**About**

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

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

**PHOTO ON COVER**

Children play in a community center recently constructed by UNAMID engineers in a camp for internally displaced people (IDP) in Khor Abeche, South Darfur.

Photo: UN agencies

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

[www.unocha.org/sudan](http://www.unocha.org/sudan)

Twitter: @UNOCHA_Sudan

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.


Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

[www.hpc.tools/plan/870](http://www.hpc.tools/plan/870)

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

[fts.unocha.org](http://fts.unocha.org)
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Response at a glance

**Response at a glance**

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.8M</td>
<td>6.7M</td>
<td>7.6M</td>
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**Strategic Objective 1**
Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5M</td>
<td>4.4M</td>
<td>3.8M</td>
</tr>
</tbody>
</table>

**Strategic Objective 2**
Contribute to building resilience to recurrent shocks and improving vulnerable people’s access to basic services

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.6M</td>
<td>5.0M</td>
<td>4.4M</td>
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</tbody>
</table>

**Strategic Objective 3**
Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
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<tr>
<td>2.9M</td>
<td>1.1M</td>
<td>0.7M</td>
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<table>
<thead>
<tr>
<th>SECTOR RESPONSE</th>
<th>REQUIREMENTS* (US$)</th>
<th>FUNDED* (US$)</th>
<th>% FUNDED</th>
<th>PEOPLE TARGETED*</th>
<th>PEOPLE REACHED*</th>
<th>% REACHED</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>62.1</td>
<td>46.7</td>
<td>75.2%</td>
<td>0.7</td>
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</tr>
<tr>
<td>Food Security and Livelihoods</td>
<td>339.7</td>
<td>207.9</td>
<td>61.2%</td>
<td>4.7</td>
<td>3.8</td>
<td>82%</td>
</tr>
<tr>
<td>Health</td>
<td>110.7</td>
<td>32.0</td>
<td>28.9%</td>
<td>5</td>
<td>3.7</td>
<td>74%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>153.0</td>
<td>58.5</td>
<td>38.2%</td>
<td>1.6</td>
<td>0.6</td>
<td>39%</td>
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<tr>
<td>Protection - Child Protection</td>
<td>15.6</td>
<td>7.1</td>
<td>45.2%</td>
<td>0.6</td>
<td>0.3</td>
<td>49%</td>
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<tr>
<td>Protection - Gender Based Violence</td>
<td>21.6</td>
<td>1.8</td>
<td>8.4%</td>
<td>0.6</td>
<td>0.04</td>
<td>6%</td>
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<tr>
<td>Protection</td>
<td>17.5</td>
<td>17.1</td>
<td>97.8%</td>
<td>0.6</td>
<td>0.8</td>
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</tr>
<tr>
<td>Refugee Response</td>
<td>476.9</td>
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<tr>
<td>Shelter</td>
<td>29.0</td>
<td>14.9</td>
<td>51.2%</td>
<td>0.5</td>
<td>0.3</td>
<td>58%</td>
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<tr>
<td>WASH</td>
<td>71.6</td>
<td>27.6</td>
<td>38.5%</td>
<td>3.2</td>
<td>2.7</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,633</strong></td>
<td><strong>874.4</strong></td>
<td><strong>54%</strong></td>
<td><strong>6.8</strong></td>
<td><strong>7.6</strong></td>
<td><strong>126%</strong></td>
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Changes in Context

**HRP revision after COVID-19**
In July 2020, HRP was revised to reflect the changes brought about by the COVID-19 mitigation and containment measures, including increased needs and required response. The HRP COVID-19 Addendum revised the number of people in need to 9.8 million as well as the number of people targeted to 6.7 million.

**Impact of economic crisis**
The high inflation rate – recorded at almost 270 per cent in December 2020 - and rising prices for food, fuel, and other basic commodities, continued to stretch people's ability to cope. This is most notable in terms of worsening food insecurity: despite a ‘good harvest’, it could not counteract the impacts of rising prices. As a result, about 25.5 million people, representing more than half of the population, were suffering from some level of food insecurity between June and September 2020 – the peak of the lean season. This included 7.4 million people in need of food and livelihoods-related humanitarian assistance, 1 million more than the same period of 2019. From October 2020, this number reduced slightly to 7.1 million people, but still remained high compared to previous years.

**Flooding**
According to the Sudan Metrological Authority (SMA), rainfall in Sudan was above average throughout most of the 2020 flooding season, and the season continued into October past its normal end in September. Heavy rainfall and flash floods affected more than 875,000 people—almost twice the number of people affected by floods the previous year—across 18 states and the Abyei Area, according to the Government’s Humanitarian Aid Commission (HAC) and partners.

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

**Deteriorating health system**
Health care, sanitation, protection, and education services were affected throughout the country. Inflation resulted in a 200 per cent increase in the cost of medicines and health services. The floods in 2020 were some of the worst in living memory. By October 2020 nearly 900,000 were affected.
services, while at the same time the level of medicines imported remained 30 per cent lower compared to 2017. Sudan experienced outbreaks of water and vector-borne diseases, including Rift Valley Fever, chikungunya and malaria in 2020. These outbreaks coupled with low investment in basic services (e.g. poor WASH, vector control and health infrastructure) resulted in excessive demand on the provision of healthcare in an otherwise already strained health system.

**Protection challenges and increased violence in Darfur**

Protection risks remained in many parts of the country, with increased risks and violence reported, especially in Darfur. Many IDPs face harassment when trying to farm, which contributed to food insecurity. Access to protection services remained a concern, coupled with weak rule of law and social protection mechanisms. IDPs and refugees were highly vulnerable, particularly at risk of not accessing basic services such as birth registration and may suffer harassment and direct violence triggered by displacement.

Community support networks have weakened and are not sufficient, and lack of formal dispute resolution mechanisms influence the escalation of localized clashes into larger inter-communal conflicts. In 2020, UNAMID played a role in insuring security, however with UNAMID’s withdrawal there will be a gap in civilian protection.

**Humanitarian access**

As the COVID-19 pandemic hit Sudan in March 2020, the Government introduced measures to contain the spread of the virus. In line with most other countries, Sudan closed international borders, banned public gatherings and interstate movement, while the states introduced curfews. The Government made provisions for the movement of humanitarian cargo, allowing most aid operations to continue. Despite difficulties in movement and suspension of face-to-face activities, such as monitoring visits and community engagement, humanitarians managed to continue their work and assist 7.6 million people in 2020.
Review of the response

In 2020, HRP partners provided 7.6 million people across Sudan with humanitarian assistance from one or more sectors. This includes 6.9 million IDPs, returnees and other vulnerable residents and 745,000 refugees.

By sector, 3.8 million people received food assistance, 3.7 million were provided medical consultations, 2.8 million were given access to safe water, 1.6 million received livelihood assistance, and 1.2 million were assisted by education sector, mainly school feeding.

HRP partners expanded their response in central and eastern Sudan, with almost 2 million reached, over a quarter of the total response. This is a significant scale up compared to 2019 when 890,000 people were reached.

In 2020, HRP partners reached close to six million people in Darfur, the Kordofans and Blue Nile. About a third of Darfur’s total population with some form of humanitarian assistance. In Blue Nile and the Kordofan region, about 1.3 million people received humanitarian assistance.

Meanwhile, eastern and central/northern Sudan accounted for 22 per cent of the total assisted, despite the fact that they have 42 per cent of the total number of people in need.

In Darfur, over 100 per cent of the people estimated to be in need of assistance were reached with some form of assistance. In Blue Nile and Kordofan region, this ratio was 84 per cent. In central Sudan, 43 per cent of the people in need received assistance, while in the east about one third of the people in need were reached with aid. Lack of funding for those areas and lack of implementing partners were the main factors limiting the ability of humanitarians to lift the response to the levels of Darfur, Blue Nile and Kordofan where humanitarian agencies have historically had the bulk of their operations as well as stronger presence and capacity.

For instance, while health partners have provided 3.7 million consultations, in most of the other indicators (prenatal, postnatal, caesarian sections) the response was lagging behind, and hardly scratching the surface in mental health and disability aspects.

Looking forward to 2021, humanitarian agencies emphasise the importance of early and flexible funding to respond to sudden onset needs due to conflict or natural disaster-induced civilian displacement, as well as to sustain regular operations. Moreover, there is also a need for development emergency funding to complement humanitarian response early to address under development and marginalization.
In 2020, donors provided US$979.6 million towards the 2020 Humanitarian Response Plan (HRP) and outside the HRP. The total contributions to the HRP were $865.8 million, or 53 per cent of requirement.

The Central Emergency Response Fund (CERF) allocated US$100 million to support Sudan in its transition. This allocation was divided between an underserved emergencies programme ($60 million), focusing on school feeding programmes in the eastern states and a durable solutions programme implemented in Darfur, Blue Nile and South Kordofan ($40 million). Further allocations were given for COVID19 response ($6 million) and the Tigray response ($5 million). The Sudan Humanitarian Fund (SHF) has allocated $75 million of funding in 2020. It had one standard allocation of $42 million in April (56% of allocations) and further emergency allocations of US$33 million for COVID-19, desert locust, polio, Tigray influx and newly opened area responses. The SHF received last year $72.5 million in contributions.
Part 2

Sector Response

Woman collecting water from a water point in Abu Shouk camp in South Darfur

Photo: UN agencies
### Education

#### Needs

In 2020, 1.5 million conflict-affected or otherwise vulnerable children (4-16 years of age) across all of Sudan needed humanitarian assistance to fulfil their right to education. The highest levels of need were found in Darfur, West and South Kordofan, Blue Nile, White Nile, Sennar, Kassala, and Gedaref. This included over 786,000 children in an extreme or catastrophic situation (severity level 4 and 5) and approximately 674,000 children in a severe situation (severity level 3).

#### Response

During 2020, 1.3 million children (45 per cent girls) were reached with Education in Emergencies interventions (1.2 million with HRP activities). Most of the support was in the form of school feeding (adapted to take-home food rations in the context of COVID-19). Additionally, teaching and learning supplies were distributed, temporary learning spaces established, latrines and classrooms rehabilitated, teachers trained, and school environments improved to enhance COVID-19 safety.

#### Gaps

Children need to receive a full package of education activities in order to have improved access to education and quality of education. The non-food interventions need to be scaled up and significant investments need to be made in water and sanitation infrastructure in schools.

Currently, about 30 per cent of schools do not have latrines and fewer than 50 per cent of children have access to handwashing at schools. The eastern states of Sudan have a very high rate of out-of-school children and should receive increased and targeted support. Displaced and conflict-affected people, including conflict-affected nomadic communities, have specific education needs that are not currently being met. There is an inadequate supply of textbooks for children, limited school furniture in many schools, and extremely overcrowded classrooms across Sudan. In 2020, the Education Response Plan received only 52 per cent of its financial requirements.

#### Challenges

Due to COVID-19, all schools in Sudan were closed on 15 March 2020, with a planned reopening for 6 September 2020. Grades 8 and 11 briefly re-opened in October and then closed again shortly thereafter. A phased reopening began in December 2020, with states prioritizing grades 8 and 11. In addition to the challenge of ensuring school environments are safe for children, teachers, and school staff in the context of COVID-19, there were also significant challenges around the transition to a new academic calendar and a new curriculum, both of which further delayed school re-opening. Active conflicts in some states have also contributed to the postponed re-opening of schools. Distance education programmes are nascent and only offering partial coverage.
2.2 Food Security & Livelihoods

Needs
Overall, 7.2 million people were estimated to be in need of urgent humanitarian assistance. This represents a 65 per cent increase compared to 2019. Major concern is the 10 out of the 18 states of Sudan, with acute food insecurity are South Kordofan (38 per cent of the state population are food insecure), Blue Nile (34 per cent food insecure), North Darfur (32 per cent food insecure), Central Darfur (30 per cent food insecure), West Darfur (30 per cent food insecure), Red Sea (28 per cent food insecure), Kassala (25 per cent food insecure), South Darfur (21 per cent food insecure), North Kordofan (21 per cent food insecure) and East Darfur (20 per cent food insecure). Additionally, the highest severity of acute food insecurity is recorded in the 61 localities classified as IPC phase 3+ in North Darfur, South Darfur, West Darfur, Central Darfur, East Darfur, Kassala, Red Sea, Blue Nile, White Nile, North Kordofan, South Kordofan, Gadarif, and Northern.

Around 1.3 million of people in need faced emergency levels of acute food insecurity (IPC 4, the phase before famine) and estimate 6 million people under (IPC 3). Another 17.5 million people were estimated to be under stress phase (IPC phase 2), and any additional shocks like floods, inflation and poverty would push them to severe levels of hunger. Almost all states registered a considerable increase in food consumption gaps if compared with 2019.

Response
Despite the challenging operational environment due to COVID-19 restrictive measures, the Food Security Sector delivered assistance to around 135 localities in 17 states in Sudan through 44 partners. This includes areas with active conflict and hazards whereby the sector developed a robust strategy to reach most vulnerable people (i.e. sector reached all 14 states affected by floods).

Gaps
Food security sector responded to emergency events and worked with all partners to support the affected areas with most people in need. During each quarter, there were about two areas with gaps in response. Compiling the response for the whole of 2020 will help understand if those gaps were persistent throughout the year.

Challenges
- COVID-19 restriction movement caused late response from partners and some problems in delivering assistance needed.
- Localised conflicts affected the delivery of the assistance.
- The annual inflation rate was 269.33 per cent in December 2020, compared to 254.34 per cent in November, resulting in high prices of food commodities and agricultural inputs, which affected humanitarian assistance.
- Widespread poverty and high unemployment rates.
- Outbreaks of malnutrition diseases.
- Influx of refugees negatively impacted food availability, affordability and have an impact in livelihood system.
- People became more vulnerable as a result of multiple shocks and high food commodity prices response in 2020.
2.3 Health

**Needs**
Support floods affected population across all states of Sudan. Responding to disease outbreaks (malaria, viral hemorrhagic fevers VHF’s, Polio, Chikungunya). Mainly in Darfur states, Northern state, Kassala, Sennar, and Aj Jazirah. Supporting the COVID-19 response.

**Response**
During Q4 2020 Health partners continued to provide the health services in response to the floods, disease outbreaks, and COVID-19 pandemic. Health partners provided 335,476 consultations (HRP) and 167,458 consultation through non-HRP projects with provision of medical supplies to support over 1.5 million people. 92,747 women were supported to have safe deliveries attended by trained health personnel.

**Gaps**
Gaps remain in capacities in the eastern states (Red Sea, Kassala, Aj Jazirah, and Sennar), six partners operating with limited number of supported health facilities.

By the end of 2020, 28.8 per cent of the needed financial requirements for the health sector were received.

**Challenges**
The spread of COVID-19 affected Sudan’s health care system, which had been under extreme stress prior to the pandemic. The system was under strain to find the resources necessary to prevent, contain and treat COVID-19. Decades of inadequate investment, underfunding, poor infrastructure, limited qualified staff, poor equipment, insufficient medicines and supplies has weakened the system’s ability to respond to increased demands brought about by COVID-19 and other emergencies.

Disruptions in services were reported due to the closure of private health facilities as part of mitigation measures against the spread of COVID-19. Routine services in hospitals and other health facilities were affected due to sporadic closures post confirmation of COVID cases and unavailability of medical staff.

The unprecedented scale of floods and affected population during 2020, with about 5 million people residing in areas of high risk for water-borne diseases.

The economic crisis added pressure due to widening of health availability gaps, increased cost of health interventions by 90 per cent, and lack of health authorities’ capacity to carry out effective response.

The emergence of vaccine preventable diseases (polio) due to low vaccination coverage in conflict-affected localities (Darfur and Kordofan states) compounded by weakened ministerial capacities and lack of partners in northern states (Northern and River Nile).
2.4 Nutrition

**Needs**
About 3.2 million people needed life-saving nutrition services in 2020, with 2.7 million children (0-59 months) suffering from acute malnutrition. While there has been a major focus on the provision of nutrition treatment services in conflict-affected states, most Sudan’s acutely malnourished children (52 per cent) are living in eastern and central states (non-conflict affected states). An estimated 3.6 million children suffer from wasting annually in Sudan.

Standard Expanded Nutrition Survey (SENS) conducted among refugees in White Nile, East Darfur, South and West Kordofan indicated ‘critical’ rates (>15 per cent) of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) (>3 per cent) among children 6 to 59 months of age.

**Response**
Nutrition sector developed guidelines to adapt service delivery in the context of COVID-19 that sustained the life-saving activities, including the emergency response to floods in 2020. Sector partners were able to reach 0.8 million people with treatment of acute malnutrition, covering 48.8 per cent of the target. A total of 0.5 million children were reached with micronutrient supplements while 0.7 million pregnant and lactating women (PLW) received infant and young child feeding (IYCF) counselling accounting for 79 per cent of the target.

**Gaps**
Despite efforts by nutrition sector partners, a huge gap remains between the coverage of nutrition services and the needs of the targeted population. The Sudan 2020 HRP, targeted 57.7 per cent of the national SAM burden and 43.8 per cent of the national MAM burden because of financial and capacity constraints, leaving almost 1.5 million children and PLW vulnerable to morbidity and death.

The nutrition sector received $75.3 million (49.2 per cent) of the $153 million USD required for 2020. Such shortfalls constrained delivery of services to people in need.

**Challenges**
Sustaining nutrition services for the refugees remains a challenge. With the recent influx of Tigray refugees further stretches the resources. Sudan hosted around 1.1 million refugees.

The deteriorating macroeconomic situation in Sudan has affected all facets of life, including the operations of humanitarian interventions. There has been a sizeable increase in the costs of all projects’ inputs and services associated with high inflation and extreme devaluation of local currencies against USD.

COVID-19 pandemic exacerbated prevailing conditions. Loss of livelihoods disrupted access to the food value chain and restricted access to the health care system. COVID-19 containment measures limited the scale of response vis a vis the planning targets for 2020.
In 2020, 2.55 million protracted IDPs remained in need of protection services and humanitarian assistance. In addition, around 200,000 persons were affected by 280 incidents of intercommunal violence, factional fighting and other incidents in different parts of Darfur, South Kordofan and Red Sea states. While some of them returned after the security situation improved in their places of origin, many of them, including IDPs, remained displaced. Furthermore, around 900,000 were affected by seasonal floods.

While prevention of conflict, provision of physical protection and advocacy remain the main needs in affected areas of Darfur and South Kordofan, specific protection needs include: expansion and strengthening of the early warning system; identification and provision of assistance to the most vulnerable families, individuals, including those with disabilities to meet their basic needs; expansion and support to community-based protection networks (CBPN), facilitation of conflict-sensitive community consultations; implementation of community support projects; protection monitoring and protection by presence; human rights awareness raising, including SGBV prevention, child recruitment and harmful traditional practices; supporting existing and establishing new conflict resolution mechanisms; provision of ES/NFIs, food, health, education, nutrition and sanitation support; advocacy for increased service delivery by the government and international community, including those related to housing, land and property, and personal documentation.

Response

The Protection Sector led by UNHCR, GBV, Child Protection Sub-sectors led by UNFPA and UNICEF respectively carried out regular protection monitoring activities in the field, with their partners and jointly with other agencies. They collected information on physical safety, material safety, legal safety issues, freedom of movement and residence. The issues and cases were discussed, decisions and recommendations for follow-up and provision of response made at the state level protection working group (PWG) meetings. Issues requiring other sectors’ interventions such as FSL, education, health, registration, nutrition and sanitation were communicated in a timely manner.

Based on the protection monitoring findings, IDPs and returnees were supported through the establishment and strengthening of CBPNs, implementation of community support projects, establishment of and support to community-based dispute resolution structures, training programmes, people with special needs were identified, assisted through projects, including cash for shelter, NFIs, psychosocial support (PSS), psychological first aid (PFA), information counseling, legal assistance and provision of other in-kind assistance or referred to specialized service providers. The sector supported the establishment of youth networks and contributed to capacity building of government institutions at the state level. The protection sector also produced a number of analytical reports that were shared with the donors, kept the HCT Protection Task Force informed of the situation, developed advocacy messages for follow up by agencies in relation to the protection situation and humanitarian needs of IDPs and returnees.
**Gaps**

Deployment of joint security forces to hotspot areas of Darfur, regular protection monitoring and protection by presence by protection sector actors. The Protection Sector has identified a total of 40 localities with over 200 hotspot locations, where security and police presence lack. Other gaps include capacity to provide PSS, PFA, identify and respond to the basic needs of most vulnerable individuals, families, counseling and legal assistance, timely food distribution to the newly displaced families, basic services, NFIs/ shelter, adequate health service, water and livelihood. Low funding is affecting data collection and creation of income generation and livelihood opportunities. Meanwhile, there is a need to increase the number of education facilities, train teachers, provide specialized protection services, including the registration of IDPs, issuance of birth certificate and other ID documentation.

**Challenges**

There have been logistical, security and access challenges, ranging from physical access during the rainy season, recurring episodes of intercommunal violence and factional fighting that also affected the effectiveness of protection responses, durable solutions for IDPs and reintegration of returnees. Restrictions imposed due to COVID-19 outbreak, weak capacity of the government and line ministries to provide physical protection and basic services, access of vulnerable population to access medical and social services, provision of physical protection for collection of firewood and fetching water by women and girls, access to land due to presence of armed people, inadequate prevention of crops destruction, ongoing inflation, referral mechanisms, and SGBV response capacity.

### 2.6 Protection - Child Protection

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
<th>FUNDING REQUIRED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>GENDER AND AGE OF PEOPLE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8M</td>
<td>0.7M</td>
<td>0.2M</td>
<td>15.6M</td>
<td>7.1M</td>
<td>50% female</td>
</tr>
<tr>
<td>40% of people in need</td>
<td>31% of people targeted</td>
<td>45.2% of requirements</td>
<td>75% children &lt;18</td>
<td>25% adults 18-60</td>
<td>0% elderly &gt;60</td>
</tr>
</tbody>
</table>

**Beneficiary reached by locality**

- 1 - 5,000
- 5,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- > 100,000
2.7 Protection - Gender Based Violence

Needs

- Women and girls lacked access to quality specialized lifesaving GBV services, such as the clinical management of rape (CMR), psycho-social support (PSS), legal aid, case management and referral mechanisms, which are unavailable in over 90 per cent of localities in Sudan. Across Darfur states, 14 per cent to 21 per cent of health facilities provided CMR services. This is further exacerbated by the shortage of trained personnel and weak referral systems.

- Access to justice for GBV survivors was very low due to lack of community awareness on legal and justice issues related to GBV; lack of legal aid; shortages of female police officers; community distrust of formal legal mechanisms; centralized handling of cases at state capitals which disadvantage survivors from poor backgrounds due to transport costs and legal fees; and weak referral mechanisms.

- Community protection structures remained weak with few localities with functioning community-based protection networks and women’s centres offering GBV services.

- More work to address domestic violence: 80 per cent of women interviewed in Darfur recognized domestic violence as a problem, 70 per cent identified economic violence as an issue, while 5 per cent cited rape as a concern.

- Addressing the root causes of harmful traditional practices including female genital mutilation (FGM) and child marriage. FGM remains prevalent in Sudan, affecting 87 per cent of women aged 15-49 years old, and 32 per cent of girls aged 0-14 years old.

These needs are likely to remain, with the potential to increase as a result of limited social protection, social stigma around GBV, impunity, and harmful cultural practices. As affected people become more accessible, and as the protection space opens up, demand for services is likely to rise. Addressing the drivers of GBV, such as social norms, conflict, disregard for human rights and inequality will likely influence the continuation of GBV issues.

Response

- Provision of specialized GBV services including psychosocial support, case management and referrals mainly through current and additional women centres & community-based protection networks.

- Provision of cash support for GBV survivors (case by case basis including referral related costs)

- Enhancement of the quality of service provision and impact monitoring through capacity building of providers on GBV basic concepts, psycho-social support, Case management, Clinical management of rape, caring for child survivors, management of WGSSs and coordination.

- Updating of safe and dignified referral systems, mapping of available services and the promotion of the GBV standard operating procedures.

- Advocacy for increased availability of services for clinical management of rape and the response to the needs of survivors of GBV.

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<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
<th>FUNDING REQUIRED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>GENDER AND AGE OF PEOPLE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8M</td>
<td>0.6M</td>
<td>0.04M</td>
<td>21.6M</td>
<td>1.8M</td>
<td>0% female</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>0% children &lt;18</td>
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<td></td>
<td></td>
<td></td>
<td>0% adults 18-60</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0% elderly &gt;60</td>
</tr>
</tbody>
</table>

Beneficiary reached by locality

- 1 - 5,000
- 5,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- > 100,000
- Enhancing measures to mitigate the risk of GBV in the humanitarian response through integration and mainstreaming.
- Promoting resilience on GBV prevention and response through strengthening community structures (community-based protection networks and women centres) plus behaviour/attitude change.
- As part of UNAMID transition plan for Darfur, a range of capacity building activities were implemented under the human rights and rule of law components of the State Liaison Functions (SLF) projects.
- Provision of dignity kits as part of a larger GBV intervention to raise awareness about GBV and available services.
- Raising awareness of GBV prevention, response, available services and support to survivors.

**States covered by the response:** The Darfurs, Kassala, Blue Nile, North Kordofan, Khartoum, White Nile, West Kordofan.

**Gaps**
Among the main gaps is advocacy on funding and other top-level issues including the framework of cooperation (FOC), the National Action Plan for UNSCR1325 and the protection of civilians strategy as well as the commitment to mainstream and integrate GBV mitigation, prevention & response in all sectors to ensure ‘Do no harm’ and avoid enhancing existing gender inequalities.

**States and areas with gaps:** South Kordofan, Blue Nile, Jebel Marra, Abyei.

**Challenges**
- Activities were interrupted in some areas during the rainy seasons and intercommunal conflict in West Darfur.
- Delayed implementation of some activities due to insecurity, cash and fuel shortages, increasing market prices. Some NGOs were forced to stop operations.
- Lack of services for GBV survivors especially in the remote areas, has affected timely referral to PSS and CMR support. GBV services are not available in 90 per cent of localities and CMR services are available in less than one in five health facilities.
- Limited financial resources and funding.
- Limited GBV capacity especially among government staff.
- Monitoring and follow up by the Ministry of Health is weak for GBV interventions.
Shelter/Non-Food Items

Shelter and NFI needs have increased in 2020, despite the decline in armed conflict since 2015, and corresponding reduction in new civilian displacement. New displacement has occurred mainly in West Darfur and eastern Sudan due to inter-communal conflict. The estimate of the number of IDPs was revised upward from 1.6 million in 2019 to 2.55 million in 2020. New IDPs that were previously not known to the sector were found thanks to assessments that reached new areas, including non-government controlled areas.

The ongoing economic crisis continues to be a key driver of deteriorating humanitarian needs, which have been exacerbated by COVID-19. Control and containment measures increase the cost and time for delivering shelter and NFI assistance. Flooding is a seasonal occurrence in Sudan and contributes to shelter and NFI needs. In 2020, floods affected over 830,000 people across the country, with the highest water levels recorded in the Khartoum State, Sennar, Blue Nile, White Nile in a century. Heavy rains caused damage to houses, livestock, farmland, infrastructure, and services. Flood water and damage was record high in all states. Inflation and currency depreciation have led to shortages of fuel and cash, price increases of imported key commodities, a reduced household purchasing power.

The need for adequate shelter has resulted in additional income opportunities, including brickmaking, weaving of traditional mats, provision of fuel-efficient stoves and basic repairs. Shelter and NFIs helped restore a minimal sense of dignity and protection against exposure to the elements, mitigate health risks and provide some privacy and security to those in need. However, more sustainable shelter solutions for returnees and protracted IDPs affected by not only recent conflict but also natural hazards need to be addressed.

Response
Populations in areas affected by emergency situations due to conflicts, natural or man-made disasters received timely assistance during and in the aftermath of a shock; and displaced populations, refugees, returnees and host communities were provided with assistance to meet their basic needs and/or access basic services while increasing their self-reliance. Shelter/NFI sector responded to the needs of flood-affected, fire affected people, IDPs, returnees as well as host communities in all states, with more than 520,000 people reached with NFI and almost 75,000 people reached with shelter assistance.

Gaps
For refugees living in camps, over-crowding and congestion remains a serious concern, with all camps currently hosting populations beyond their initial capacity. It remains difficult to ensure that adequate space and basic services are available to absorb new arrivals, while sustaining service provision to the existing caseloads. This is particularly problematic in camps hosting South Sudanese in White Nile and East Darfur, with the added challenge of complex land rights of private landowners and host communities. The need for adequate lighting in refugee camps and settlement areas, such as solar lanterns and streetlights is an important factor to support.
protection and physical safety of vulnerable refugees. There are also substantial gaps in refugee out-of-camp settlements and dispersed self-settlements in South and West Kordofan and the Khartoum ‘open areas’. Further, the situation is exacerbated as partners have to provide shelter and non-food items to all newly arrived refugees in camps, in line with the Government of Sudan’s policy.

Lack of standardized shelters design for the ES/NFI sector as each NGO has its own design.

Lack of staged plan to implement semi-permanent or longer-term shelter options as many IDPs will remain in their location of displacement. Returnees need also more permanent shelter solutions to ensure durable solutions and stability of their returns.

Lack of shared resources to follow the current activities of other ES/NFI partners.

**Challenges**
The Shelter/NFI Sector in Sudan faced various challenges in 2020:

- **Economic situation**: the ongoing economic crisis and inflation affected the sector activities, especially the procurement of the kits. Some additional delays were experienced to purchase the items as the prices increased during the purchase process.

- **Fuel shortage**: the sector was affected by the fuel shortage, especially for transportation from Khartoum to the field and field visits/activities implementation. The impact was felt by the increasing prices and scarcity of fuel, also leading to increase in costs for vehicle rentals for activities.

- **Security**: Darfur context remained unstable in 2020. The sector had to cancel or postpone some activities and distributions due to security issues. The ongoing economic situation and deterioration of living conditions resulted in increase of negative coping mechanisms and community conflict. This had an impact on the security during the distributions.

- **COVID-19**: in 2020, one of the major challenges was COVID-19 pandemic. The measures taken by the Sudanese government in March had consequences (borders closure, movement restriction, curfew, lockdown) on response. Some activities were affected as the risks were high – physical distancing and adequate PPE and sanitary measures were not possible. Some specific measures were taken to limit the risks (masks, small groups of beneficiaries, physical distancing)
2.9 Water, Sanitation & Hygiene

WASH needs continued to be a big load for protracted displacement, and host families. During the of 2020, the effect of the economic crisis has reduced the access to water and sanitation as those services were provided at a higher cost or no longer provided. For some part of the country, the cost of water increased barrel increased from 50 to 200 per cent. Affected population that depend on fuel powered water system were specifically affected as systems operated at lower pace due to the scarcity of fuel. While the recent floods in the country have significantly impact access to safe drinking water, in which highly expected to raise water borne diseases, vector related illnesses.

Response
Despite all the challenges including implementing a COVID-19 safety measurement while access water and sanitation services, sector partners were able to reach 1.4 million people with water assistance and 600K have received sanitation assistance. 50 partners were participated to deliver assistance to emergency crisis and protractedly affected people. In Darfur, almost 2.2 million people including IDPs, returnees and vulnerable residents were assisted with and Gazera, Gedaref, Kassala, Khartoum, North Kordofan, Red Sea, Sennar, South Kordofan, West Kordofan and White Nile more than 1.06 Million people were reached.

Gaps
While in many protracted situations provision of clean water was reached in previous years; sanitation indicators are extremely low. This may be attributed to lack of investment in sanitation infrastructure, the paucity of funding – the sector managed to accumulate to date 67 per cent of funding - implying in a focus on the provision of potable water as a lifesaving measure, with sanitation taking a back bench. Gaps are noted both in funding and in the application of a measured cohesive durable response that simultaneously tackles water, hygiene and sanitation.

Challenges
- Funding of a durable long-term solutions for water, sanitation and hygiene interventions.
Part 3

Refugee Response

Eritrean refugees in East Sudan
Photo: UN agencies
3.1 Refugee Response

Sudan hosts one of the largest refugee populations in Africa, more than one million, with an overwhelming majority of them coming from South Sudan and others refugees and asylum-seekers fleeing violence and persecution in neighboring countries – including Eritrea, the Central African Republic, Ethiopia and Chad – as well as the war in Syria and Yemen. Around 67 per cent of these refugees live in out-of-camp settlements, among the host community, while the rest remain in camps – especially in East Sudan and White Nile State. The fragile situation in neighboring countries continues to force people to cross the border into Sudan, seeking safety and life-saving assistance.

A multi-sectoral approach is required to address refugees’ protection and assistance needs through long-term interventions, especially focusing on self-reliance and well-being. At the same time, it is also key to widen and uphold refugees’ rights by aligning Sudanese national legislation and practices with the 1951 Refugee Convention. The inclusion of refugees in the national development programmes and access to local infrastructures, as well as the strengthening of education, health, nutrition and water, sanitation and hygiene (WaSH) conditions are critical to ensure the capacity of local service systems to absorb and respond to the increasing needs of the refugee and host communities. This will also enhance social cohesion and peaceful coexistence between communities.

Response

The Refugee Consultation Forum (RCF) launched the first Sudan Country Refugee Response Plan (CRP) in 2020 to respond to the critical needs of all refugees living across different states in Sudan. This multi-sectoral response plan brought together 34 humanitarian and development partners to cover the needs of the majority of the refugee population. The plan was further amended to include the COVID-19 response and the emergency refugee response to the Ethiopia’s Tigray region crisis, following the influx of more than 50,000 refugees seeking safety in Sudan, in November 2020. Importantly, the Government of Sudan generously kept the border open to allow civilians crossing the border to seek asylum.

The CRP 2020 provided a multi-sectoral inter-agency response on protection, health, nutrition, WaSH, education, shelter, NFIs, food security, and livelihoods for refugees living across 104 different sites in Sudan. This was done in collaboration with inter-agency partners and co-led by Sudan’s Commission for Refugees (COR). The CRP is based on assessments, gaps analysis, and priorities identified by the RCF, the Refugee Working Groups in each State, and the Technical Advisory Groups.

Gaps

While the Government of Sudan maintains a generous open border policy for those fleeing conflict and persecution, key protection gaps undermining the liberty, safety and dignity of refugees persist. These include documentation gaps, restriction on freedom of movement, and access to basic services – such as formal labour markets and financial services and lack of land ownership. While some progress has been made to improve access to public education, refugees still face barriers when it comes to public services.
For instance, refugees often face higher fees and rates for public services compared to the rest of the population. In addition, despite food assistance, most refugees continue to have very poor nutrition levels and need further support. Unfortunately, significant funding gaps persist for the refugee response in Sudan. This is exacerbated by Sudan’s ongoing difficult economic situation and the impact of the COVID-19 pandemic. For instance, the inflation continues to have a negative impact for unaccompanied children (UAC), as some of their foster families who received cash-based assistance to provide for the child's basic needs refused to take care of them as the funds did not cover the expenses.

In Khartoum, out of the nine so-called Open Areas, only two are covered by WaSH partners while seven remain with no WaSH support, despite the dire need. In the newly established Um Rakuba refugee camp, Gedaref State, emergency water is provided through water trucking to refugees from Ethiopia’s Tigray region, at a below minimum emergency standards (20 l/p/d).

Water provision in Al Mashaga settlement, South Darfur State, for the Central African Republic refugees also continues to be delivered via water trucking, due to delays in borehole drilling. Latrine coverage remains quite low in White Nile State, with a usage ratio of more than 70 people per latrine in most of the refugee camps. There is an inconsistent and inadequate distribution of soap across all locations, despite the need for it and hand washing, particularly during the COVID-19 pandemic. Women and girls of reproductive age have remained underserved, due to lack of personal hygiene items.

Across the country, education-related costs have skyrocketed due to a combination of increasing inflation and COVID-19 related restrictions. In White Nile State over 15,000 children remain out-of-school. There is an inadequate number of classrooms available in camp settings, making it challenging to maintain the social distance. An assessment done on WASH highlighted that the number of functioning latrines is also inadequate. Water supply also remains a persistent challenge.

The rate of incentives paid to the volunteer teachers is insufficient given the ongoing economic crisis, and some have already notified they would not be able to continue teaching. In addition, the Federal Ministry of Education set out COVID-19 protocols that schools should abide by ahead of re-opening. This is a challenge for all schools, where there is limited if no access to water. It is envisioned that without an increased funding on education, the number of out-of-school children will only grow. There is also a need to increase the monthly incentives currently paid to refugee volunteer teachers to help them remaining engaged.

Challenges
Despite the efforts to deliver humanitarian assistance by following strict COVID-19 protocols, some activities – such as biometric registration – were put on hold pending identification of a suitable solution. Depending on the level of preparedness, at the onset of COVID-19, in most States registration continued at the household level and then moved to individual registration, without biometrics. By mid-2020, solutions were put in place and biometric registration with COVID-19 protection measures resumed. However, overcrowding of camps and settlements remains a concern to inter-agency refugee partners, as physical distance and hygiene practices are particularly difficult to follow in such contexts and can lead to a quick spread of the virus.

In addition, conflict and difficulties in food transportation during the rainy season affected timely delivery of assistance in South and West Kordofan. Moreover, inconsistent fuel supply on the local market coupled with high cost of fuel impacted the smooth operation and maintenance of water supply systems in White Nile, Darfur and Kordofan States. The reporting of gender-based violence (GBV) incidents is believed to remain underreported across Sudan. Some of the causes that can lead to this is the taboo, shame, stigma and lack of awareness of current reporting mechanisms in place. These mechanisms require strengthening and scaling up including awareness raising on multi-sectorial referral pathways.

Two key challenges have severely affected the ES/NFIs activities in 2020, mainly COVID-19 measures, impacting on the movement of items between states and the sever fuel shortage, affecting delivery of goods. If these challenges will continue, the capacity of partners to respond will be limited.

With regards to education, schools were closed for most part of 2020, with many still non-committal regarding the COVID-19 protocols in 2021. The rollout of the new curriculum poses a challenge as well, due to the lack of new textbooks. The EMIS (Education Management Information System) has not provided yet accurate and timely programming data.
Annex

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
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<tr>
<td>AoR</td>
<td>Area of Responsibility</td>
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<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CMR</td>
<td>Clinical Management of Rape</td>
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<tr>
<td>COR</td>
<td>Commission for Refugees</td>
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<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>CPAoR</td>
<td>Child Protection Area of Responsibility</td>
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<td>CPMS</td>
<td>Minimum Standards of Child Protection in Humanitarian Action</td>
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<tr>
<td>CWC</td>
<td>Communication with communities</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPI</td>
<td>Expanded Program of Immunization</td>
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<td>FCPU</td>
<td>Family and Child Protection Unit</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>FMoH</td>
<td>Federal Ministry of Health</td>
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<td>GAM</td>
<td>Gender and Age Marker</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>HNO</td>
<td>Humanitarian Needs Overview</td>
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<td>HPC</td>
<td>Humanitarian Programme Cycle</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IDPs</td>
<td>Internally Displaced Persons</td>
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<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>IMWG</td>
<td>Information Management Working Group</td>
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<tr>
<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
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<td>IASC</td>
<td>Inter-Sector Coordination Group</td>
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<tr>
<td>IYCN</td>
<td>Infant and Young Child Nutrition</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
</tr>
<tr>
<td>LET</td>
<td>Logistics and Emergency Telecommunications</td>
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<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<td>MEB</td>
<td>Minimum Expenditure Basket</td>
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<td>MHH</td>
<td>Menstrual Health Management</td>
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<td>MISP</td>
<td>Minimum Initial Service Package</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MSSD</td>
<td>Ministry of Security and Social Development</td>
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<td>NFI</td>
<td>Non-Food Items</td>
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<td>NMAC</td>
<td>National Mine Action Centre</td>
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<td>NSAGs</td>
<td>Non-State Armed Groups</td>
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<td>PiN</td>
<td>People in Need</td>
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<tr>
<td>PLW</td>
<td>Pregnant and Lactating Women</td>
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<tr>
<td>PSEA</td>
<td>Prevention of Sexual Exploitation and Abuse</td>
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<tr>
<td>R-ARCSS</td>
<td>Revitalized Agreement on the Resolution of the Conflict in South Sudan</td>
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<td>RCF</td>
<td>Refugee Consultation Forum</td>
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<td>RPM</td>
<td>Response Planning Module</td>
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<td>RRT</td>
<td>Rapid Response Team</td>
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<td>RVF</td>
<td>Rift Valley Fever</td>
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<tr>
<td>S3M</td>
<td>Simple, Spatial, Survey Method</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SENS</td>
<td>Standardized Expanded Nutrition Survey</td>
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<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<td>SHF</td>
<td>Sudan Humanitarian Fund</td>
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<tr>
<td>SLF</td>
<td>State Liaison Function</td>
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<tr>
<td>TMC</td>
<td>Transitional Military Council</td>
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<tr>
<td>UNAMID</td>
<td>United Nations - African Union Mission in Darfur</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>VIP</td>
<td>Ventilated Improved Pit</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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