

2018

HUMANITARIAN NEEDS OVERVIEW

FEB 2018



SUDAN

Photo © UN agencies

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

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

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PART I: SUMMARY

- 
-  Humanitarian needs & key figures
 -  Humanitarian impact
 -  Breakdown of people in need
 -  Severity of needs

This is an overview of the main humanitarian needs in Sudan. For detailed figures please see: pages 13 - 15.

The impact of the conflict in Darfur, South Kordofan, and Blue Nile has been widespread displacement, with some **2.3 million** IDPs. According to recent estimates from the government of Sudan, as of November 2017, the number of IDPs has reduced from **2.3 million** to **1.997 million**. Based on revised estimates, there are about **386,000** returnees who have voluntarily returned to their places of origin across Sudan. The UN and partners will continue to work with the Government to further verify these numbers.



* The SRRA estimates that further 545,000 are displaced in areas under their control



HUMANITARIAN

NEEDS & KEY FIGURES

The HNO identifies the needs of people based on their vulnerabilities. For example, rather than assuming that all Internally Displaced Persons (IDPs) are in need because they are displaced, only vulnerable IDPs have been considered. The main humanitarian needs in Sudan result from several factors: New and protracted displacement due to conflict, and chronic poverty and under-development including due to economic sanctions, affect access to basic services, disrupts the livelihoods and food security of many people and exposes the displaced to serious risks to their safety and dignity. Acute malnutrition in children under the age of five is above emergency thresholds in various areas across the country. Refugees and asylum seekers, especially from South Sudan, continue to arrive in Sudan seeking protection and humanitarian assistance. Returnees (both refugees and IDPs) are also vulnerable. Natural hazards in Sudan in particular floods and droughts impact food security and the livelihoods of vulnerable people.

The total number of people estimated to be in need of humanitarian assistance in 2018 is 5.5 million, an increase of 0.7 million compared to 2017. The increase in needs is due to: Access to areas that opened up in Jebel Marra, South Kordofan and Blue Nile, within the framework of the revised directives on humanitarian action published by the Government's Humanitarian Affairs Commission (HAC) in December 2016, enabled needs assessments to be conducted revealing severe malnutrition and access to basic services below emergency thresholds. While agricultural production improved in 2017, food insecurity needs increased mainly driven by increases in prices. Without an increase in income, a larger proportion of IDPs are finding themselves with very limited economic access to food. The Acute Watery Diarrhoea (AWD) outbreak that started in 2016 continued throughout 2017.

HUMANITARIAN NEEDS

05



1 Basic services for internally displaced people

Darfur remains an epicentre of large-scale protracted displacement and most IDPs are unable to meet their basic needs independently. While the number of people displaced in 2017 has been limited, new needs have emerged in areas that have opened up to humanitarians workers, especially in Jebel Marra, South Kordofan and Blue Nile. According to recent estimates from the government of Sudan, as of November 2017, the number of IDPs has reduced from 2.3 million to 1.997 million. Based on revised estimates, there are about 386,000 returnees who have voluntarily returned to their places of origin across Sudan. The UN and partners will continue to work with the Government to further verify these numbers.

The United Nations (UN) and partners estimate that a further 500,000 displaced people live in host communities and settlements in Darfur. Armed movements in South Kordofan and Blue Nile estimate that an additional 545,000 people are displaced in areas under their control.



2 Food insecurity

The government Food Security Technical Secretariat (FSTS) estimates that in 2018, some 4.8 million people are living at crisis or emergency levels of food insecurity. Arable lands in some food-producing areas are difficult to access and, even when crops can be grown, inadequate transport infrastructure has prevented access to markets.



3 Acute malnutrition in children

According to the Ministry of Health of the 2.47 million children and PLW suffering from wasting (Global Acute Malnutrition – GAM) annually in Sudan, some 694,000 suffer from Severe Acute Malnutrition (SAM). In 2018, 11 out of the 18 states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per WHO standards.



4 Influx of refugees

In 2018, an estimated 1.2 million refugees and asylum seekers are living in Sudan and in need of humanitarian assistance. This includes over 455,000 South Sudanese refugees who had arrived in Sudan, as of 15 October, since the start of the conflict in South Sudan in December 2013, and an estimated 200,000 additional South Sudanese refugees anticipated to arrive in 2018.

There are also over 155,000 refugees living in protracted situations across five states in Eastern Sudan.

TOTAL POPULATION

40.8M



NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

5.5M

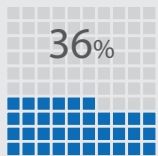


BY STATUS

INTERNALLY
DISPLACED PERS.

2M*

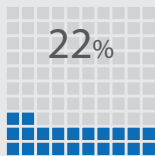
36%



REFUGEES

1.2M

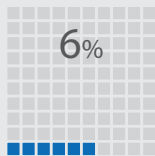
22%



RETURNEES

301,000*

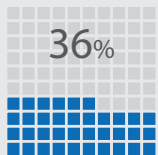
6%



RESIDENTS

1.95M¹

36%



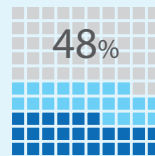
* According to recent estimates from GoS, the number of IDPs has reduced from 2.3 million to 1.99 million. Based on revised estimates, there are about 386,000 returnees. The UN and partners will continue to work with the Government to further verify these numbers.

¹ Estimated number of vulnerable residents calculated by using number of food insecure people in Sudan, which is based on data from IPC, FSTS, WFP VAM, FAO, FEWS NET and other sources.

BY AGE & SEX³CHILDREN
(<18 YEARS)

2.64M

48%

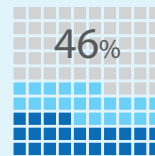


1.29M girls
1.35M boys

ADULT
(18-59 YEARS)

2.53M

46%

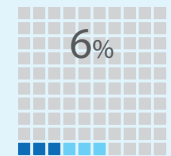


1.24M women
1.29M men

OLDER PEOPLE
(>59 YEARS)

0.33M

6%



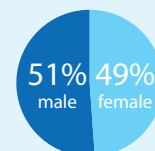
0.16M women
0.17M men

TOTAL MALE

2.8M

TOTAL FEMALE

2.7M



³Please note all figures are rounded

EDUCATION

1.7M

SHELTER &
HOUSEHOLD
ITEMS

1.5M

FOOD
SECURITY &
LIVELIHOODS

4.8M



HEALTH

5.2M

NUTRITION
(CHILDREN <5)

2.8M



PROTECTION

3.9M

WATER &
SANITATION

4.4M



BY NEED

HUMANITARIAN

IMPACT

Sudan faces two major overlapping humanitarian challenges: one triggered by the impact of conflict leading to large-scale population displacement, and another due to climatic and socio-cultural conditions leading to high levels of food insecurity and malnutrition. The scale and long-term nature of displacement, especially in Darfur, which has not been matched by economic opportunities, has exposed displaced people to hardship and uncertainty about their future. This is putting an additional strain on the 4.8 million people who are currently food insecure, and 2.3 million children suffering from acute malnutrition. Refugees and asylum seekers living in both emergency and protracted situations remain largely dependent on humanitarian assistance with very limited access to livelihood opportunities.

Large scale and protracted internal displacement

While there was limited displacement in 2017, access to newly opening areas in Jebel Marra, South Kordofan and Blue Nile has led to identification of new needs for IDPs, returnees and host communities in these areas. In addition, a large number of those who have fled their homes since 2004 remain displaced.

In Darfur, some 1.6 million displaced people are registered as living in camps. For unregistered IDPs – that is, displaced people living in rural settlements and urban areas – estimates vary considerably, especially as there is no systematic registration of displacement outside of camps. The impact of the conflict in Darfur, South Kordofan, and Blue Nile has been widespread displacement, with some 2 million IDPs. According to recent estimates from the government of Sudan, as of November 2017, the number of IDPs has reduced from 2.3 million to 1.997 million. Based on revised estimates, there are about 386,000 returnees who have voluntarily returned to their places of origin across Sudan. The UN and partners

will continue to work with the Government to further verify these numbers. Key gaps in data remain for example, in non-Government controlled areas of SK and BN, as there is no access to these populations.

In many parts of Darfur, inter-communal conflict is another main cause of insecurity and recurrently causes displacement. Such localised armed violence takes place most frequently between sedentary-farming and nomadic-pastoral communities, as well as between nomadic communities, clashing over access to, use of, and management of resources, especially land.

Nearly every community in conflict-affected areas, whether sedentary rural farmers, nomadic pastoralists, public sector workers or urban dwellers, has been impacted, further undermining their capacity to host displaced people.

FOOD INSECURITY

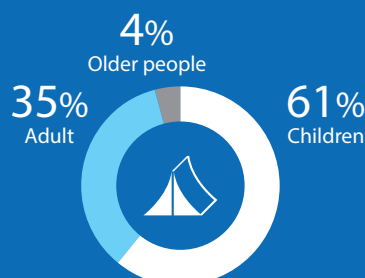
1 in 10
people in Sudan estimated
to be food insecure



Source: IPC, FSTS, WFP VAM, FAO, FEWSNET and other sources

IDPs IN CAMPS BY AGE

Of **1.6M** IDPs living in camps



Source: IOM

SOUTH SUDANESE NEW ARRIVALS

Over **455,000***
South Sudanese refugees have arrived
in Sudan since Dec 2013



Source: UNHCR

* As of 15 October 2017

Protracted displacement has disrupted traditional livelihood activities and eroded community resilience to withstand shocks. Displaced people are more vulnerable due to their reduced access to natural resources such as land and water, and a chronic shortage of basic services. Conflict impacts pastoralists' traditional migration routes and farmers' capacity to transport their crops. Newly displaced people lose their livelihood opportunities, and as a result, they seek safety, food, water, shelter, healthcare, education for their children, and new livelihoods.

Children represent about 60 per cent of people displaced in camps.

Among displaced people, women and children are the most vulnerable and at the greatest risk of being exposed to violence during their movements to markets, and for water and wood collection, as well as farming activities. Breakdowns of the rule of law and economic hardship further compound vulnerabilities.

Older people and people with disabilities, who may not have easy access to assistance, are also vulnerable and are exposed to risks of neglect, violence and exploitation. Limited basic services, such as social services and education, can

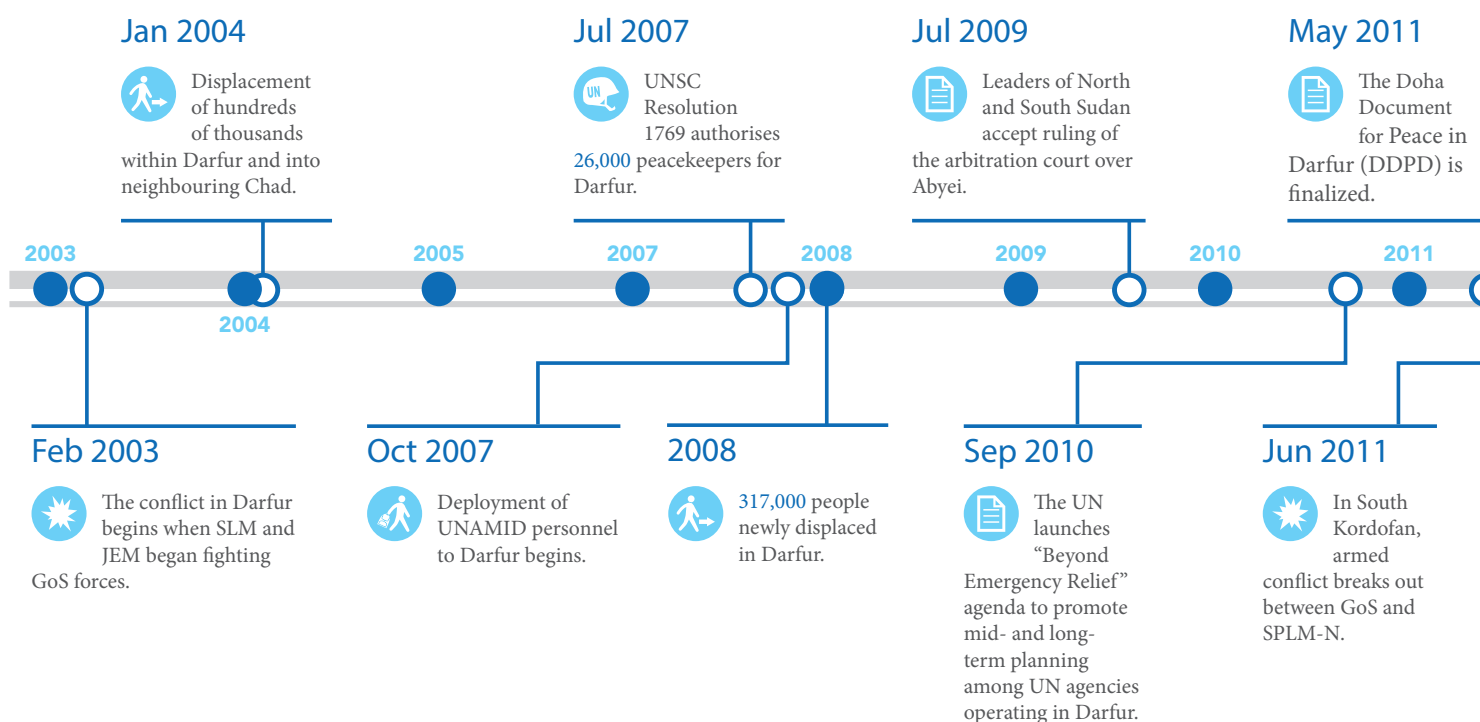
further impact the aforementioned groups. That is not to say that all displaced people suffer from the same levels of vulnerability, but common to all displaced people is a need for protection and access to basic public services especially in camps and informal settlements, where access to water, sanitation, health and education would, in the absence of humanitarian assistance, be scarce or not available at all. Access to livelihoods, documentation and proof of identity is another challenge for displaced people who have lost personal identification documents.

Large scale humanitarian assistance over the last decade has prevented excess mortality and morbidity among the displaced. Assistance, however, remains basic.

For example, among the 60 IDP camps, seven are below standards. Increasing WaSH service coverage also remains a priority in the eight refugee camps, where access to a safe water supply and to latrines is below the sector standards of 7.5 litres of water per person per day and higher than 20 persons per latrine.

The absence of socio-economic opportunities to rebuild their lives means that, even after years of displacement, two-thirds of displaced people struggle to fully sustain their food needs

IDP TIMELINE



by themselves. This is likely to continue until conditions for durable solutions are established.

Many displaced people commute seasonally to their areas of origin to check on property and, in some cases, to tend their land, however, large-scale durable returns have, for the most part, not occurred. Population growth and displacement have also altered the human geography and exerted stress on available natural and economic resources, and some IDPs may actually choose to integrate locally if given the opportunity.

While some displaced people return to their homes, many remain in camps or in settlements and urban areas, seeking opportunities for a safer future. Safety and security, land ownership and access to basic social services are most frequently cited by displaced people as the primary conditions required for their return.

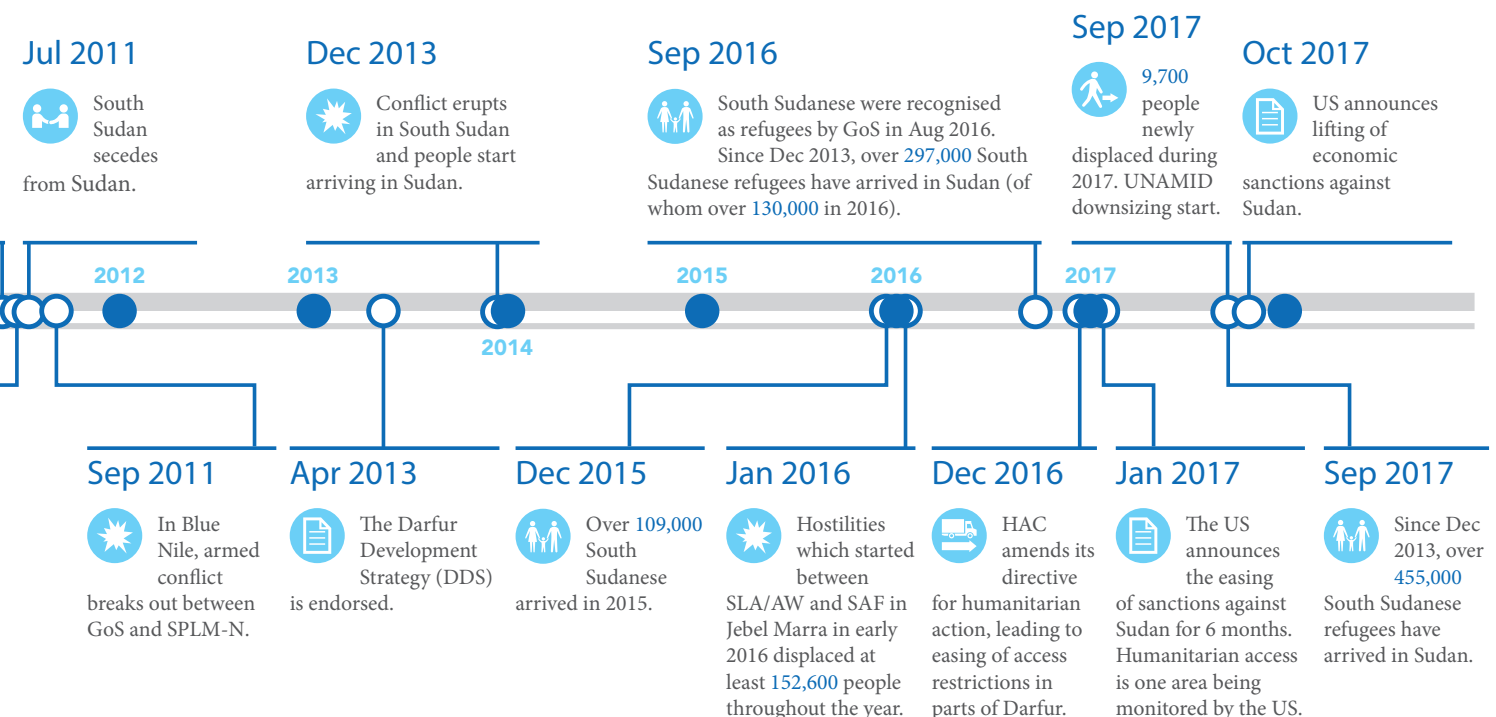
At least 624,957 people have returned to their places of origin since 2003 when fighting started, including 301,000 (197,158 are IDP returnees and 104,023 are refugee returnees) from the beginning of 2015 to October 2017. Returnees often need some support to settle in their former places of origin, be it in the form of temporary humanitarian assistance until their traditional livelihoods are restored, or in terms of available public services.

The government, humanitarian and development actors are working to ensure that IDPs have the ability to make informed decisions about their voluntary return to areas of origin, and that the necessary conditions and support are in place to help them do so in a safe and dignified manner.

Asylum seekers and refugees

Sudan has a longstanding tradition of hospitality towards refugees and asylum seekers, and is currently hosting refugees from the Central African Republic (CAR), Chad, Eritrea, Ethiopia, South Sudan, Syria and Yemen.

As of September 2017, nearly 1 million asylum seekers and refugees are being hosted across Sudan. Voluntary return is not an option for the vast majority of these people due to the situation in their countries of origin, and resettlement remains limited only to specific cases. A large number of refugees and asylum seekers are unregistered, including Syrian and Yemeni people who are not obligated to register as refugees upon arrival in Sudan. With this unregistered population in mind, the Commission for Refugees (COR) estimates that there are approximately 2 million refugees and asylum seekers living in Sudan. Of these, a large population



are estimated to be residing in urban areas, often with limited access to assistance and services.

The South Sudanese refugee emergency is the largest refugee crisis in Africa and Sudan hosts the second-largest number of South Sudanese refugees in the region. Sudan has experienced a dramatic spike in the number of new arrivals since the start of 2017, with over 185,000 arriving, as of October. This brings the number of South Sudanese refugees who have sought safety and protection in Sudan since December 2013 due to the progressive deterioration of the security situation in South Sudan to over 455,000, as of 15 October.

Until there is a political solution in South Sudan, this number is likely to continue to grow. Among the South Sudanese refugees arriving in Sudan, 88 per cent are women and children. Having usually travelled long distances to seek safety and protection, these people need food, water, shelter and health assistance, as well as livelihood opportunities. Additionally, approximately 350,000 people from South Sudan are estimated to have been living in Sudan prior to secession in 2011.

An estimated 200,000 South Sudanese refugees are anticipated to arrive in Sudan in 2018.

The Government of Sudan has maintained its open-border policy and in August 2016 recognized their status as refugees, enabling them to enjoy the rights prescribed in the 1951 Refugee Convention. The majority of refugees are living outside of camps (nearly 64 per cent), in areas not previously covered by a response and where partners' resources are extremely limited, with minimal public infrastructure. The emergency response to South Sudanese refugees has concentrated on expanding reception capacity and improving camp-based and community-based refugee assistance, especially for refugees living outside of camps, and including enhancing host community capacity to manage sudden increases in the refugee population.

Refugees living in protracted situations in Darfur and eastern Sudan remain largely dependent on humanitarian assistance, with a very small amount having access to livelihood opportunities. Approximately 8,500 refugees from Chad live in two sites in Central Darfur. Following the signing of a Tripartite Agreement between Sudan, Chad and UNHCR in June, some 4,000 Chadian refugees have been registered by COR for initial voluntary repatriation to Chad. The Chadian refugee population remains dependent on humanitarian assistance while they await the finalisation of the repatriation planning process. More than 1,900 refugees from CAR are also living in the Darfur region, mostly in urban settlements around Nyala. Access to education, medical referrals and livelihood opportunities are among the key needs to be addressed.

Eastern Sudan hosts over 155,000 refugees and asylum seekers, including new arrivals and protracted refugees from

Eritrea and Ethiopia living across Al Gezira, Gedaref, Kassala, Red Sea and Sennar states. Both populations face similar challenges, including high levels of poverty, limited access to livelihood opportunities, and restrictions on freedom of movement.

Sudan is situated within the Horn of Africa's large, complex and constantly evolving migration routes, and serves as both a temporary and long-term host to a diverse population of refugees, asylum seekers and other persons of concern. Socio-economic challenges, such as the lack of education, health, water services and livelihood opportunities, as well as protection concerns, are often cited by refugees to be the primary factors in their choice to move to North Africa and Europe. Increasing numbers of refugees in eastern Sudan are turning to smuggling networks in order to facilitate their movement onward. Along these migratory routes, refugees and asylum-seekers can be exposed to various forms of exploitation that can result in human rights violations, including human trafficking.

These drivers of movement also fall within a broader development context within Sudan. There is a need for more durable solutions that support development of opportunities for refugees to gain greater self-reliance and enhanced protection. Greater engagement of development actors within the refugee response in Sudan will also benefit host communities, especially as it relates to improved access to basic services and livelihood opportunities for both refugees and host community members.

Food insecurity

While the impact of the conflict has been the main driver of humanitarian needs in Sudan, poverty, floods, drought and environmental degradation have also significantly affected the livelihoods of vulnerable people, particularly children. Arable lands in some food-producing areas for example in Darfur are difficult to access, and even when crops can be grown, an inadequate transportation infrastructure prevents efficient access to markets. The high prices of agriculture inputs and products have reduced purchasing power at the household level. This has reinforced and exacerbated chronic vulnerabilities such as poverty and unemployment among significant segments of the population. This is particularly relevant in rural areas. With increase in prices combined with lack of income, a larger proportion of IDPs are finding themselves with limited economic access to food.

The government's Food Security Technical Secretariat (FSTS) estimates that food insecurity for 4.8 million people has reached crisis or emergency levels.

High levels of malnutrition

Socio-cultural and poor feeding practices have a major impact on the nutrition levels of pregnant women and their children.

Both acute and chronic forms of undernutrition affect the growth, development and survival of the children of Sudan.

Undernutrition results in short and long-term consequences: while increased risk of mortality and morbidity are the short-term consequences of child malnutrition, about 45 per cent of all deaths in children under five are directly related with malnutrition, mostly due to the increased impact of disease. In Sudan, over one in three children under five are too short for their age (stunted) and more than one in six are too thin for their height (wasted).

According to the Ministry of Health, some 2.3 million children suffer from wasting annually (GAM) out of which over 694,000 suffer from SAM. Eleven out of the 18 states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per the WHO standards. Some states have much higher rates, such as North Darfur where GAM prevalence is at 27.9 per cent (Source: MICS 2014). Some 208,000 pregnant and lactating women are undernourished every year.

Malnutrition is also chronic in many parts of Sudan, with high levels of malnutrition remaining unchanged for decades. This is particularly significant in the east of Sudan, where this chronic development problem often results in acute humanitarian needs. The main contributing factors to these high levels of malnutrition are food insecurity, diseases, lack of access to primary healthcare, lack of clean drinking water, inadequate sanitation facilities, and poor infant feeding practices.

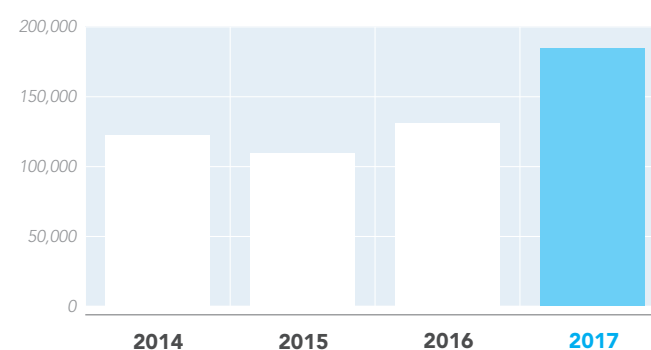
Both chronic and acute malnutrition are a key concern and priority for the government, which has joined the international Scaling Up Nutrition (SUN) initiative. The Sudan Nutrition Case for Investment on Nutrition was launched in 2016 by the government. This multi-sector initiative aims to tackle malnutrition by addressing the underlying factors. The government, supported by development and humanitarian actors, has scaled up response in line with the National Nutrition Strategic Plan. As a result, the number of children who have access to treatment of SAM has doubled over the last five years, but current nutrition programmes need to be significantly scaled up to achieve a

meaningful impact and visibly reduce malnutrition rates in the coming years.

Natural Disasters

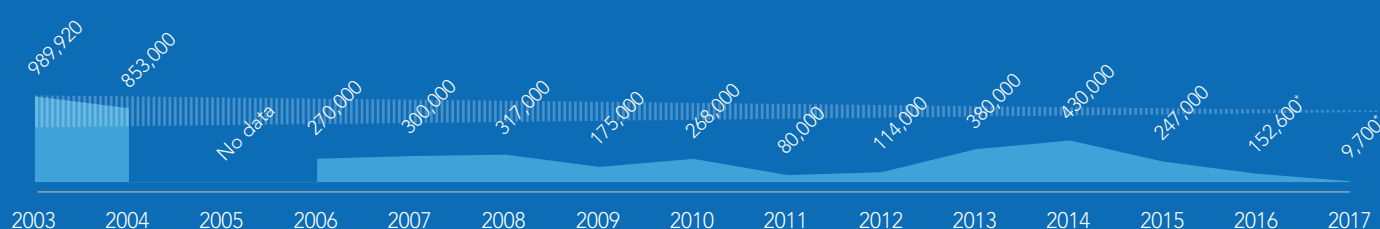
Sudan is at high risk from certain natural hazards in particular floods and drought. Floods and flash floods are grave natural hazards in terms of extent and frequency; the Nile River and its tributaries pose a particular risk. On average, floods affect some 200,000 people every year. In 2017, 99,000 people were affected and over 19,000 houses destroyed. Damage to crops and arable land pose a serious risk of long-term food insecurity in many parts of the country and heighten the vulnerability of people who were already food insecure.

South Sudanese refugee arrivals in Sudan (2014 - 2017)



Source: UNHCR

NO. OF PEOPLE NEWLY DISPLACED IN DARFUR PER YEAR (2003 - 2017) including returns



* Verified IDPs in 2016 / 2017 (not including reported returns)

BREAKDOWN OF

PEOPLE IN NEED

Humanitarian needs in Sudan are diverse and complex. The various needs have multiple origins and often result from a combination of structural and circumstantial factors. This overview uses vulnerability rather than status as a basis for humanitarian needs identification. Vulnerability assessments have however been applied in different ways to various groups.

First, regarding IDPs, small- and large-scale displacement has taken place for over a decade in Sudan. Population movements are fluid and complex, with people being displaced for a few days, weeks, or months and then returning to their homes, while others settle more permanently in new areas. The reality is even more complex among long-term displaced people as many IDPs return seasonally to their former place of residence. Total displacement estimates thus represent estimates at a given point in time, in a constantly fluctuating environment.

The 2018 Humanitarian Needs Overview identifies 5.5 million people in need of humanitarian assistance across Sudan including 1.76 million IDPs in need in Darfur. Recognizing that over the last decade some IDPs have managed to re-establish their lives, the humanitarian community has attempted to better identify the most vulnerable IDPs.

For the purpose of estimating numbers of IDPs in need of humanitarian assistance, the approach has been to prioritize access to basic public services, therefore mainly prioritizing displaced people living in camps and settlements. According to a recent update from GoS, the number of IDPs across Sudan has reduced from 2.3 million to 1.99 million. Based on revised estimates there are about 386,000 returnees. The UN and partners will continue to work with the Government to further verify these numbers. The following tables reflect “IDPs in need” rather than total IDP populations.

Second, for vulnerable resident populations, different benchmarks have been used. Although food insecurity is widespread across Sudan, only those people who fall within the Integrated Food Security Phase Classification (IPC) categories 3 (Crisis) and 4 (Emergency) are regarded as being in humanitarian need. In total, 4.8 million food insecure people, including IDPs and refugees, are thus considered in need of humanitarian aid.

Third, all 2.3 million children under five suffering from GAM are considered in need of humanitarian aid. Although malnutrition in Sudan is primarily driven by development factors and requires a development response, wasting among children under five is a life-threatening condition and GAM

levels in Sudan have surpassed the internationally accepted emergency thresholds.






















Fourth, all refugees have also been considered in need of humanitarian assistance. While their types of needs vary widely, the fact that they have crossed an international border to seek assistance translates into an immediate need for legal protection at the least, and possibly material assistance. Whether they are in an emergency situation or not, all refugees and asylum seekers in Sudan are thus considered in this overview as having some humanitarian needs.

Interventions that prevent a worsening of humanitarian indicators and reduce the humanitarian footprint in the long-term are also included.

Abyei PCA Area

There are still humanitarian needs in the Abyei Area, as a result of continued population movements, intercommunal tensions, and a lack of basic public services. The United Nations and partners have identified about 170,000 vulnerable people in the Abyei Area in need of humanitarian and recovery assistance, including 80,000 people from the Ngok Dinka communities and returnees; 15,000 Ngok Dinka displaced within the Abyei Area; 11,000 people displaced from neighbouring Unity and Warrap States in South Sudan; 29,000 Misseriya communities; and 35,000 seasonal Misseriya migrants who entered the area late 2017 and are expected to return mid-2018.

NUMBER OF PEOPLE IN NEED BY TYPE OF NEED

	BY STATUS					BY SEX & AGE	
	IDPs*	Refugees**	Returnees*	Residents	Total	% female	% children, adult, older people ¹
 Education	818,779	481,240	158,360	240,081	1,698,480	50% 	100 0 0% 
 Shelter & household items	539,196	710,244	300,000	-	1,549,440	55% 	60 33 7% 
 Food Security & Livelihoods	1,880,034	775,669	212,626	1,951,881	4,820,201	51% 	40 55 5% 
 Health	1,997,022	906,075	300,000	2,040,000	5,243,097	51% 	17 78 5% 
 Nutrition (Children < 5)	339,206	178,058	17,751	2,253,051	2,788,066	51% 	65 32 3% 
 Protection	1,560,903	1,203,100	301,181	786,115	3,851,299	55% 	60 33 7% 
 Water & Sanitation	1,887,376	636,654	252,017	1,585,836	4,407,627	51% 	60 33 7% 

* According to recent estimates from GoS, the number of IDPs has reduced from 2.3 million to 1.99 million. Based on revised estimates, there are about 386,000 returnees. The UN and partners will continue to work with the Government to further verify these numbers.

** Figures for refugees and asylum seekers include anticipated new arrivals for 2018.

¹Children (<18 years old), adult (18-59 years), older people (>59 years)

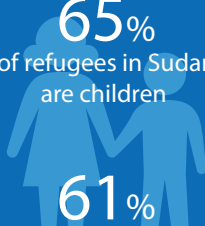
1 in 6
children in Sudan estimated
to be acutely malnourished
(Global Acute Malnutrition)



Source: MICS 2014

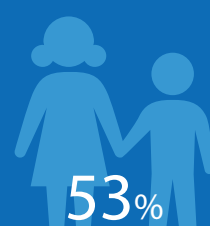
65%
of refugees in Sudan
are children

61%
of IDPs in camps
are children



Source: IOM




















53%
of children in the eight conflict-
affected states are out of school



Source: 2015 Education Sector
Needs Assessment

PEOPLE IN NEED

(DEC 2017)

	BY STATUS				Breakdown of refugees, asylum seekers & South Sudanese			BY AGE	
	IDPs*	Returnees*	Residents	Refugees & asylum seekers**	Pre Dec 2013 South Sudanese	Post Dec 2013 South Sudanese	Refugees and Asylum Seekers	% female	% children, adult, older people¹
 ABYEI PCA AREA²	-	-	31,250	-	-	-	-	51%	59 36 5%
 AL GEZIRA	-	-	-	3,919	2,500	-	1,419	52%	47 47 6%
 BLUE NILE	47,392	-	56,420	7,660	3,999	3,661	-	49%	53 42 5%
 C. DARFUR²	395,329	174,752	110,258	4,939	1,435	-	3,504	51%	53 42 5%
 W. DARFUR	253,237	11,456	80,896	425	385	-	40	51%	53 41 6%
 E. DARFUR²	94,438	-	140,114	171,735	36,855	134,880	-	48%	53 43 4%
 S. DARFUR	537,833	8,078	278,115	86,496	5,365	79,163	1,968	48%	53 43 4%
 N. DARFUR	480,828	101,424	171,707	37,221	2,000	35,221	-	49%	51 44 5%
 GEDAREF	-	-	168,087	29,309	12,450	-	16,859	50%	53 41 6%
 KASSALA	-	-	158,735	104,360	7,600	-	96,760	45%	46 48 6%
 KHARTOUM	-	-	-	333,627	249,998	47,152	36,477	47%	42 53 5%
 NILE	-	-	-	2,500	2,500	-	-	49%	43 50 7%
 N. KORDOFAN	-	-	-	4,189	2,500	1,689	-	52%	52 42 6%
 S. KORDOFAN	179,665	5,471	57,419	77,624	5,804	71,820	-	51%	54 41 5%
 W. KORDOFAN²	8,300	-	389,189	81,781	1,571	80,210	-	51%	54 41 5%
 NORTHERN	-	-	-	2,500	2,500	-	-	49%	41 51 8%
 RED SEA	-	-	222,565	13,481	10,000	-	3,481	43%	43 53 4%
 SENNAR	-	-	-	3,574	2,500	-	1,074	51%	49 45 6%
 WHITE NILE	-	-	87,127	237,760	2,500	235,260	-	51%	49 45 6%
	1,997,022	301,181	1,951,881	1,203,100	352,462	689,056	161,582		

* According to recent estimates from GoS, the number of IDPs has reduced from 2.3 million to 1.99 million. Based on revised estimates, there are about 386,000 returnees. The UN and partners will continue to work with the Government to further verify these numbers.

** Figures for refugees and asylum seekers include anticipated new arrivals for 2018.

¹ Children (<18 years old), adult (18-59 years), older people (>59 years)

² Gender and age disaggregated data for Abyei, E. Darfur, S. Darfur and W. Kordofan based on 2008 census projections for bordering states

SEVERITY OF

NEED

The pattern of needs severity in Sudan reflects the impact of conflict on people especially the thousands of people in protracted displacement. Darfur therefore remains the most affected region in the country, with some people having been living in long-term displacement for over 15 years. Vulnerable refugees and asylum seekers are in need of humanitarian assistance, and host communities in many areas also lack access to services and support. The humanitarian consequences of violence and livelihood loss are seen in the high levels of food insecurity, low levels of access to potable water, a lack of access to livelihood opportunities, and increased need for protection. Natural hazards are expected to exacerbate food insecurity and acute malnutrition, which are also prevalent in other parts of the country.

The severity of humanitarian needs depicted in the map is determined by the concentration of people in need across sectors.





PART II:

NEEDS OVERVIEWS

BY SECTOR

INFORMATION BY SECTOR

-  Education
-  Emergency Shelter/Non-Food Items
-  Food Security & Livelihoods
-  Water, Sanitation & Hygiene
-  Health
-  Protection
-  Nutrition
-  Recovery, Return & Reintegration

EDUCATION

OVERVIEW



Displaced school-aged children are at risk of being out-of-school, exposing them to risk of violence, abuse and other protection concerns. Providing education to IDPs, refugees, returnees, and affected host communities is essential to mitigating these risks and ensuring the right to education. The majority of children in need of emergency education are in IDP camps, mainly in Darfur, however, the influx of IDPs and refugees into host communities has strained education capacity in these communities and they also need emergency education.

AFFECTED POPULATION

Around 1.7 million school age children (4-16 years) need Education in Emergencies (EiE) support, including about 0.8 million IDPs, in addition to returnees, vulnerable host communities and school-age refugees.

According to vulnerability indicators, these numbers are mainly in the eight conflict-affected states (Darfur states, South and West Kordofan and Blue Nile). School enrollment rate in these states currently stands at 47 per cent, which is far below the average enrollment rate in the rest of the country.

HUMANITARIAN NEEDS

An Education Sector needs assessment of 30 IDP camps in Darfur showed that 56 per cent of school age children lack access to education. Sixty-four per cent of IDP schools are not connected to water sources and 45 per cent of the school latrines are not functional, if existent. Poor water and sanitation facilities in schools contribute to the spread of diseases, including AWD, and have a negative impact on education, contributing to higher drop-out and lower completion rates for girls. The need for EiE support is very high as existing capacities and resources are unable to meet the current requirements. Support is also needed to ensure the provision of access to inclusive and protective life-saving education for children affected by the crisis (IDPs, refugees, returnees or host communities). This includes safe learning spaces, psychosocial interventions, life-skills, school feeding, health/hygiene, protection, peace education, awareness sessions on child marriages, learning and recreational opportunities.

NO. OF PEOPLE IN NEED

1.7M

BY SEX



BY AGE



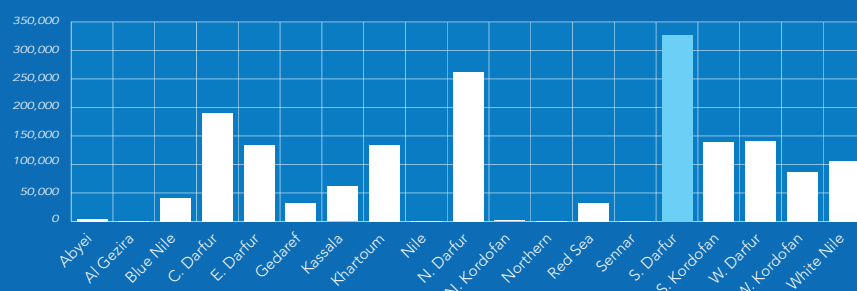
The provision of a safe and structured learning environment mitigates and often averts the occurrence of physical and psychological harm to children. This safe space is especially important for girls who are often at an increased risk of being exposed to violence, abuse and exploitation during crises.

Refugees and asylum seekers*

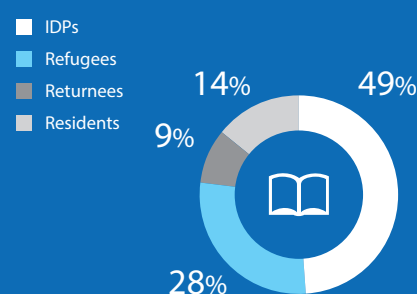
An estimated 40 per cent of South Sudanese refugee children are school-aged, and 52 per cent of these children remain out-of-school. Refugee children in Eastern Sudan and in Khartoum also lack access to quality education. A lack of education opportunities impacts child protection, psychosocial wellbeing and risks of child labour. It also lowers their economic and social outcomes, including reduced quality of life and increased risk of morbidity and premature mortality. School fees and the lack of qualified teachers are the main barriers of access to quality education for refugees and asylum-seekers. Existing schools lack sufficient infrastructure to accommodate all school-aged children, and teachers lack adequate teaching materials, while the capacity of PTAs remains weak. This has led to low levels of literacy and numeracy among refugee children in Sudan.

*Refugee response is coordinated through the Refugee Consultation Forum (RCF)

PEOPLE IN NEED BY STATE



PEOPLE IN NEED



For information on refugees in need see pages 9 and 10

EMERGENCY SHELTER/NON-FOOD ITEMS

OVERVIEW



Conflict and natural disasters are the main causes of the need for life-saving emergency shelter and household items. This includes people newly displaced, returnees/integrated IDPs and those that are expected to be reached in newly accessed areas in East Jebel Marra, West Jebel Marra and South Kordofan. In addition, vulnerable people with specific needs (PSNs) such as those living with disabilities and older people among protracted IDPs.

AFFECTED POPULATION

IDPs have often moved multiple times, leaving belongings behind. Women, children and PSNs are particularly vulnerable without shelter to protect them from the elements and avoid exposing them to further health risks. The sector provides communal shelters at the sites of new displacement, and assists new IDPs with a one-time provision of emergency shelter and non-food items (ES/NFI) at the time of displacement. Assistance is also required for returnees and integrated IDPs to stabilize returns and support the host population.

Of the 1.5 million people estimated to be in need of ES/NFI assistance, 160,000 are expected to be newly displaced; 300,000 are returnees/IDPs integrated into host communities; 160,000 are PSNs among the protracted IDPs in Darfur and 710,000 are refugees. Some 95,000 returnees or vulnerable protracted IDP families in rural areas in Darfur will require more durable transitional shelter assistance together with some income generation/livelihood training for self-reliance. Additionally, some 125,000 people who remain in need in other areas in East Jebel Marra, West Jebel Marra and South Kordofan will need ES/NFI assistance for protection.

HUMANITARIAN NEEDS

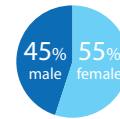
In 2018, IDPs will continue to need plastic sheeting, plastic mats, jerry cans, blankets and cooking sets. These items help restore a minimal sense of dignity and protection against exposure to the elements and mitigate health risks.

IDPs returning to their places of origin, resettling in stable areas or integrating within host communities are also in need of ES/NFI assistance to facilitate and stabilize their return.. In addition, durable solutions (return and urban integration) are needed for IDPs in Darfur, as well as environmentally friendly transitional shelters combined with community training on building techniques, and livelihood opportunities to promote self-reliance and resilience.

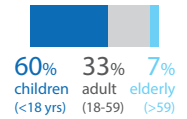
NO. OF PEOPLE IN NEED

1.5M

BY SEX



BY AGE



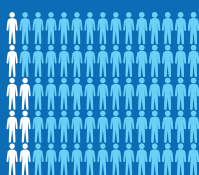
Refugees and asylum seekers*

Access to environmentally-friendly shelter and NFIs remain among the most urgent and critical needs of both newly arrived refugees and asylum-seekers, and for those in protracted situations. The need for adequate lighting in refugee camps and settlement areas, such as solar lanterns and streetlights, is an important need that supports the protection and physical safety of vulnerable refugees. Key challenges to meeting ES/NFI needs of refugees in Sudan include limited access to refugee settlements across North, South and West Kordofan states. Land constraints in refugee camps in Eastern Sudan, White Nile and East Darfur have led to high congestion with insufficient space to accommodate additional household shelters for new arrivals, leading to crowding and increased health risks.

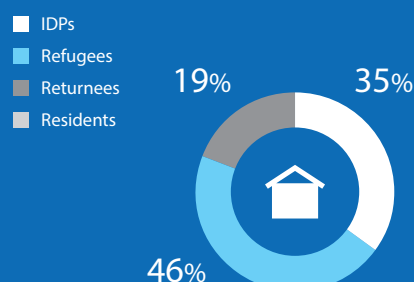
*Refugee response is coordinated through the Refugee Consultation Forum (RCF)

of 1.5 million in need

160,000
protracted
displaced
persons with
specific needs *



PEOPLE IN NEED



539,196
number of IDPs in need of
shelter and household items

*Including older people, people with disabilities, unaccompanied or separated children, women at risk etc.

For information on refugees in need see pages 9 and 10

FOOD SECURITY & LIVELIHOODS

OVERVIEW



Food insecurity and loss of livelihoods opportunities are induced by new and protracted displacement with its multi-dimensional stresses. Coupled with climate change and natural hazards including environmental degradation, rising staple food prices, inflation

and local currency devaluation together with a decreasing rate of purchasing power, and infrastructural limitations have exacerbated the situation. Restricted access and limited movement in some areas have also reduced production and disrupted normal livelihood activities.

Population displacement in Darfur, South Kordofan and Blue Nile is one of the major drivers of food insecurity, undernutrition, and livelihoods impoverishment. This is reflected in disruption of food production and food systems, destruction of crops and livestock, loss of assets and income, erosion of household livelihood asset holdings, limited household access to income earning opportunities, and restricted trade flows. Displacement also puts pressure on host communities to share limited resources, causing further deterioration of food security and increased vulnerability of both groups. The majority of displaced and host communities are not able to meet their food and livelihood security needs and mostly engage in non-reversible coping strategies.

AFFECTED POPULATION

An estimated 4.8 million people are food insecure. This figure is based on various sources: National Household Consumption Survey; Mid-Season Assessment of Main Season [2017/18] performance; National Food Security Technical Secretariat's [FSTS] Integrated Phase Classification outlook; WFP/VAM comprehensive food security assessment for Darfur and Southern & Eastern Regions; FAO-GIEWS-Sudan briefs and EWEA-Sudan monitoring report; FEWSNET food security outlook; and Sudan Meteorological Authority [SMA] main season rainfall and weather performance reports.

This figure is further differentiated with a sex breakdown of 49 per cent male and 51 per cent female ratio; and age breakdown of 40 per cent children under 18 years, 55 per cent adults [18-59 years], and 5 per cent above 59 years.

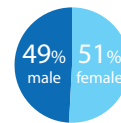
HUMANITARIAN NEEDS

The most vulnerable people need emergency food assistance plus

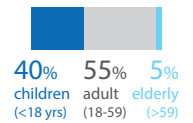
NO. OF PEOPLE IN NEED

4.8M

BY SEX



BY AGE



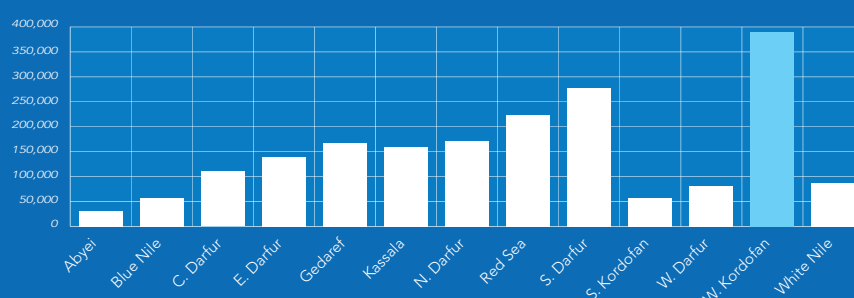
agriculture and livestock-based livelihoods assistance to meet their immediate food requirements. Equally, there exists serious need to restore and safeguard livelihoods and build resilience and longer-term solutions for people in protracted displacement.

Refugees and asylum seekers*

A majority of asylum seekers and refugees to Sudan arrive with few personal belongings or livelihood assets, and are in urgent need of food assistance and livelihoods support to safeguard their food security while enhancing their self-reliance and capacity to meet their basic needs. However, there has been very little investment in livelihoods programming for refugees, which further compounds protection concerns, particularly as it relates to the risk of child labour and exploitation, as well as women's access to safe and legal income-generating opportunities. In Eastern Sudan and among urban refugees in Khartoum, a lack of livelihoods options remains a key driver of onward movement. Gaps in energy access persist, with limited sustainable and safe sources of charcoal and fuelwood. While the introduction of cooking gas has helped improve energy access in some camps, it is expensive and reinforces the need for livelihood support linked to energy access initiatives.

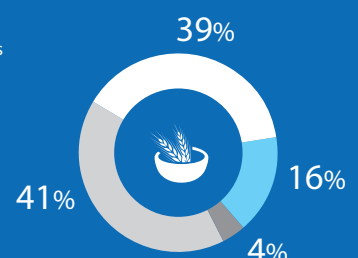
*Refugee response is coordinated through the Refugee Consultation Forum (RCF)

VULNERABLE FOOD INSECURE RESIDENTS



PEOPLE IN NEED

- IDPs
- Refugees
- Returnees
- Residents



For information on refugees in need see pages 9 and 10

WATER, SANITATION & HYGIENE

OVERVIEW



Across Sudan, it is estimated that 4.9 million people do not have access to adequate drinking water and safe means of defecation, and that their hygiene practices do not improve their health status. Seventy per cent of the people in need are in the five states of

Darfur, South Kordofan and Blue Nile especially in the areas recently accessed in 2017.

AFFECTED POPULATION

Out of this 4.9 million, 4.4 million are in need of WaSH assistance, out of which IDPs, refugees, returnees and host communities represent 50 per cent, 21 per cent, 8 per cent and 42 per cent respectively. Thirteen percent are in need of WASH emergency assistance, 87 per cent of the population in need are protracted IDPs and refugees and their host communities, while in non-conflict affected states as defined under Outcome 3 of the MYHS, 3 per cent are food insecure and at risk of malnutrition, whose condition is exacerbated by the poor level of WASH services.

HUMANITARIAN NEEDS

The 4.4 million people in need are in 120 localities and 26 camps where the vulnerability index ranges from four to five.

The WaSH sector partners provide services to affected people, either living in camps or within host communities. Among the 26 WASH targeted IDP camps, 60 per cent are below standards.

The severe outbreak of acute watery diarrhea (AWD) that started in Sudan in 2016 deteriorated further in 2017, and poor access to safe water and sanitation services contributed to the spread of the disease, especially in White Nile, Red Sea and Gedaref. In 2018, it is expected that 40,000 people could be affected by AWD.

The demand for water continues to grow by a few per cent each year and, as rainfall fluctuates between wet and dry periods, and gradually declines, water availability is a problem for people, livestock, and crops. In high density areas of displaced people, the water supply does not match the demand.

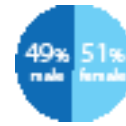
Refugees and asylum seekers*

Access to reliable and sustainable WASH services remains an urgent need for refugees in camps in Eastern Sudan, Darfur and

NO. OF PEOPLE IN NEED

4.4M

BY SEX



BY AGE

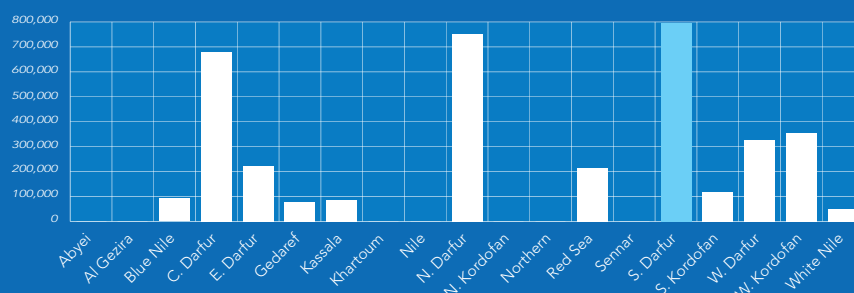


White Nile, as well as for South Sudanese refugees in out-of-camp settlements. Many refugees settle in areas where access to drinking water is limited even for host communities, especially in South and West Kordofan where frequent water system breakdowns have reduced water access to 7.5 l/p/d. This has led to an over-reliance on unsustainable water trucking in order to meet growing water supply needs. Latrine coverage gaps continue to be a challenge. In Eastern Sudan, 10 per cent of camp-based households lack latrines, have poor access to sanitation services and hygiene support. Land constraints have led to high latrine usage ratios across refugee camps in White Nile and East Darfur, with many latrines in disrepair and in need of decommissioning and replacement in order to improve WASH outcomes for a growing refugee population.

21

*Refugee response is coordinated through the Refugee Consultation Forum (RCF)

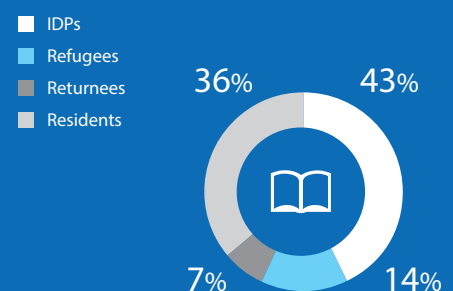
PEOPLE IN NEED BY STATE



Source: WASH database of the Department of Drinking Water

For information on refugees in need see pages 9 and 10

PEOPLE IN NEED



Source: WASH Sector estimate

HEALTH

OVERVIEW



The protracted crisis in Sudan and inadequate funding have had a major impact on all levels of healthcare, notably in conflict-affected areas, such as Darfur, South Kordofan and Blue Nile.

About 36 per cent of the Primary Health Care (PHC) facilities across Sudan are not fully functional, either due to staff shortages or poor physical infrastructure. Only 24 per cent of functional health facilities offer all main service components of the PHC package (42 per cent in Darfur is due to NGO support).

Major hazards affecting health in Sudan include droughts, floods, epidemics, internal conflict and displacement. There are frequent disease outbreaks of measles, hepatitis E, scabies, and acute watery diarrhea (AWD). In addition, the prevalence of non-communicable diseases is on the rise. The AWD outbreak that started in August 2016 in Kassala state has spread to all 18 states in Sudan. Only a third of the population has an adequate number of midwives providing reproductive health services, and there was no full vaccine coverage of Penta 3 Vaccines.

AFFECTED POPULATION

Better health services are required for all people in need, especially mothers and children. Approximately 5.2 million people have urgent humanitarian health needs. Of these, 2 million are IDPs and 763,000 are refugees, of whom 765,750 are women of reproductive age. Some 820,000 children under-five need access to healthcare, including immunization and essential lifesaving services. Due to the prolonged nature of the internal displacement, the access to affordable treatment of chronic diseases is crucial for older people.

HUMANITARIAN NEEDS

The sector needs to ensure continued access to basic and life-saving primary healthcare and referral services to girls, boys, men and women, while improving maternal and child services in localities with significant health needs.

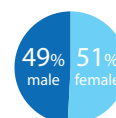
The prevention and control of communicable diseases is crucial; this should be done using a public health approach through strengthening the Health Info System (HIS) with a strong early warning and surge capacity for immediate response components.

The health sector requires continuity and will need to strengthen support to health clinics and their workforces, including ensuring

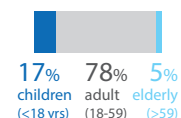
NO. OF PEOPLE IN NEED

5.2M

BY SEX



BY AGE



sufficient medical supplies are in place, in order to respond in a timely and effective way to new health emergencies and ongoing health concerns.

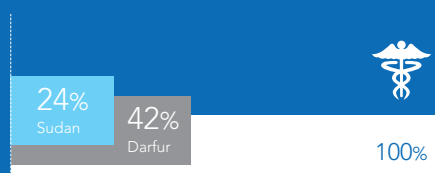
Refugees and asylum seekers*

The health status of newly arrived refugees and those in protracted situations remains a concern, especially among South Sudanese refugees arriving from areas of South Sudan facing emergency levels of acute malnutrition. Sustainable health screening services at border crossing points and reception centres remains a challenge. Refugees and host communities live in difficult to access areas and with limited quality health infrastructure. Critical understaffing, and drug and medical supply gaps are major challenges, resulting in poor quality service delivery. There is a need to strengthen quality, access and coverage of primary health, reproductive health and emergency care referral services in both camp and out-of-camp settings. The integration of health services to meet the needs of both out-of-camp refugees and host communities is also a key challenge.

*Refugee response is coordinated through the Refugee Consultation Forum (RCF)

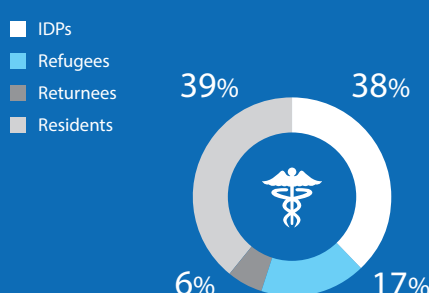
HEALTH FACILITIES

Functioning health facilities providing the minimum PHC package service



Source: Health Sector estimate

PEOPLE IN NEED



For information on refugees in need see pages 9 - 11

820,000
children under 5 need access
to health care

PROTECTION

OVERVIEW



In Sudan, there are 4.2 million people in need of humanitarian protection support, including children, women at risk, people with specific needs, and people at risk of landmines or Explosive Remnants of War (ERW), whether in situations of new displacement, protracted displacement, areas of return and in other areas where there is exposure to malnutrition.

AFFECTED POPULATION

The total number of people in need of humanitarian protection support is estimated at about 70 per cent of the total number of IDPs, refugees, returnees, other vulnerable individuals. Groups in need of protection support include:

Children at risk: unaccompanied or separated children, children associated with armed forces and groups, child survivors of physical and sexual violence, children at risk of recruitment by armed groups, child labour, child exploitation, child caregivers and children in need of psychosocial assistance. Children represent up to 60 per cent of the displaced population (higher among newly-displaced communities).

Women and girls at risk: single heads of households (38 per cent of women and girls), survivors of gender-based violence (GBV), women in prison and pregnant and lactating women. Women and girls represent respectively 25 per cent and 30 per cent of the displaced population (higher in situations of new displacement).

Other vulnerable people: people with disabilities or with special needs, older people, people with serious medical conditions and people at risk of neglect and/or isolation.

People at risk of landmines and ERW, and communities exposed to landmines/ERW: over 291,150 people are exposed to the threat of landmines/ERW in Blue Nile, South Kordofan, and West Kordofan.

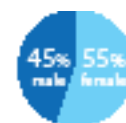
HUMANITARIAN NEEDS

Vulnerable displaced people and refugees are exposed to the effects of conflict and displacement, including family separation, destitution and lack of access to assistance and other services. Some families have resorted to sending their children to beg to generate income

NO. OF PEOPLE IN NEED

3.9M

BY SEX



BY AGE



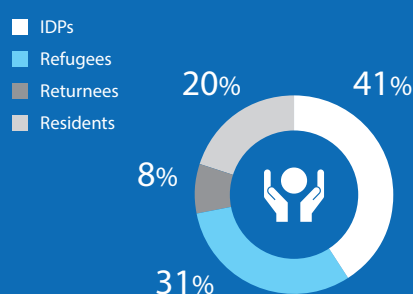
thereby exposing these children to exploitation and abuse, including sexual abuse. Adolescents are one of the groups most likely to adopt risky behaviour and coping mechanisms which often put them at even greater risk of abuse and exploitation. Community safety nets are weakened, and social institutions are usually overstretched and cannot provide adequate protection services to the affected population. Assessments confirm that in newly accessible areas, such as Jebel Marra, social services are not available or have very limited capacity to care for vulnerable people.

Landmines and ERW affect the safety of displaced, local, and returnee communities; such communities need support to demarcate and clear these areas in order to maintain or restore livelihoods. Also, awareness raising and mine risk education (MRE) are required for landmine and ERW-affected people to coexist safely with the threat of landmines and ERWs.

Destitution resulting from displacement and loss of a protective environment puts children at higher risk of abuse, exploitation and violence. Children demobilised from armed groups, unaccompanied or separated children and child victims and survivors of child right violations require a holistic protection response, including case management, medical referral and rehabilitation assistance, and

5,382
number of unaccompanied
and separated children
(2,946 boys, 2,436 girls)

PEOPLE IN NEED



1.6 million
displaced children in need of
humanitarian protection services
including in conflict affected-areas

psychosocial support, access to Family Tracing and Reunification and other support services. Birth registration in areas of displacement, and return areas remains a challenge. There is a high need for sustainable prevention and response measures in these areas. This includes community-based child protection mechanisms and services for children at risk of abuse, exploitation, including trafficking and violence including child survivors of GBV.

GBV has been exacerbated by the conflict, as well as by inadequate living conditions and the lack of privacy, which IDPs face in camps and elsewhere. In addition, there is a serious gap in specialized GBV services, e.g. psychosocial support (PSS) including individual counselling, case management, women centres, livelihood support for GBV survivors which are unavailable in over 80 per cent of affected localities. Vulnerable women and girls in areas of conflict need support to reduce the risk of GBV, in particular to reduce their exposure, for example during movements for water or firewood.

Data collection on sexual and gender-based violence (SGBV) is challenging, as is establishing prevention, referral and treatment services. Victims of trauma, GBV survivors and victims of landmines and ERW, including children, require psychosocial assistance and support for recovery and socio-economic reintegration. Limited mobility, lack of information on available services and the distance to services, social exclusion and fear of social stigma hamper the ability of vulnerable people to access adequate social protection and assistance.

Communities hosting people in need are under stress. It is important to support mechanisms and capacities contributing to conflict resolution and peaceful coexistence between displaced people and host communities, as well as for advocacy regarding service provision in displacement and return areas.

Households exposed to AWD and malnutrition include people with specific needs, children and other vulnerable people. In the absence of a protection-sensitive response, vulnerable people will face additional coping challenges. Community protection mechanisms need to be capacitated to minimise and mitigate the protection impact of AWD and malnutrition on the psychosocial wellbeing of children and families.

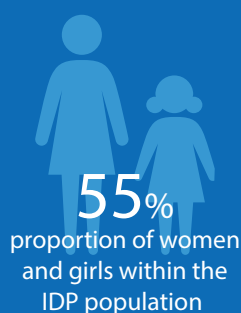
Refugees and asylum seekers*

Biometric registration is an ongoing need to ensure protection and access to assistance for refugees. Limited access to durable solutions for refugees in protracted situations in Eastern Sudan and Khartoum, including resettlement, continues to drive onward movement. Gaps

in Personal Hygiene Kit (PHK) provision to women and girls of reproductive age persist, compounded by insufficient water supply to safely manage menstruation. Data collection on SGBV is challenging, as is establishing prevention, referral and treatment services.

Nearly 65 per cent of refugees in Sudan are children, with an estimated 15,000 UASC. Many refugee children experience trauma prior to and during their journey to Sudan, and unfamiliar environments put refugee children at higher risk of abuse, exploitation and violence. Immediate needs include family tracing, reunification and care arrangements for UASC, as well as psychosocial and material support. Lack of education opportunities continues to undermine the long-term wellbeing and prospects of refugee children across Sudan.

*Refugee response is coordinated through the Refugee Consultation Forum (RCF)



NUTRITION

OVERVIEW



Malnutrition is a chronic problem, with emergency level rates beyond global benchmarks observed for decades. The causes are poverty, limited access to health care, poor maternal and child care and feeding practices, and limited access to safe drinking water. In the Middle East and North Africa (MENA) region, Sudan has one of the highest rates of wasting with a GAM rate of 16 per cent amongst children under the age of 5 with stunting rates of 38.2 per cent. Only about 25 per cent of children with acute malnutrition have access to treatment services.

Some 52 per cent of acutely malnourished children live in nine states not affected by conflict. Displacement in conflict-affected areas however increases the prevalence of malnutrition. Additional contributing factors include child feeding and care practices, limited access to safe drinking water and sanitation and health services. Outbreaks such as acute watery diarrhea also aggravate the malnutrition situation. In 2017, assessments in previously inaccessible areas in South Kordofan, Blue Nile and Jebel Marra showed alarming levels of malnutrition.

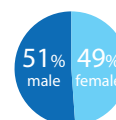
AFFECTED POPULATION

The 2013 Simple Spatial Surveying Method (S3M) survey and 2014 Multiple Indicator Cluster Survey (MICS) indicated above emergency level acute malnutrition among children under the age of 5 across Sudan. Eleven out of eighteen states and 85 out of 197 localities record a malnutrition prevalence rate of over 15 per cent, which is above the WHO emergency threshold. About 2.47 million children and Pregnant and Lactating Women (PLW) over the country suffer from wasting annually, this includes 693,942 children who suffer from SAM. Also, some 208,391 PLW are undernourished annually, and some 159,935 PLW need promotive counselling on optimal infant feeding and care practices in the IDPs camps. Without appropriate interventions, 50 per cent of severely malnourished children are at risk of death. There is high risk of micronutrient deficiency; the 2014 MICS indicated only 7.6 per cent of households consumed iodized salt. Some 178,058 (refugees) and 339,206 (IDP) children under age 5 and PLW will receive timely life-saving nutrition interventions.

NO. OF PEOPLE IN NEED

2.8M

BY SEX



BY AGE

100%
children
(<18 yrs)

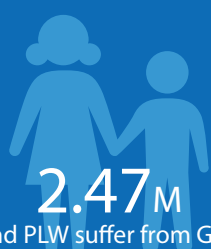
HUMANITARIAN NEEDS

Acute malnutrition is a life-threatening condition, which may result in increased morbidity and mortality among affected children. If left untreated, acute malnutrition could lead to death and cognitive disability. Stunting on the other hand if not prevented may have debilitating consequences such as impaired physical growth and cognitive development which impact national economy and development. The Nutrition Sector will ensure increased access to life-saving services for acutely malnourished children under age 5 and PLW and prevention activities.

Refugees and asylum seekers*

GAM and SAM rates are above emergency thresholds across all refugee camps in Sudan. The most vulnerable refugees to malnutrition include children under 5 years and pregnant and lactating women, who are in need of vitamin and nutrient supplementation to protect them from harmful stunting and chronic malnutrition. Ongoing pipeline breaks for therapeutic and supplemental foods, and lack of school feeding programmes constrain the delivery of comprehensive and targeted nutrition programming for refugee children.

*Refugee response is coordinated through the Refugee Consultation Forum (RCF)



2.47M

children and PLW suffer from Global Acute Malnutrition (GAM), of whom 694,000 have Severe Acute Malnutrition (SAM)



208,000

pregnant and lactating women undernourished every year

RECOVERY, RETURN & REINTEGRATION

OVERVIEW



Protracted displacement in Sudan has created vulnerabilities and dependencies that require a coherent, effective and efficient area-based multi-sector response. Since the onset of the crisis, 624,957 people have voluntarily returned, of whom 301,181 did so in the last three years. Of these, 197,158 are IDP returnees and 104,023 are refugee returnees. The continued marginalization of IDPs, without the prospect of durable solutions, presents an obstacle to stability, peace, recovery and reconstruction. There is a necessity to support displaced persons with a view to becoming more self-reliant and resilient, and therefore to progress toward achieving durable solutions. Interventions in areas of durable solutions must be coordinated to ensure a coherent and harmonized assistance, thereby building on people's coping strategies and aiming to reduce vulnerabilities.

AFFECTED POPULATION

In areas where the environment is conducive, spontaneous return took place in the past few years and is expected to increase further in 2018. However, some return areas are not yet conducive for permanent return due to insecurity, lack of access to basic services, shortage of natural resources and economically and environmentally viable livelihoods, and land tenure issues. In addition to return processes, it is expected that a significant portion of IDPs in Darfur may choose to integrate in the towns, cities and peri-urban areas to which they were originally displaced. Return and local integration require longer term programming, including rehabilitation of critical and basic infrastructure such as water, health, food and education facilities, providing long term shelter, and supporting community-level income generation. A shift towards a greater focus on local integration of affected populations will be necessary in 2018.

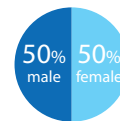
HUMANITARIAN NEEDS

People who have voluntarily returned or integrated locally, and host communities, continue to face many vulnerabilities. These often intensify with time, weakening the resilience of communities to recover from shocks and stresses. Preconditions for durable solutions include a conducive environment for return or local integration, and secured access and right to use of land allowing people to

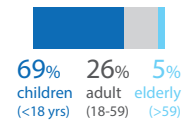
NO. OF PEOPLE IN NEED

2.5M

BY SEX



BY AGE



SEVERITY MAP



return home or to become fully self-reliant in their location of displacement. The most urgent multi-sectoral needs include:

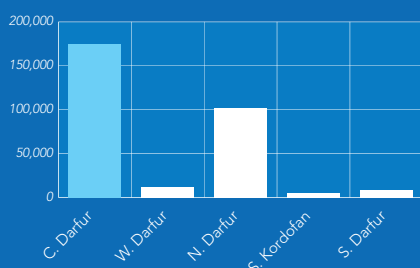
Livelihood opportunities, agriculture and livestock-based livelihood support, especially for the most vulnerable.

Transitional and permanent shelter and access to social services and infrastructure.

Improved governance, rule of law and access to justice as well as natural resources, land, food and fuel.

Access to environmentally friendly and reliable energy and technologies.

2014 - 2016 RETURNEES BY STATE



301,000

number of people who have voluntarily returned in the last three years

