, Um Shalaya, El Fasher, Kosti, Kadugli, Khartoum.
- For South Sudanese refugees: weekly inter-sector reporting, inter-agency assessment missions, 6 month review of the Joint Working Group, monthly indicator reporting, Refugee Multi Sector meetings, Khartoum draft needs assessment.
- Participatory assessment 2013 and 2014 in East camps, East camp profiles April 2014, Darfur draft durable solutions strategy, Um Shalaya verification and intention survey 2013, intention survey Mukjar refugee camp, monthly trafficking and smuggling project reports, Urban Refugee assessment.
- Return and Reintegration Working Group meetings and assessments, ongoing field monitoring and return monitoring missions, partner implementation reports.

**Water, Sanitation and Hygiene**

- S3M survey to determine the needs of all localities.

**Gaps:**

While this needs overview is informed by a wide body of information, there are some critical gaps that the humanitarian partners will seek to prioritise in 2015:

- With an almost complete lack of access in some areas, it has been impossible to assess the needs of possibly up to 800,000 people living in non-government controlled areas in South Kordofan and Blue Nile. Similarly, the restricted access in Jebel Marra area of Darfur has prevented an assessment of the needs of around 100,000 people.
- Crude and under-5 mortality rates per locality are not available. This is a critical gap given the reported high number of malnutrition. The only data available for deaths is from sentinel sites (health facilities) reporting for Early Warning and Response System. While there is no mechanism in place to collect death data from community where most of the deaths happen, a MICS (Multiple Indicator Cluster Survey) is carried out in 2014.
- Information on HIV and the risks to IDPs and returnees is lacking.
- Individual comprehensive registration and profiling of the populations of concern across Sudan, both for protracted and new arrivals is still needed. This includes the need for a breakdown of the GAM-affected population among IDPs, women of reproductive age and persons with special needs.
- There is a lack of concrete information on actual service coverage and detailed causality of malnutrition.
- Comprehensive data on all returnees in Darfur is not fully collated due to poor security and mobility of the population.
- Data on the number and needs of South Sudanese who still remain after secession is incomplete.
- Quantitative data is not always available regarding precise breakdowns of age cohorts such as school aged populations and women of reproductive age, and indicators within some camps.
- More consultations with women’s civil society organisations, faith-based leaders and other decision makers are needed to better understand the implications of gender inequality and social exclusion in relation to humanitarian assistance and programming.
- An IASC protection working group still needs to be established in Blue Nile.
A regulated operational environment

Humanitarian organisations in Sudan have to follow a number of security and administrative procedures which in turn impact the reach and quality of assistance. In the worst cases, such as non-government controlled areas in South Kordofan and Blue Nile, most organisations have been unable to reach people in need since 2011. Similarly, in the Jebel Marra area of Central Darfur, there is very limited access to an estimated 100,000 people in need.

For any international organization seeking to operate in Sudan, permission must be gained at a number of levels. The Government requires time-limited travel Permits for international staff to move outside Khartoum and another security clearance to travel outside of the states’ capital city. The experience varies widely, depending on the area and sector. In the extreme, insecurity and seasonal flooding prevents and deters organizations from entering certain areas.

The Government has declared its intention to enhance the Sudanisation of the humanitarian effort by 2016 through its ‘Sudanisation Plan’. to this end, there is a drive to boost the capacity of national organizations. This policy has already translated into an increased number of Sudanese staff involved in humanitarian aid. In Darfur for example, three quarters of aid staff is employed by NGOs and 97 per cent of staff, including at senior management level, is Sudanese. In practice, national NGOs and workers have a wider presence and greater access in Sudan. In many respects, this is an encouraging trend, which is supported by the international community. However, in circumstances of internal armed conflict, national organizations could lack the acceptance by all parties to a conflict.
International response capacity is declining

Despite increasing humanitarian needs, the number of aid workers from Inter-Agency Standing Committee members and partners has been steadily decreasing. In Darfur, from a high of 17,500 staff in 2009, there are now only 5,540. In 2014 alone their staff capacity has decreased by 20 per cent. In the health sector the workforce has declined in Darfur, South Kordofan, Abyei and Blue Nile states and is between 0.4 and 0.6 per 1,000 people against a WHO benchmark of 2.28 health professional per 1,000 people. In part, this is an inevitable consequence of the reduction in funding. While Sudan must compete with an unprecedented level of humanitarian emergencies which require huge levels of funding, the ongoing security and administrative constraints to the operating environment also weaken donor engagement in Sudan. In addition to the external constraints, humanitarian organisations face their own internal controls which can limit operations. In particular, international organisations are sometimes limited by self-imposed security regulations. Staff in South Darfur for example, often spend only a few hours per day in rural project sites as overnight stays are considered too dangerous. Work in certain fields, such as gender based violence and HIV, also involves sensitivities and challenges.

Aid flows

Donor contributions per affected person in Sudan has reduced from US$270 per person in 2009, to $140 per person in 2012, to $70 per affected person as of October 2014. Although humanitarian funding to Sudan has decreased over the last years, total overseas development aid remains significant and totaled almost USD 1 billion in 2012. Two development aid instruments are immediately relevant to the humanitarian community: the Darfur Development Strategy (a provision of the Doha Document for Peace in Darfur) lasting from 2013-15, and the UN Development Assistance Framework which extends until 2016. Several large bilateral development programmes (from e.g. the EU, Japan, Qatar, Turkey, USA) and a World Bank multi-donor trust fund support infrastructure development projects in health, education, water, sanitation, but also livelihoods, return and reintegration projects. These need to be closely coordinated with humanitarian projects to ensure complementarity but also avoid duplication, especially for early recovery.

Figure 14: Bilateral ODA by Sector (2011 - 2012)

Outlook

Overall, the operational environment in Sudan is complex and there is no single picture which characterises the experience of the different organizations. 2014 has seen deteriorations in access followed by some improvements: the Government has lifted the suspension of ICRC activities which came into place in February 2014; UNHCR has been granted long-term travel permits for Darfur; and access has been eased in areas that were previously off limits in South Kordofan, Blue Nile and Central Darfur. Close cooperation with all Government agencies is needed to jointly improve humanitarian response capacity.

Figure 15: Total aid workers in Darfur (2013 - 2014) National vs. international staff