

HUMANITARIAN NEEDS OVERVIEW

SUDAN

HUMANITARIAN
PROGRAMME CYCLE

2022

ISSUED DECEMBER 2021



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

A mother and her child at Kalma camp for Internally Displaced People (IDP) in North Darfur.
Photo: UN

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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

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humanitarianresponse.info/operations/sudan



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.hum-insight.com



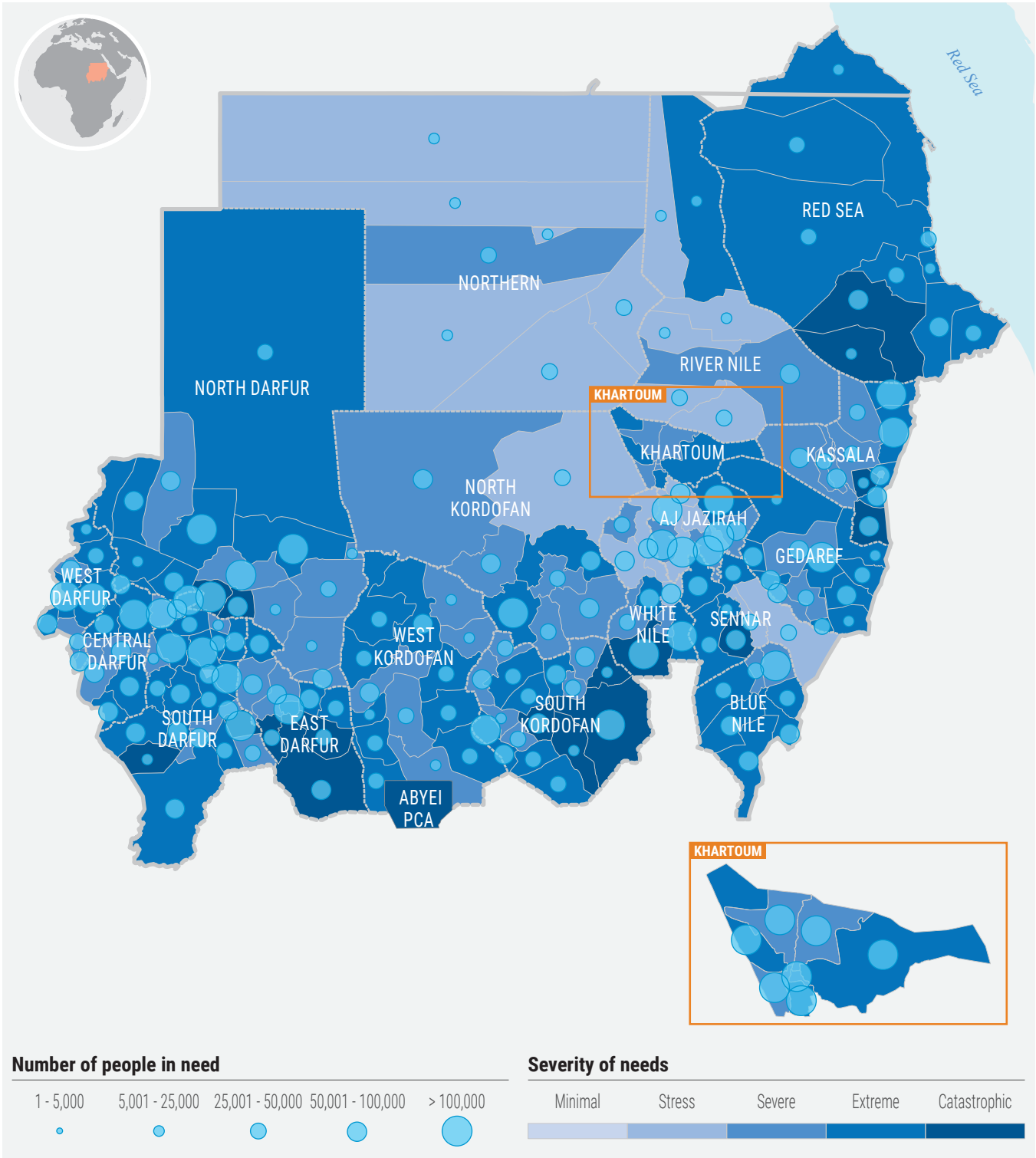
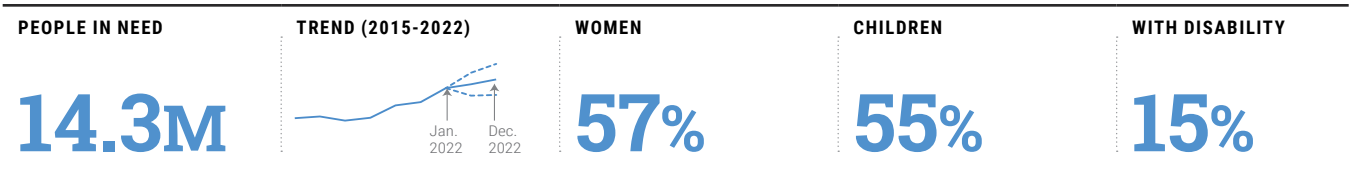
The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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Summary of Humanitarian Needs



Key Findings

Severity of needs

People in Need of humanitarian assistance				
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
17.2M	16.5M	5.2M	7.9M	1.2M



14.3M
Total people in need*

BY POPULATION GROUP

9.3M

Vulnerable residents



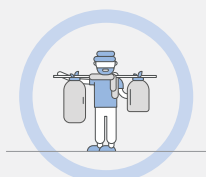
2.9M

Internally displaced people



1.2M

Refugees



0.9M

Returnees**



WITH DISABILITY

2.1M

People with disabilities



BY HUMANITARIAN CONDITION

9.1M
Life-threatening



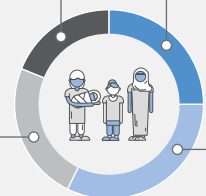
14.0M
Life-sustaining



BY GENDER

2.7M
Men

3.6M
Women



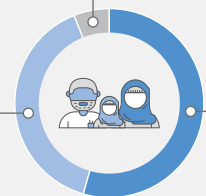
3.4M
Boys

4.6M
Girls

BY AGE

0.86M
Elderly (60+)

7.8M
Children (17-0)



5.6M
Adult (59-18)

* 14,257,642

** 193,000 people returned in the past two years, the rest are considered as permanent returnees.



Context, shocks/events, and impact of the crisis

Two years after Sudan embarked on the path of political transition and one year into the Juba Peace Agreement (JPA), humanitarian needs continue to grow across the country, despite progress and gains on the road to a new Sudan.

These needs are driven by an economic crisis, exacerbated by COVID-19, protracted internal displacement that is yet to find durable solutions, increased insecurity and localised violence in parts of the country, coupled with floods, disease outbreaks, and more than 1.16 million refugees and asylum seekers hosted by Sudan.

Humanitarian partners estimate that about 14.3 million people – 30 per cent of the population – will need humanitarian assistance in 2022. This is a 0.8 million person increase compared to 2021. Overall, the number of people in need in Sudan in 2022 is the highest in the past decade.

Of the 14.3 million people in need, about 9.1 million need emergency assistance for life-threatening needs related to critical physical and mental well-being. This is a quarter increase compared to the previous year. Meanwhile, all the people require life-sustaining support to meet minimum living standards.

The Water, Sanitation and Hygiene sector has the highest number of people in need – 12.1 million, followed by Food Security and Livelihoods – 10.9 million, and the Health sector – 10.4 million people in need.

There are over three million internally displaced people (IDPs) in Sudan. They are in Darfur, Kordofan, and Blue Nile, which were the epicentres of localised conflict over the past 17 years.

Of the people in need, 59 per cent are concentrated in areas affected by conflict. The remaining 41 per cent are in areas that are not affected by conflict, in northern, central and eastern parts of the country. In 2018, 74 per cent of people in need were in conflict areas - Darfur, Kordofan and Blue Nile.

Of the 1.16 million refugees in Sudan, the majority (68 per cent) are from South Sudan. Khartoum and White Nile states host about 60 per cent of all South Sudanese refugees in the country, with Khartoum having the highest number amongst all states.

SORTONY/NORTH DARFUR

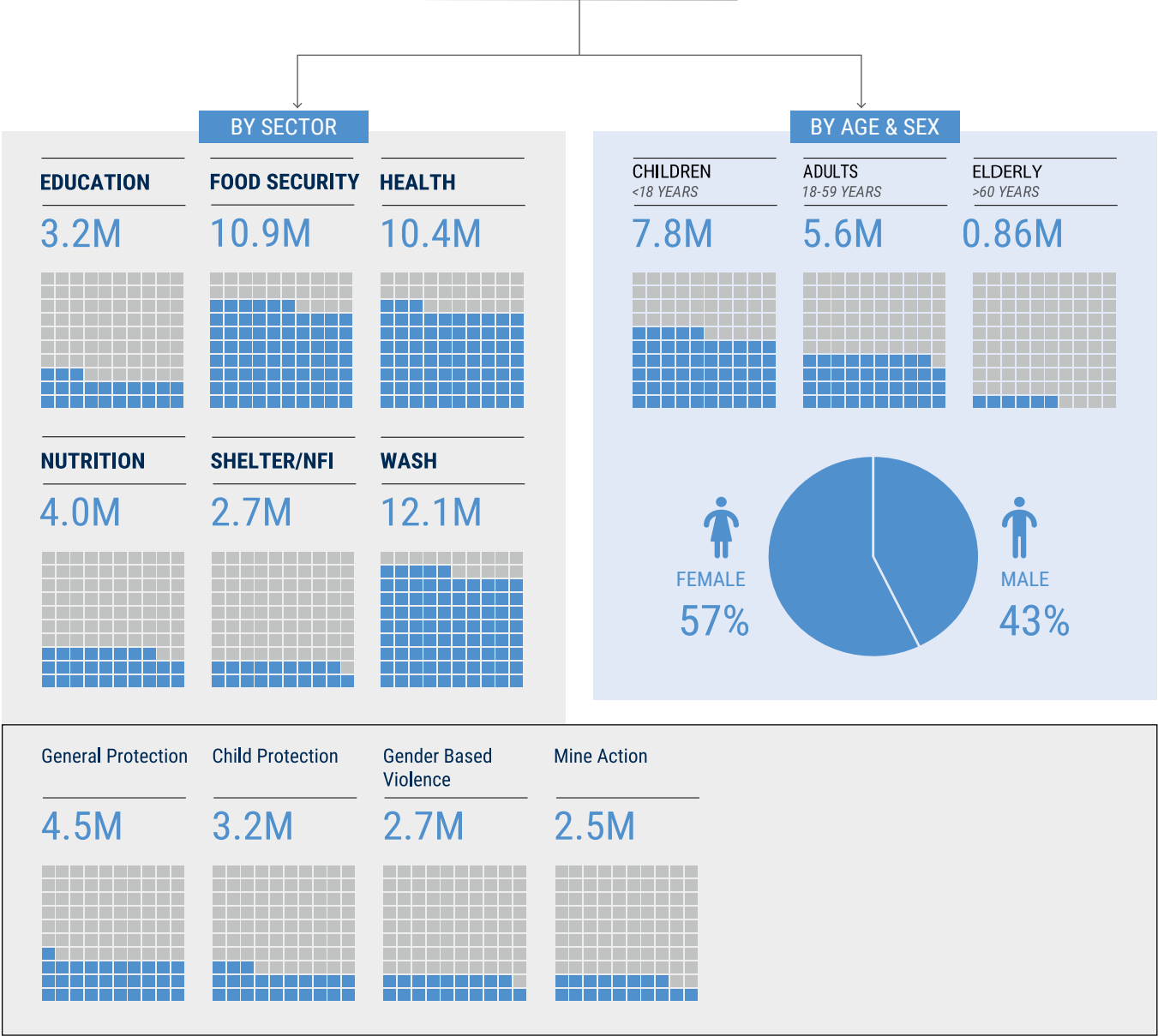
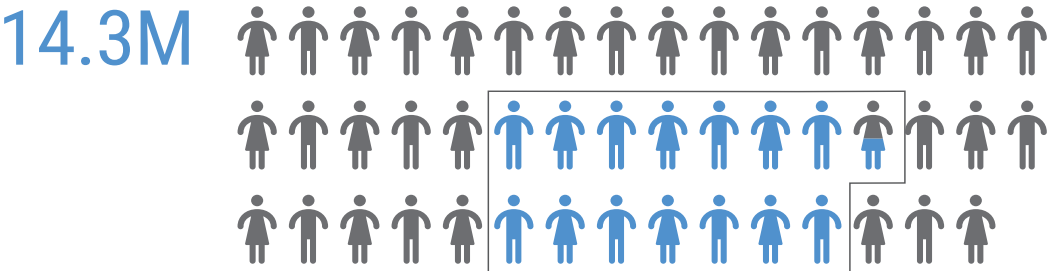
A girl from Wadi Baya. Photo: UN

ESTIMATED NUMBER OF PEOPLE IN NEED

TOTAL POPULATION



PEOPLE IN NEED

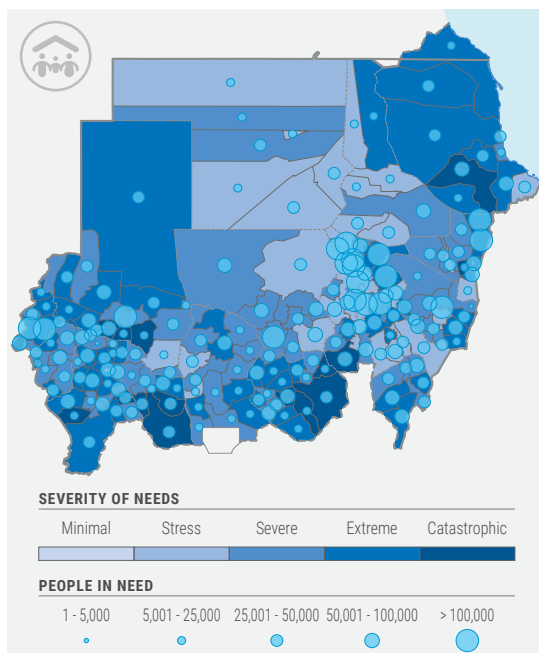


SEVERITY OF HUMANITARIAN CONDITIONS AND NUMBER OF PEOPLE IN NEED

VULNERABLE RESIDENTS

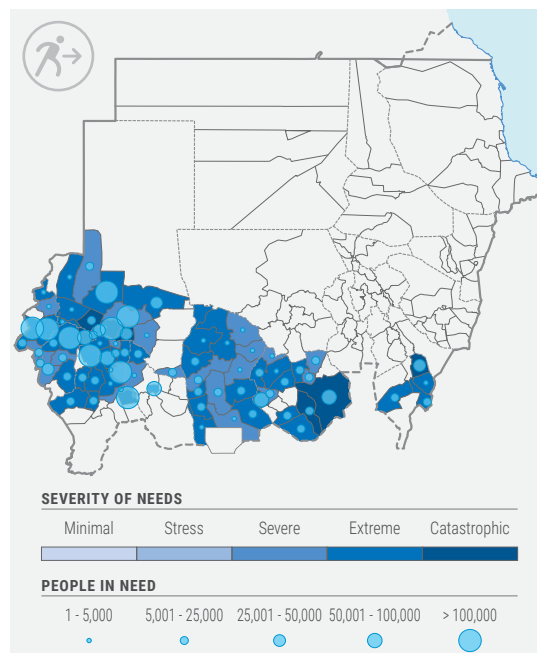
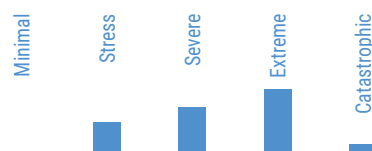
People in need

9.29
Million

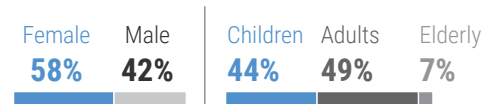
Locations
(per locality)

INTERNALLY DISPLACED PEOPLE

2.86
Million

Severity of needs
(in millions)Number by sex &
age
(in millions)

Male	Female	Boys	Girls
3.90	5.38	1.72	2.37

Per cent by sex &
ageAssociated
issues

- Malnutrition and diet diversity
- Conflict
- Limited sanitation services
- Access to food
- Early marriage
- Gender-based violence
- Access to basic social services

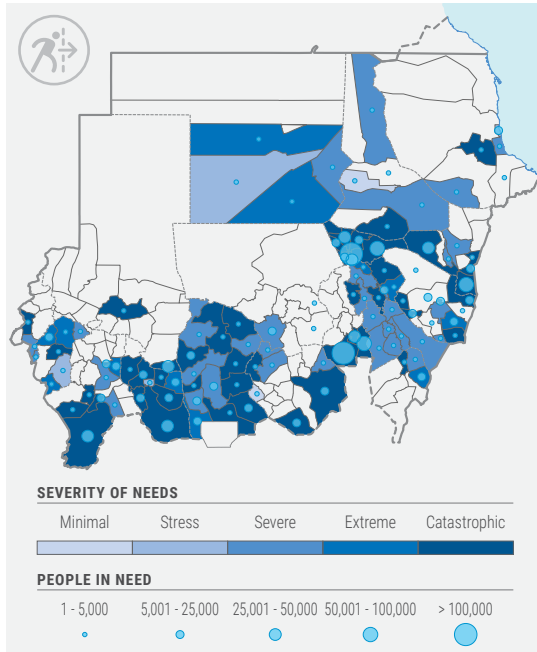
- Gender-based violence
- Access to handwashing with soap and water
- Access to sanitation services
- Dwellings don't have adequate security or privacy
- Conflict hazard and fatalities caused by security incidents
- Early marriage

People in need

REFUGEES

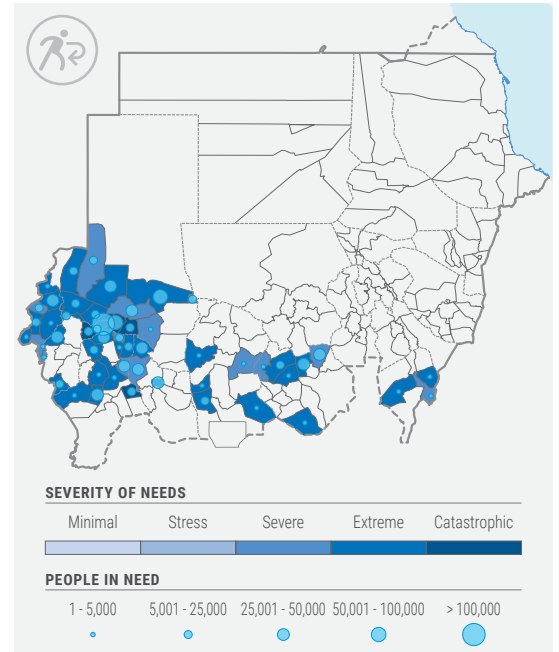
1.16
Million

Locations
(per locality)



RETURNEES

0.94
Million



Severity of needs
(in millions)

Minimal Stress Severe Extreme Catastrophic

Minimal Stress Severe Extreme Catastrophic

Number by sex &
age
(in millions)

Male	Female	Boys	Girls
0.55	0.61	0.23	0.26

Male	Female	Boys	Girls
0.45	0.49	0.25	0.27

Per cent by sex &
age

Female	Male	Children	Adults	Elderly
53%	47%	43%	52%	5%

Female	Male	Children	Adults	Elderly
52%	48%	56%	37%	7%

Associated
issues

- Lack of documentation
- Lack of physical safety
- Access to health
- Access to education
- Access to WASH services

- Access to basic water services
- Access to sanitation services
- Access to handwashing with soap and water
- Explosive remnants of war
- Access to health
- Early marriage
- Gender-based violence

Part 1:

Impact of the Crisis and Humanitarian Conditions

NYALA/SOUTH DARFUR

Children receive classes at the school of El Sereif camp for Internally Displaced People (IDP). Photo: UN



1.1

Context of the Crisis

With the second year of transition underway, the Transitional Government of Sudan continued its effort towards establishing peace in the country, reforming the economy, achieving macroeconomic stability and catering for the needs of the most vulnerable people. While it may take some time before ordinary Sudanese start feeling the impact of changes and reform trickling down, about 14.3 million people - almost one in every three persons - across the country are estimated to need humanitarian assistance in 2022. This is about 0.8 million people more compared to 2021.

Continuing economic crisis, including high inflation despite some recent slowdown, is resulting in high levels of food insecurity, while displaced people in Darfur - of whom almost half have lived most of the past 18 years away from their homes or places of habitual residence as a result of or in order to avoid the effects of armed conflict, situations of generalized violence or violations of human rights. In addition, Darfur and some other parts of the country have witnessed increased insecurity and localized intercommunal conflict, while floods and disease outbreaks strain the limited ability of the state institutions to provide basic services. In addition, Sudan hosts about 1.2 million refugees and asylum seekers, and many more foreign migrants, which makes it among the top 10 countries hosting refugees.

Of the 14.3 million people in need, close to 64 per cent will need emergency assistance for life-threatening needs related to critical physical and mental well-being. This is a quarter increase compared to the previous year, highlighting the enormous hardship that many people are facing. Meanwhile, 14 million people - or 98 per cent of those in need - require life-sustaining support to meet minimum living standards.

Political context

In 2021, efforts to advance the political transition and peace process in Sudan continued despite considerable challenges. The economic hardship and the slow pace of the reforms resulted in growing frustration among the population leading to occasional public protests. Accountability for the violent events related to the 2019 revolution and for the subsequent violent crackdown on protestors remained a key demand of protestors. In this context, Prime Minister Abdalla Hamdok reshuffled the Transitional Government in early 2021 to bring more voices and political actors. The expanded Transitional Government subsequently outlined five priority areas related to socio-economic issues, peace, security, international relations and democratic transition. In June, Prime Minister Hamdok launched an initiative entitled "The National Crisis and Issues of Transition: The Way Forward", which aimed at building national unity and consensus and advancing key transitional objectives such as the establishment of remaining transitional institutions.

The transitional authorities took measures to implement the Juba Peace Agreement (JPA). These included the appointment of some leaders of signatory armed groups to the Transitional Government and Sovereign Council. In addition, three decrees were issued for the formation of the Darfur track's Permanent Ceasefire Committee, Sectoral Committees and the Joint High Military Committee for Security Arrangements, and another decree outlining the broad parameters of a federal system of the Government in Sudan. Three new State Governors (Walis) for North Darfur, West Darfur, and the Blue Nile states were also appointed in line with the peace agreement. Efforts to bring non-signatories to the Juba Peace Agreement into the peace process continued. The Eastern Track



KHOR ABECHÉ/SOUTH DARFUR

A displaced woman grinds cereal provided by the World Food Programme (WFP). Photo: UN

of the Juba Peace Agreement, however, remained suspended amid a growing dispute over the Track among the communities in the east. The situation in eastern Sudan further escalated with the imposition of an extended closure of Red Sea ports and key roads by the Beja High Council, disrupting the supply of medicine, fuel and wheat to the rest of the country. Beja protestors demanded the dissolution of the civilian government and called for a military take-over, as well as the cancellation of the Eastern Track of the Juba Peace Agreement.

Meanwhile, tensions escalated between the civilian and military components of Sudan's transitional authorities, culminating in a military coup d'état on 25 October after another attempted coup failed on 21 September. On 25 October, the armed forces detained

Prime Minister Hamdok and a number of civilian officials and political leaders. The Commander of the Armed Forces, Lt. Gen. Burhan announced a state of emergency, the dissolution of the ruling Sovereign Council and the Council of Ministers, the dismissal of State Governors and freezing of the Committee to Dismantle the June 30, 1989 Regime and Retrieve Public Funds ("the Dismantling Committee"). While the Prime Minister was released from detention and put under house arrest as of 26 October, other civilian officials remained in detention. In the ensuing days, more activists, journalists and civilian officials were arrested throughout the country. Campaigns of civil disobedience and widespread protests continued to reject the military takeover and call for the establishment of a civilian-led democratic government. Over the weeks following the military coup, significant

efforts, including by the United Nations and in coordination with other international and local actors, were undertaken to facilitate dialogue between the sides and identify a peaceful and negotiated solution to restore constitutional order¹.

Throughout the reporting period, the United Nations continued to provide support to the Transitional Government of Sudan. On 3 June 2021, the Security Council adopted resolution 2579 (2021) extending the mandate of the United Nations Integrated Transition Mission in Sudan (UNITAMS) for a further 12 months, until 3 June 2022. The Mission continues to support Sudan through a range of political, peacebuilding and development initiatives, including assisting the nation to achieve the goals of the Constitutional Declaration of August 2019.

The African Union-United Nations Hybrid Operation in Darfur (UNAMID) concluded its mission on 31 December 2020. It completed the withdrawal of all uniformed and civilian personnel by 30 June 2021.

Economic profile

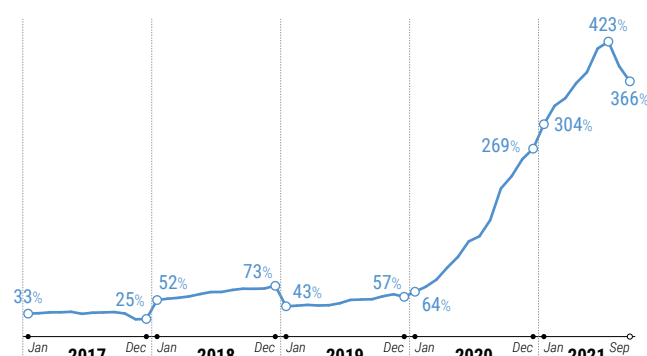
Sudan has been in an economic recession since 2018 and experienced negative GDP growth rates².

The Transitional Government program aims to achieve economic stability by implementing a set of ambitious economic reforms. These include exchange rate liberalisation, elimination of fuel subsidies, social protection through an expansive cash transfer programme, public financial management, anti-corruption and tax reform. For the first time in four years, the projected economic growth for 2021 will be a positive 0.4 per cent. The near-term economic growth, however, will continue to be subdued, owing to low consumption and investment due to factors such as high inflation (366 per cent as of September 2021) and unemployment. In 2022, the economic growth is expected to be 1.1 per cent, according to the IMF. These growth rates are not sufficient to

keep up with Sudan's fast population growth of 2.4 per cent, with thousands of young people joining the workforce every year.

On 9 June, the Government lifted fuel subsidies and completely liberalised fuel prices. This led to a fifty-fold increase in the price of petrol (the subsidized price of petrol was 6.17 SDG and the price after the lifting of the subsidies was 320 SDG).. This is the second significant increase in fuel prices, following an initial 400 per cent increase in October 2020 after the partial lifting of subsidies. As a result, the national inflation rate continued to increase, driven by increases in communication, transportation, and food and beverage prices.

INFLATION RATE 2017 - 2021



Source: Central Bank of Sudan

Following these reforms, the exchange rate and the inflation rate are expected to stabilise starting from 2022 and remain moderate for the coming years. However, the unemployment rate (28.4 per cent in 2021) is estimated to further increase to 29.7 per cent in 2022, according to the IMF country database for Sudan.

Poverty levels are increasing due to the economic recession since 2018, recent economic adjustments (exchange rate and subsidy reforms), COVID-19 pandemic and climate shocks. Higher poverty rates exist in rural areas as well as in the west, south and east of the country. Furthermore, the rising levels of inflation and high food prices have compounded the

¹ This text was written on 9 November 2021 taking into consideration the politically fluid situation at the time of writing.

² IMF, First Review Under The Staff-Monitored Program, March 2021.

challenges and created additional adverse welfare impacts, likely resulting in exacerbated vulnerability and poverty, particularly on the urban poor. National consultations, conducted under the Poverty Reduction Strategy Papers (PRSP), identify the following main causes of poverty: low incomes, unemployment, poor access to social services, conflicts, environmental degradation, poor governance and lack of social safety nets. In addition to monetary poverty, widespread deprivation among large groups of population in Sudan relate to education and health outcomes, as well as lack of access to basic services, including water and sanitation.

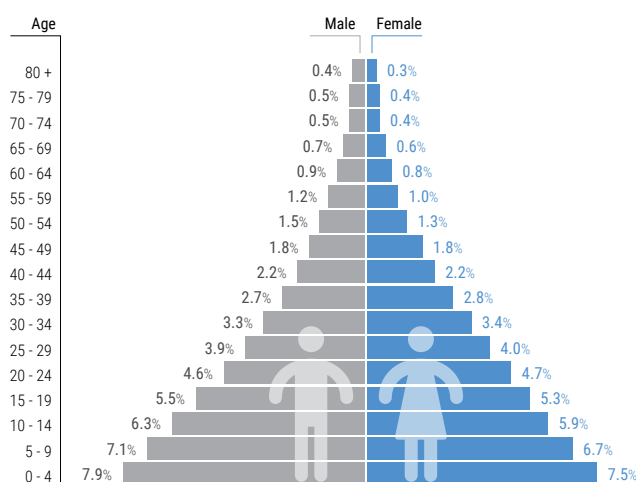
On 17 May, France hosted the 'International Conference to Support the Sudanese Transition' in Paris to mark Sudan's re-integration into the global economy and attract foreign investment, particularly in energy, infrastructure, agriculture, mining and telecommunications. On 28 June, the IMF Executive Board announced that Sudan had reached the decision point for the Highly Indebted Poor Countries (HIPC) initiative. Following commitments made by Member States in Paris on 29 June, the IMF and the World Bank approved initial debt relief for Sudan, reducing the country's debt from US\$56 billion to \$28 billion. The clearance of arrears unlocked \$2 billion in World Bank International Development Association (IDA) grants and \$2.5 billion for a 39-month IMF Extended Credit Facility Arrangement, enabling Sudan to benefit from the Fund's global allocation of additional Special Drawing Rights, and offering a much-needed boost to liquidity. Paris Club creditors also agreed to cancel \$14 billion in bilateral debt and restructure more than \$23 billion.

Despite these developments and gains, considerable challenges remain and impact the level of humanitarian needs in the country. There are opportunities to increase social and economic strengths with how aid interacts with trade, markets

and urban populations that can help to reduce the need for humanitarian aid going forward, contribute to a more equitable economy and opportunities for livelihoods for conflict-affected Sudanese.

Demographic profile

Sudan has a population of 47.9 million. While metropolitan areas – particularly Khartoum – are expanding rapidly, two-thirds of Sudan's population live in rural areas. Sudan has one of the youngest population demographics in the world, with 41 per cent of its total population under the age of 15, and 20 per cent between the ages of 15 and 24 years.



Of the 47.9 million people³, about 14.3 million are estimated to need humanitarian assistance in 2022 - or 30 per cent of the total population. This includes 2.9 out of 3 million IDPs⁴, 1.16 million refugees, 0.9 million returnees and 9.3 vulnerable residents⁵.

As of November 2021, there are over 3 million IDPs across Sudan and the majority of them - about 1.75 million were displaced between 2003 and 2010 in Darfur region as a result of the conflict that started in that region in 2003. Another 1.1 million people were displaced between 2011 and 2017. Another 200,000 people were displaced after 2017. About 52 per cent

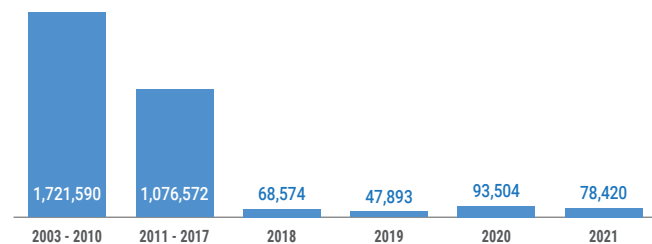
³ This includes the 1,171,650 refugees in Sudan together with the 46,778,824 Sudanese as detailed in the IPC report of May 2021 which is approved by Government authorities.

⁴ The source of the IDP numbers is IOM's DTM Mobility Tracking <https://displacement.iom.int/component/mobility-tracking>.

⁵ IDPs: 2,865,502 IDPs out of a total of 3,036,593, Returnees 939,412 out of a total of 969,397 of which 193,324 are recent returns (2019 to present), Refugees; 1,162,333 out of a total of 1,171,650 and Vulnerable residents: 9,601,605 out of the total Sudanese population.

of IDPs are female and 55 per cent of IDPs are below the age of 18.

IDPs 2003 - 2021



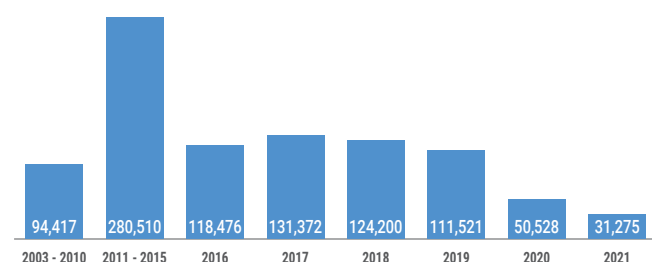
Source: International Organization for Migration (IOM)

About 1.9 million of the IDPs are living in camps in Darfur. Most of the IDPs in camps in Darfur have had access to food, water, sanitation, health and other services as the majority of humanitarian needs and response were centered in Darfur since 2003.

Another 354,474 people live in displacement settlements in South Kordofan and Blue Nile after conflict between government security forces and the Sudan People's Liberation Movement-North (SPLM-N) re-ignited in parts of South Kordofan and Blue Nile in 2011.

Since 2003, about 942,000 IDPs have returned to their areas of origin. For the purpose of the 2022 HNO, the 193,000 that returned since 2019 are prioritized for returnee assistance, the reminder are considered to be reintegrated and their needs are assessed along with the needs of the Sudanese population.

RETURNEES PER YEAR 2003 - 2021



Source: International Organization for Migration (IOM)

The majority of refugees - 785,350 people - are from South Sudan, of whom 53 per cent are women and 36 per cent are children of school age. Some 52 per cent of refugee households are female-headed (FHH). From January to July 2021, some 57,900

South Sudanese had crossed into Sudan due to inter-ethnic conflicts combined with flooding and food shortages, accounting for 73 per cent of the total new arrivals. Sudan continues to receive new arrivals from neighbouring countries, with 72,100 by the end of October 2021. The UN refugee agency (UNHCR) projects that over 100,000 refugees will have crossed into Sudan during 2021. As per the government encampment policy, refugees are required to reside in designated camps with restricted freedom of movement, while some degree of flexibility is exercised for South Sudanese.

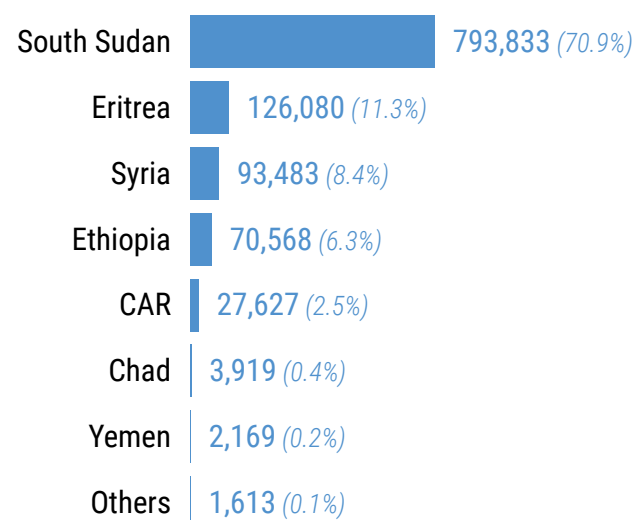
When conflict erupted in the Tigray region of Ethiopia in November 2020, refugees started to cross into eastern Sudan. As of end of October, about 58,000 refugees from Ethiopia sought shelter, protection and assistance in Gedaref and Kassala States. The majority arrived following the outbreak of fighting in Tigray. Prior to the influx of Ethiopian refugees in 2020, most new arrivals to camps in eastern Sudan were from Eritrea, with about 125,000 Eritreans registered (June 2021). The majority arrived decades ago and represent one of the most protracted refugee situations in the world.

Refugees from Arab nations are considered as "brothers and sisters" by the Government of Sudan under the Arab/Islamic notion of asylum. They are not required to register with UNHCR nor the Commissioner for Refugees (COR) upon arrival. However, recent political changes have cast uncertainty regarding their rights in Sudan, and this policy change has created a vulnerable situation with legal uncertainty regarding their status in Sudan. UNHCR and COR estimate that about 95,500 Syrian and Yemeni refugees live in Khartoum.

Sudan hosts over 30,000 refugees from the Central African Republic (CAR) who mostly arrived in 2019. Due to conflict in CAR, 32,000 refugees are anticipated to be in Sudan by the end of 2021. In 2022, Sudan will host an estimated 37,000 refugees from CAR.

Chadian refugees have been arriving in Central Darfur since conflict broke out in 2005-2007. The situation in Chad remains volatile impacting the return of about 3,500 refugees.

REFUGEES BY ORIGIN



Source: UNHCR, as of 31 Oct 2021

Voluntary return is not an option for a vast majority of the refugees due to the situation in their countries of origin and third-country resettlement options remain limited. In this context, over 1.16 million refugees are expected to be living in Sudan by the end of 2021. This situation disproportionately affects women and girls, and other vulnerable individuals, who bear the brunt of adverse coping strategies. Refugees in Sudan need multi-sectoral support to address their basic needs and specific vulnerabilities, bolster their self-reliance over the long term, and maintain and fulfil their rights.

The contextual understanding of the relationship between people in refugee camps and host communities and the understanding of implications of aid is crucial to deliver assistance to refugees, but also foster social cohesion ensuring that humanitarian efforts – at a minimum – do not contribute to or prolong the conflict. This is a crucial first step to ensure that today's aid efforts not only respond to humanitarian needs, but also help to reduce the potential for conflict-driven humanitarian crises going forward. Tension between host communities and refugee camps is an unavoidable area of consideration for the context of Sudan, and one that will have important and wide-ranging implications for many years to come.

Sudan also remains an important transit point in the migration route from East Africa into North Africa and

towards Europe. The situation of the international migrants had seriously degraded especially for Eritrean, Ethiopian and Somali migrants who intend to cross into Europe relying on the services of unscrupulous brokers with persistent risk of human trafficking, abuse and exploitation, especially among women and youth. United Nations Department of Economic and Social Affairs (UNDESA) estimated that in 2020 there were 1.4 million international migrants in Sudan, however, it is understood that the actual number of foreign migrants passing through or residing in Sudan is much higher as many have irregular status and are not reflected in these published figures. The irregular migrants are economically and socially vulnerable; they rely on daily paid jobs in the informal economy and lack access to public services such as healthcare and education for children. Their vulnerabilities have been worsened in 2020-2021 as many of them have lost jobs due to COVID-19 mobility restrictions. Sudan remains the origin, transit and destination country for victims of trafficking and the country is increasingly becoming a transit point for traffickers who smuggle Ethiopian young female migrants into the country to facilitate their travel to the Middle East as the final destination. Between May and June 2021 alone, over 400 Ethiopian female migrants were placed under custody of the Sudanese police as potential victims of trafficking in Gedaref state, according to IOM.

Security environment

The security situation in Sudan has evolved from previously high levels of violence experienced between 2003 and 2014 to the current lower intensity confined conflict situation. However, localised conflict-related displacements have increased in 2021.

Despite progress made following the signing of the JPA, conflict in Darfur has taken on multiple dimensions, with a range of armed groups and criminal elements operating in the region. This is due to a combination of factors, including the re-balance of power following the removal of the Bashir government, and the exploitation of old grievances for political purposes. There have been gaps in implementing key provisions of the JPA, particularly around protection of civilians and security. Furthermore UNAMID completed

the withdrawal of all uniformed and civilian personnel by 30 June 2021, which also impacted overall perceived or actual security. The localised conflicts continue to occur involving government security forces, Darfur armed movements, militias and armed tribal groups; with conflict taking tribal, political and resource-based dimensions.

While the east has remained stable for a number of years following the Eastern Sudan Peace Agreement, it shares many of the same resentments as in the Kordofans and Darfur about its historic marginalisation in national politics and underdevelopment. The Eastern Track of the JPA, remained suspended in 2021 amid a growing dispute over the Track among the communities in the East. The security situation in Red Sea State remains volatile with state authorities recurrently declaring a state of emergency and imposing a curfew following bouts of localised violence.

Abyei remains a disputed area between Sudan and South Sudan and is a flashpoint for inter-tribal violence between Misseriya and Dinka tribes. Despite continued military patrols by the United Nations Interim Security Force for Abyei (UNISFA), occasional armed attacks take place resulting in the loss of lives and injuries, as well as damage to property. Incidents of killings and cattle rustling have continued as the Misseriya pastoralists move towards Dinka-inhabited areas each year in search of fresh grazing lands.

Overall, 2021 witnessed a rise in security incidents across the country. According to the UN Department of Safety and Security (UNDSS), a total of 835 incidents of demonstrations/civil unrest were reported between January and October 2021 compared to 379 during all of 2020. There were close to 2,000 security incidents in 2021, a rise of about 10 per cent compared to the year before.

The Transitional Government continued efforts to provide physical protection in Darfur through the deployment of security forces to de-escalate violence and calm tensions. However, localised clashes continued to be the main source of insecurity. 2021 has also been characterised by a significant increase

in crime in the capital, and the government authorities formed in August-September a joint security force (military, paramilitary and police) to ensure rule of law and provide security in Khartoum.

It is the responsibility of the governments or state authorities to provide protection to all its citizens. The Transitional Government of Sudan developed a National Plan for Civilian Protection (NPPOC) in 2020 setting out how they will ensure the protection of civilians.

Environmental profile

Over the past 30 years, Sudan has been among the most rapidly warming locations on the globe. Average temperatures are projected to increase by up to 3°C by 2050, and Sudan will experience increased frequency of droughts and floods. Climate change increases the vulnerability of certain communities, such as farmers, pastoralists and those who rely on rain-fed agriculture. As agricultural productivity declines, food insecurity could increase leading to higher humanitarian needs. The UN Secretary General highlighted in his recent remarks that while progress has been made over the past year, including towards cutting carbon emissions, it is not enough. The world remains off target in staying within the 1.5-degree limit of the Paris Agreement. There is a need for more ambition, more ambition on mitigation, ambition on adaptation and ambition on finance.

Sudan's high population growth will put more pressure on resources to meet the high demand for food, water, housing and other services. The situation is exacerbated by the economic crisis and the fact that Sudan is one of the fastest urbanising countries in the world with a steady increase in the number of people migrating from rural areas to cities.

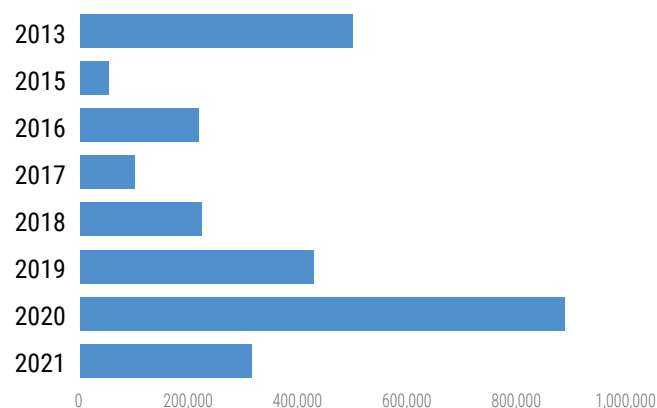
Natural disasters, such as desertification (an estimated 50 to 200km southward shift of the boundary of the desert has occurred since the 1930s), drought, and flooding, also contribute to the deteriorating socio-economic situation of communities and households. As pastoralists and farmers fight over resources, communal tensions increase. Disputes

over land tenure and rights of ownership, access and use of land have been at the heart of many conflicts in Sudan leading to displacement and increasing humanitarian needs.

Annual flooding affects people mainly due to water being carried by Blue Nile river from Ethiopia and White Nile river from the equatorial highlands, as well as through flash floods from the numerous seasonal watercourses. The frequency of floods is increasing and there have been many severe floods across the country. In 2021, Sudan floods affected the lives of nearly 314,500 people across 18 states. An estimated 15,540 houses were damaged and 46,550 destroyed putting over 10 million people at risk of contracting water-borne diseases. Thousands of hectares of crops

were damaged in the middle of the agricultural season, compromising the harvest and the food security of thousands of families.

FLOOD AFFECTED POPULATION 2013 - 2021



Source: Humanitarian Aid Commission (HAC)



ROSEIRES/BLEU NILE

After her child is assessed as malnourished, a mother gives plumpy nut paste to her child at the Gennis Health Centre. Photo: UN

1.2 Shocks and Impact of the Crisis

Impact on services and systems

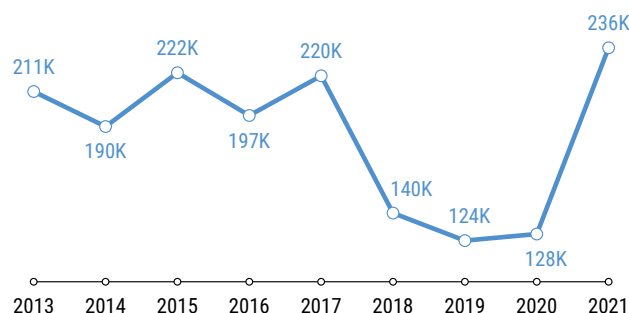
With the economic crisis aggravating and economic hardship affecting new segments of the Sudanese society that were not classified as vulnerable previously, thousands of families are struggling to meet their basic needs, including food and medicine, as well as access to basic services. Moreover, the severity of needs of those who had been vulnerable prior to the economic crisis and the levels of deprivation are increasing further. This is manifesting itself with a record 14.3 million people requiring humanitarian assistance in 2022. About 9.1 million of them will need emergency assistance

for life-threatening needs, a quarter increase compared to 2021.

Since 2017, Sudan has struggled to sustain an adequate supply of medicines and medical items as a result of the economic crisis and hard currency shortages. In 2021, however, this trend started to reverse. During January-June, the Government of Sudan imported about US\$236 million worth of medicines and essential medical supplies, almost double of the amount during the same periods of 2019 and 2018, and the highest since 2013*. Sudan has lost almost two-thirds of the local production capacity of

essential medicines, increasing the need for imports. However, the accessibility to major emergency medicines remains limited due to various logistical, distribution and other challenges. The COVID-19 epidemic, into its second year, is impacting the lives of people continuing to put a strain on the ailing healthcare system, which needs major support from the government and development partners.

IMPORT OF MEDICINE (FIRST OF THE YEAR)



Source: Foreign Trade Statistical Digest 2013 - 2021, Central Bank of Sudan (CBoS)

Rule of law, access to justice and government social protection remain weak across the country, but particularly in conflict-affected areas. In 2021, the economic crisis and scarcity of resources have continued to affect public service delivery and heightened the socio-economic vulnerability, particularly of IDPs, returnees and refugees. Funding and other challenges have curtailed the government's plans to form and deploy joint security forces to provide safety and security across Darfur, including IDP camps, returnee areas and other locations in the region.

The shortage and high cost of quality health, education, WASH, and waste management services has widespread socioeconomic, human rights, humanitarian, political, and security implications for Sudan. Declining economic performance has significantly inhibited the redistributive capacities of the government, while investment in the provision of basic social services to its population remains low. Access to social services and social protection systems remains uneven. Social services are primarily concentrated in urban areas, while rural locations and peripheral areas remain underserved, impacting those who are most geographically isolated, particularly women and girls. This is compounded by poor

infrastructure outside of cities, which further limits access. IDPs face particular challenges in benefitting from social services and protection systems given the lack of service provision in IDP camps and settlements.

More people were displaced during the first 10 months of 2021 in Darfur compared to the same period in 2020 as a result of localised insecurity, conflict and violence, according to the data gathered by IOM's Emergency Event Tracking system. There has also been a marked increase in the incidences of armed attacks, assaults, localised conflict and other incidents in Darfur.

The government has launched a series of initiatives to ensure the protection of civilians, including those in Darfur and other areas that have been affected by armed conflict. However, it lacks resources and therefore requires urgent support to kickstart the implementation of these key plans and programmes.

Impact on people

As a result of localised violence and factional fighting in 2021, thousands of IDPs, returnees and local population were displaced in Central Darfur, North Darfur, South Darfur and West Darfur, Blue Nile and South Kordofan states. Hundreds of villages/houses were burnt, local markets, households assets and livestock looted, many individuals were killed, injured, physically abused and abducted, women, children and people with disabilities left in a very vulnerable situation.

The economic crisis - high inflation and soaring food and non-food prices - continued to erode people's ability to buy food and other basic necessities. This has resulted in a record 9.8 million acutely food insecure people – the second record-breaking year in a row, according to Integrated Phase Classification (IPC). During the same period of 2020, the figure was 9.6 million. In 2021, food insecurity continued to increase in areas not usually targeted for humanitarian assistance. For instance, the largest increase in acutely food insecure people – over 200,000 people – came from Khartoum State – the largest urban centre and federal capital.

FOOD SECURITY IPC 3+ COMPARISON 2020 -2021

STATE	2020	2021	CHANGE	% CHANGE
Northern	79,579	143,445	63,866	80%
River Nile	118,109	192,517	74,408	63%
East Darfur	210,717	314,385	103,668	49%
Gedaref	451,386	567,513	116,127	26%
Khartoum	1,431,748	1,670,174	238,426	17%
North Kordofan	452,862	526,239	73,377	16%
South Darfur	760,175	847,126	86,951	11%
White Nile	445,275	489,520	44,245	10%
West Darfur	544,791	572,261	27,470	5%
Aj Jazirah	878,356	903,122	24,766	3%
West Kordofan	317,735	304,867	-12,868	-4%
North Darfur	776,835	712,069	-64,766	-8%
Kassala	652,518	581,014	-71,504	-11%
Red Sea	429,219	364,775	-64,444	-15%
Central Darfur	506,410	422,060	-84,350	-17%
Sennar	373,008	307,618	-65,390	-18%
Blue Nile	432,713	345,554	-87,159	-20%
South Kordofan	717,250	505,362	-211,888	-30%

According to the latest IPC report on the status of food security in Sudan, more than half of the acutely food insecure people in the country (about 53 per cent) are in central, eastern and northern Sudan. These are non-conflict areas, which seem to be bearing the brunt of the economic crisis and lack of long-term development investment, especially in the case of eastern Sudan.

The economic crisis and lack of funding continued to affect the provision of healthcare services across the entire country. According to the latest updates from health sector partners, the current level of health

personnel staffing (doctors, nurses and midwives) is able to cater for 17 per cent of Sudan's population as many trained and qualified paramedics leave the country in search of better income opportunities. One of the impacts on people of this exodus is that about 1.5 million women do not have access to basic emergency obstetric care⁶. The liberalisation of prices, high inflation and the abolishment of the 'customs' exchange rate have resulted in some medicine prices increasing by 1,000 per cent. Moreover, the global acute malnutrition (GAM) prevalence among children under-five continued to remain at elevated levels of 13.6 per cent with 64 localities having World Health Organization (WHO) emergency levels of 15 per cent and above of which 9 have catastrophic levels of 30 per cent and above.

Impact on humanitarian access

In 2021, the Transitional Government continued to ease the legal and other related frameworks regulating humanitarian action (including humanitarian access) in Sudan. The Government continued to ease humanitarian operations after the revolution with strong commitment from top government officials to facilitate the delivery of aid and access to all Sudanese people across the country, an element included in the JPA. Nevertheless, the regulatory framework of humanitarian work in Sudan remained unchanged.

The characterization of access remains a highly contentious issue amongst partners in Sudan. Despite the improvement in some aspects of access, the country lacks new comprehensive directives that would operationalize the commitment of the government. Lacking clear guidance from the government enhances different interpretations and encourages implementation inconsistencies across the country. For instance, travel notification requests in some states are only approved by Humanitarian Aid Commission (HAC) offices, while other states apply multiple approvals. Moreover, the average number of approval days for a travel notification request across

⁶ "basic emergency obstetric care" is the emergency care provided to treat (and therefore save the life of) a woman experiencing a complication of pregnancy or childbirth.

Sudan varies amongst months (two days in February, five days in March, four days in May and three days in September). As for NGOs Technical Agreements (TA), the average approval days for a TA at the federal level was 17 in September, it was 12 days in August, 21 days in July and 16 days in March. It is worth noting that the last directives on TAs were issued in December 2016.

Meanwhile, the economic crisis and other challenges have increased the physical access constraints related to terrain and poor infrastructure, such as roads, bridges and airstrips, particularly during flood times. The economic hardship associated with prioritised expenditures reduced the government's ability to maintain road and drainage infrastructure and carry out flood mitigation measures, which resulted in difficulties reaching people in some affected areas.

The primary road network within the country is basically accessible, all year round. However, during the rainy season, some major roads are affected by floods cutting areas off. From May to October, flooded valleys (wadis) may interrupt movement on secondary and tertiary roads for periods. Causeways and culverts

may be submerged during the rainy season and rivers and wadis in sections of roads may be eroded during the rains.

Many roads are in bad condition (potholes etc.) slowing down the delivery of relief items. On the main arterial roads, potholes are evident, on gradients and intersections, and roads tend to 'corrugate' due to the traction of heavily loaded commercial carriers travelling over low bridges, culverts, and roads.

The road from El Obeid to Al Fasher - an access example

The main road from El Obeid (North Kordofan) to El Fasher (North Darfur) is a paved/asphalt highway and is accessible throughout the year to all types of traffic. The main road from El Obeid to Nyala (South Darfur) is paved/asphalt up to El Nuhud town (206 km), while the remaining 474 km is dirt. The dirt part of the road is usually inaccessible during the rainy season forcing travellers to use alternative roads. The rainy season affects transport rates as transporters have to take longer routes resulting in an increase of transportation rates by 20 to 25 per cent compared to the dry season.

Commercial vehicles have restricted timeframes to cross the bridges into Khartoum in order to

NORTH DARFUR

World Food Programme (WFP) trucks during a trip from El Fasher to Shangil Tobaya. Photo: UN



reduce traffic congestion. The roads to states in eastern Sudan have been cut off several times this year by protestors, including those in September 2021 (members of Beja tribes blocking roads to Kassala, Red Sea, and Gedaref states). The most recent blockage of the port in Port Sudan, and the road leading to Khartoum that started in September continued for more than a month, affecting the movement of humanitarian supplies (medicines, nutrition and water, sanitation supplies, and fuel) and commercial shipments.

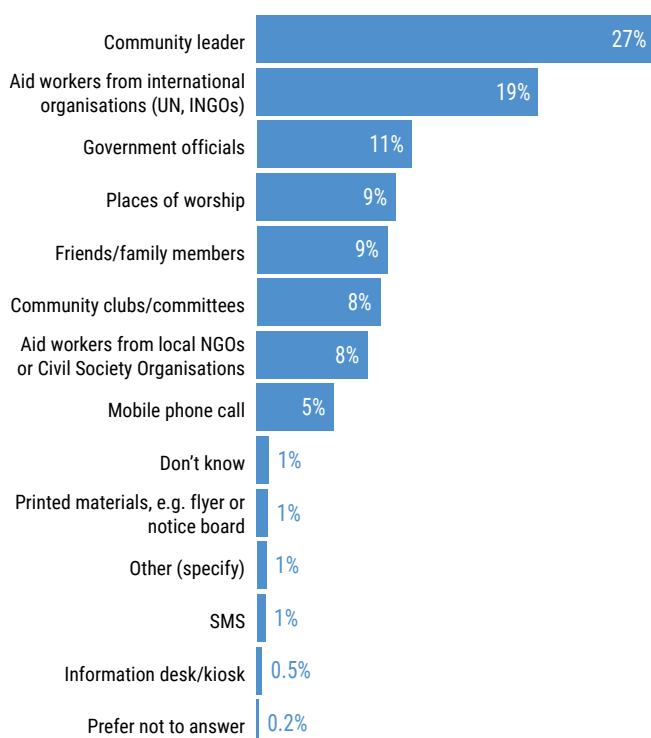
Accountability to affected populations

It is essential to systematically engage with communities to understand people's perceptions of their needs and preferences. The 2021 Multi-Sector Needs Assessment (MSNA) collected data about affected people's perceptions of their priority needs and ability to access information in Sudan.

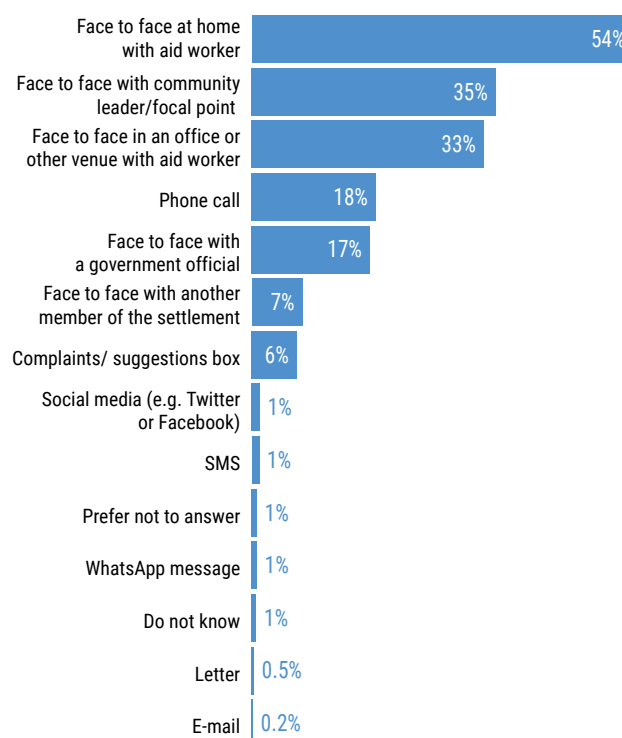
The MSNA dataset, which informed the HNO analysis contained interviews with 19,019 households - three quarters were conducted face to face, the rest by phone. The data collected helps understand affected people's priority needs and improve accountability towards communities. The overall MSNA findings suggest that health, livelihoods and education are the top three priority needs identified by surveyed households, however, the ranking of needs varied depending on gender and the status of the respondent. Female-headed households prioritised livelihoods, health, and education, whereas male-headed households focused on education, livelihoods, and health.

IDPs reported livelihoods, education and shelter were their main priorities. For refugees, shelter was their main need, followed by health and livelihoods. For people living in camps and informal settlements, priority needs were livelihoods, health, shelter, education and water.

If the household has one or more needs, from whom or where would your household prefer to receive information about help for these needs?



How would your household prefer to give feedback to aid agencies about the aid (quality, quantity and/or appropriateness) you are receiving?



1.3

Scope of Analysis

The HNO covers all of Sudan and Abyei PCA, identifying the humanitarian needs of IDPs, refugees, returnees and vulnerable people in Sudan.

POPULATION GROUPS BY STATE

	VULNERABLE RESIDENTS	IDPs	REFUGEES	RETURNEES
Aj Jazirah	Yes	No	Yes	No
Blue Nile	Yes	Yes	Yes	Yes
Central Darfur	Yes	Yes	Yes	Yes
East Darfur	Yes	Yes	Yes	Yes
Gedaref	Yes	No	Yes	No
Kassala	Yes	No	Yes	No
Khartoum	Yes	No	Yes	No
N. Darfur	Yes	Yes	Yes	Yes
N. Kordofan	Yes	No	Yes	No
Northern	Yes	No	Yes	No
Red Sea	Yes	No	Yes	No
River Nile	Yes	No	Yes	No
Sennar	Yes	No	Yes	No
S. Darfur	Yes	Yes	Yes	Yes
S. Kordofan	Yes	Yes	Yes	Yes
W. Darfur	Yes	Yes	Yes	Yes
W. Kordofan	Yes	Yes	Yes	Yes
White Nile	Yes	No	Yes	No

In 2021, for the second time in Sudan, a nationwide multi-sectoral needs assessment (MSNA) was conducted. Its results were one of the main sources of intersectoral primary data and were used to complement data from inter-sectoral and sectoral assessments undertaken between 2018 and 2020. For a complete list of primary data collection assessments please see the data sources table in annex 4.5 in the annex. In addition, the Integrated Food Security Phase Classification (IPC) data was used as the standard primary data set for the Food Security and Livelihoods Sector and some other sectors in the calculation of the number of People in Need (PiN). The IPC data also plays a key role for estimating the baseline for

vulnerable residents, which is then used by all sectors. See annex 4.3 for a list of sector indicators used for the HNO analysis.

The MSNA was conducted countrywide, across all 18 states and Abyei PCA during August and September 2021, adopting different interview modalities based on access and feasibility.

The Basic Needs and Vulnerability Assessment (BaNVA) was used to provide the necessary analysis for the refugee population. The MSNA and the BANVA together produced the overall picture of humanitarian needs in Sudan.

The Joint Education Needs Assessments (JENA) of Sudan was conducted at the end of 2020 and is a country wide education-specific need assessment.

The national Simple Spatial Survey Method S3M II assessment conducted in 2018 and updated in 2020 complemented data for five sectors - health, nutrition, WASH, GBV, shelter and NFI. The S3M II survey included data for smaller geographical areas within localities as well as from the national, state and locality level. The survey used the S3M, an area-based sampling methodology that uses settlement locations for sample selection. The survey was designed to be spatially representative of the whole country with the exception of a few inaccessible areas.

The Food Security and Livelihoods sector used data from the main national assessment and routine monitoring system – Comprehensive Food Security Assessment and the Food Security Monitoring System (FSMS). The Comprehensive Food Security and Vulnerability Assessment (CFSVA) quarter 1 2021 was conducted from November 2020 to February 2021.

The 31st round of the Food Security Monitoring System (FSMS) was conducted between November 2020 and February 2021, the harvest season in Sudan. The FSMS aimed to ascertain the food security situation of refugee and IDP households. Data was collected from 13,493 refugee and IDP households across 132 locations in all five Darfur states, all three Kordofan states, as well as White Nile, Blue Nile and Kassala states.

The long-standing presence of partners and humanitarian operations in the Darfur states, Kordofan states, and Blue Nile resulted in more secondary data availability compared to other geographical areas.

Sectors undertook consultations at state level to complement the findings from the BANVA, JENA, Voices of Sudan and MSNA data. Voices of Sudan is the first nation-wide, qualitative assessment of GBV that has ever been done in Sudan, co-authored by United Nations Population Fund (UNFPA) and the Government of Sudan's Combating Violence against Women Unit (CVAW). The severity of need maps were validated at national and state level by operational partners through the Inter Sectoral Coordination Group (ISCG) and through the Humanitarian Programme Cycle (HPC) consultation workshops where UN organisations, NGOs and donors participated.

SECTOR DATA SOURCES

SECTOR	DATA SOURCE	DESCRIPTION	COVERAGE
Education	FMoE EMIS (2017-2018), IPC (2021), JENA (2021)	FMoE - A range of data from the Federal Ministry of Education	Whole country
Food Security	Integrated Food Security Phase Classification - IPC (2021)	IPC - food security and nutrition analysis data	Whole country
Health	FMoH/WHO, EPI Program, HIS, SMoH, RH directorate	JENA - a country-wide education-specific needs assessment data	Whole country
Nutrition	Simple Spatial Survey Method S3MII (2018/2020)	IPC - food security and nutrition analysis data	Whole country
Protection		EPI Programme – data related to the Expanded Programme on Immunization	
Child Protection	Service mapping, Child Protection Needs Assessment, MRM IMS+, CPIMS+, MoSA, UNICEF	HIS – Health Information System	Whole country
GBV	S3M II (2018), Voices of Sudan Assessment (2021)	RH directorate	Whole country
General Protection	Report/Protection Sector Intercommunal Conflicts Incidence Tracker/Protection Monitoring Reports (2021), Hazard Rankings, Protection Sector IDP Settlement Risk Level Analysis	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan.	Whole country
Mine Action	MSNA (2021), IMS for MA (2021)	IMS- Information Management Systems for Mine Action	Blue Nile, Gedaref, Kassala and South Kordofan
RCF	Refugee population data (UNHCR & COR), BANVA (2021)	BANVA - Basic Needs and Vulnerability Assessment	Refugee areas
Shelter/NFI	Sector needs assessments, IA/Rapid Assessments (2021), NFI data tracking sheets (NFI CP), S3MII	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan.	Whole country
WASH	S3MII (2018/2020)	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan.	Whole country



AROMA/KASSALA

Houses destroyed by heavy rains. Photo: UN3

1.4

Humanitarian Conditions and Severity of Needs

About 14.3 million people are expected to be in need of humanitarian assistance across Sudan in 2022, of whom 8.3 million are women and girls. As a result of the economic crisis driving the needs, vulnerable residents are the largest population group - some 9.3 million people - accounting for two-thirds of the overall number. There are also 2.9 million IDPs, 1.2 million refugees and 0.9 million returnees.

In 2022, 9.1 million people are estimated to be affected by life-threatening conditions, an increase of quarter compared to 7.3 million people in the same category one year ago. And about 14.3 million people cannot adequately meet minimal living standards.

For the indicators that produce the severity of needs for life-threatening and life-sustaining humanitarian conditions, please see annex 4.3

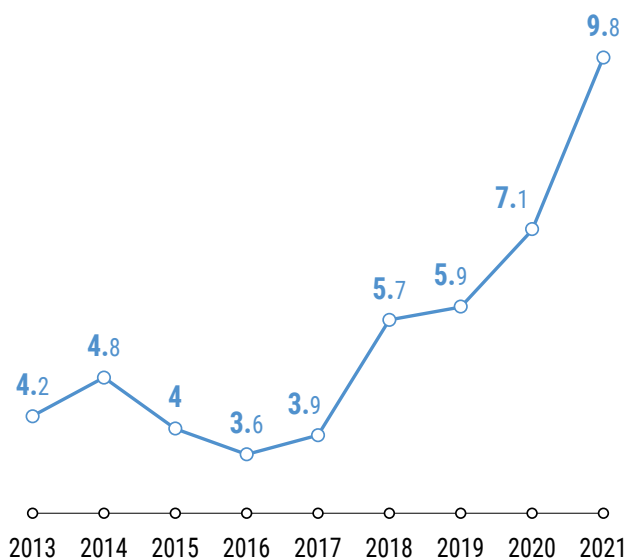
Food security and nutrition

Food insecurity remains high in Sudan due to increased and protracted displacement, economic decline and inflation, floods, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic; it is worse during the lean season. The public health measures to prevent the spread of the COVID-19 pandemic significantly affected humanitarian operations, decreased commodity

movement, market function and cross-border trade, and compromised livelihoods, daily labor opportunities, reducing vulnerable populations' purchasing power and food access. An increase in localised conflicts, many politically motivated, triggered population displacements, especially in Darfur and Kordofan states, combined with the deterioration of the economy, has led to higher than usual levels of acute food insecurity.

Around 9.8 million people, representing 21 per cent of the total analysed population (46.5 million), are expected to be in Crisis (IPC Phase 3) or worse levels of food insecurity, with 6 per cent in Emergency (IPC Phase 4) levels, who require urgent action to save lives, protect livelihoods and reduce food consumption gaps. In the lean season, around 2.7 million people will be in Emergency (IPC Phase 4), with nearly 7.1 million in Crisis (IPC Phase 3) levels and over 16.5 million people in Stressed (IPC Phase 2) levels. This marks an increase of 29.6 per cent (from 5.5 million to 7.1 million) of people in Crisis (IPC Phase 3) and 46.5 per cent (from 1.8 million to 2.7 million) of people in Emergency (IPC Phase 4), compared to the previous analysis period (April - May 2021).

IPC FOOD INSECURE PEOPLE (MILLIONS)



Source: Integrated Food Security Phase Classification (IPC)

Floods and desert locust

In 2021, about 314,500 people across the country were affected by heavy rains and flash floods. More

than 15,000 homes were destroyed, over 46,000 homes damaged, and an unconfirmed number of public infrastructure facilities and farmlands have been affected. Heavy rain and flooding was reported in 14 out of 18 states, including Blue Nile, Gedaref, Al Jazirah, Khartoum, North Kordofan, Northern, River Nile, Sennar, South Darfur, South Kordofan, West Darfur, West Kordofan and White Nile River Nile. Al Jazirah, South Darfur, Gedaref and West Darfur were the most affected states.

The impact of desert locusts in 2021 was minimal; there have been limited control operations in progress against early instars hopper bands on the Red Sea coast north of Tokar Delta. It is projected that the adult groups and swarms may continue to lay eggs along the Red Sea Coast between Suakin and Tokar.

Gender-based violence

Gender-based Violence (GBV) remains a grave concern in Sudan. This is confirmed in the findings from "The Voices from Sudan" report. The report showed that the impact of COVID-19 and the deteriorating economic situation has increased violence, especially forced marriage. Violence outside the home reportedly increased because of the absence of authorities. COVID-19 restrictions also increased domestic violence, particularly physical violence and restrictions in movement. Female Genital Mutilation (FGM) also increased during school closures.

Victim blaming, which prevents GBV survivors from accessing services, is common. Survivors and their families are blamed for the violence, and they are vulnerable to repeated violence, particularly forced marriage, and sexual and verbal abuse. The survey also indicated that most violence goes unreported. Reporting domestic violence by members of the community is particularly challenging. Sexual violence goes unreported unless it results in pregnancy. Women cope and try to protect themselves from violence by dressing conservatively and avoiding suspicious places, going out in groups, or by staying at home. For persons with disabilities, the family is mainly responsible for violence experienced by women and girls with disabilities, and child marriage is used as a negative coping mechanism.

GBV also impacts livelihood and economic activities. Women working in low pay informal jobs (tea sellers, women working in markets), women in IDP or refugee camp settings who fetch water or firewood, domestic workers, people with disabilities, especially mental, are reported to be particularly vulnerable to sexual violence. Lack of access to quality specialized lifesaving GBV services remains a key challenge, such as the clinical management of rape (CMR), and psycho-social support, legal aid, case management and referral mechanisms. CMR services are available in less than one in every five health facilities.

Weak health and WASH systems

Approximately 81 per cent of the population does not have access to a functional health centre within a two hour walk from their home. Since 2017, Sudan has struggled to sustain an adequate supply of medicines and medical items due to the economic crisis and hard currency shortages. Sudan has one of the lowest ratios of physician density in the world standing at 0.26 per 1,000 population in 2017, while the ratio of trained nurses and midwives is 1.157 per 1,000 population. The private sector is weakly regulated and service delivery generally does not adhere to national protocols and guidelines. Though health services are meant to be free, given low coverage/inefficient services, people rely on the private sector (69.3 per cent of current health expenditure is in the private sector), which further burdens the people in need due to increased out of pocket expenditure. Referral mechanisms are not well-regulated, adding to inefficiencies.

In 2022, it is estimated that over 1.5 million women will not have access to life-saving reproductive services, and over 2 million children might miss their routine vaccination doses.

About 25 per cent of households in Sudan reported that water points were not functioning in their location. Another 25 per cent of the population reported that water quantity is not sufficient to meet their basic needs; 50 per cent of the people reported that it takes more than 50 minutes to fetch water, exposing them to security risks, especially for the girls and women.

Moreover, 54 per cent of the schools and half of the health facilities do not have basic water services. In addition, 70 per cent of the population (around 28 million people) do not have access to basic sanitation facilities, which are not shared with other households. Sudan has the highest ratio of people practicing open defecation in the Middle East and North Africa region, posing grave public health risks to the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid, and polio. Open defecation manifests multi-sectoral deprivations, be it poverty, malnutrition, or education, and affects women/girls disproportionately.

Frequent emergencies, conflicts and civilian displacements make planning for long-term improvements difficult. This is exacerbated by inadequate institutional arrangements and capacities of sector stakeholders, characterised by breakage of dilapidated water supply systems (estimated to be more than 25 per cent as per MSNA 2021) that result in poor revenue collection. Fuel-reliant water supply systems have been severely affected by the increase in fuel prices, public-private partnerships are at a verge of collapse, increasing the reliance on humanitarian partners. Sanitation continues to be a low national political and budgetary priority; poor community ownership and awareness are not contributing towards achieving sustainable development goal six, especially when it comes to facilities in the premises/households. Data gaps also hinder the prioritization of resources.

Limited access to education

Prior to COVID-19, it was estimated that 36.5 per cent of children in Sudan were out of school. As indicated in the Sudan Education Sector's Joint Education Needs Assessment of 2021, the most common factors preventing children from fulfilling their right to education include financial barriers such as school-related fees and negative economic coping mechanisms such as child labour or child marriage. Other factors include: long distances to school in areas without affordable, or any transportation options or without fuel for transport; an insufficient number of schools to accommodate all children,

particularly in areas affected by conflict (most notably in the Darfur and Kordofan regions) in which many schools have been damaged; and the reality of displaced children in safe haven areas with already overcrowded schools. Of the schools surveyed in the assessment, 55 per cent charged a school fee or levy and 25 per cent of respondents indicated that schools were not accessible due to the distance and lack of transportation or money for transportation. For girls, it was found that the third most common cause of dropping out of school (after financial barriers and distance to school) was child marriage or early pregnancy.

Access to livelihoods

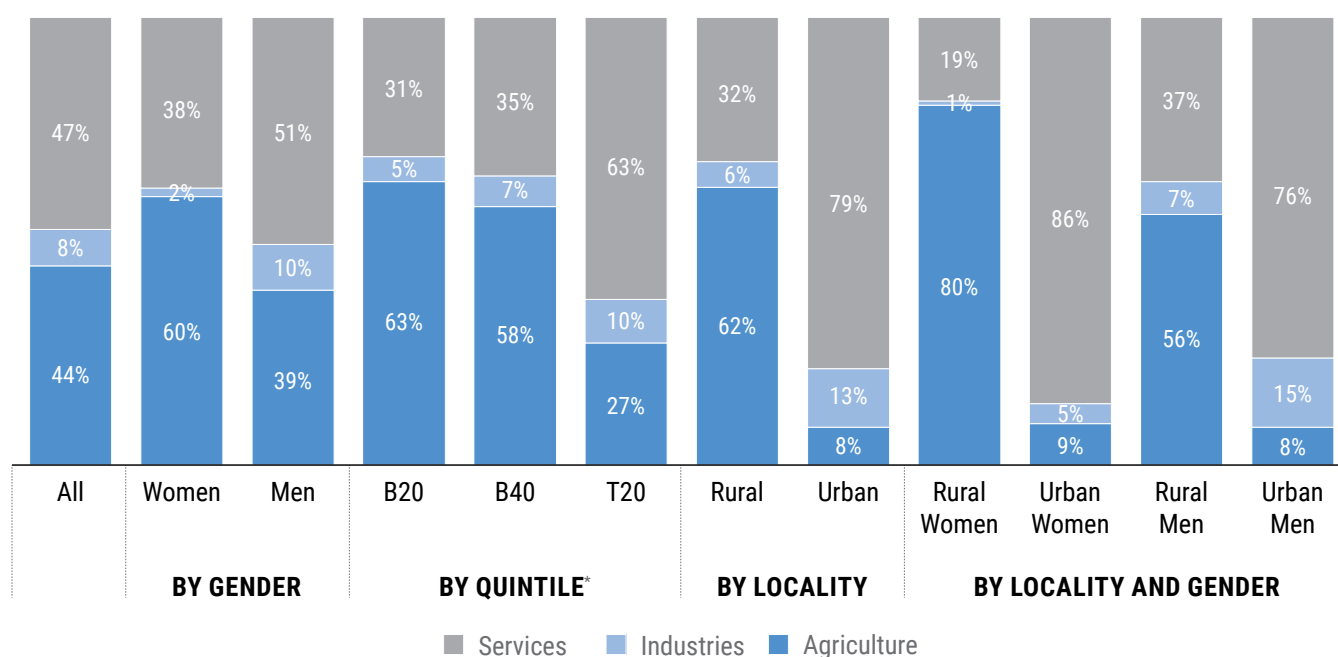
In Sudan, approximately 80 per cent of the population depends on agriculture for income generation and livelihoods. Households are increasingly relying on markets to purchase staple food at significantly higher than normal prices, as per the latest IPC analysis for Sudan. The main lean season for most of the areas analysed falls between June 2021 and October 2021, with households expected to deplete their stocks and increasingly rely on markets. In addition, livestock productivity will be at seasonally low levels during

the dry season, with an increase in staple food prices outpacing earnings in cash income from agricultural labour and livestock sales.

The high prices of seeds and cost of agricultural operations increases the challenge to the farming communities to continue production and to cope with the increasing vulnerabilities. Natural disasters also affect the sector through reduced production; loss of harvest and livestock, outbreaks of diseases and destruction of rural infrastructure and irrigation systems, which result in direct economic loss to farmers, that may cascade the entire value chain affecting agricultural growth and rural livelihoods.

As the rainy season progresses between June and September, livestock productivity, access to in-kind and cash income from agricultural labour are expected to increase, providing some improvement in household access to food. However, staple food prices are expected to increase following the seasonal trend throughout the lean season, further reducing household purchasing power.

EMPLOYMENT SHARES BY SECTOR, GENDER, QUINTILE AND LOCALITY



* Income classification, B20 - bottom 20%, B40 - bottom 40% and T20 - top 20%
Source: Towards a more inclusive economy, World Bank, January 2021

Protection

The number of IDPs increased in 2021 due to increased localized violence and factional fighting in Darfur, South Kordofan, White and Blue Nile states, while the need for durable solutions for the protracted IDP caseload remains. The Protection sector has identified a total of 64 hotspot localities with over 200 locations (IDP camps, settlements, sites and villages) where a majority of the displaced and local population are affected and in need of protection services. After the withdrawal of UNAMID the government of Sudan was not able to form and effectively deploy effectively joint protection forces to cover the gap and provide protection to civilians. From some of the hotspots, the IDPs and local population were displaced several times. They lost their shelter, villages, livestock, personal belongings, safe access to the farms, water and firewood collection points. Furthermore, many of them were killed and injured.

In these localities the rule of law is weak, access to social and protection services is limited, IDPs and returnees are under frequent attacks by armed nomads and or other armed individuals, and incidents of GBV and kidnappings are regularly reported. Some of these localities, particularly in South Kordofan and Blue Nile states, are contaminated by landmines. Incidents of unexploded ordnance (UXOs) explosions are reported, not only in these but also some hotspot localities of Darfur states. Affected populations are traumatised and in need of Psychosocial Support Services (PSS), shelter, food and social services; many of them are in need of civil documentation and, legal assistance, including for Housing, Land and Property (HLP) related disputes. Traditional protection structures are broken and or partially functioning and sustainability of established Community Based Protection Networks (CBPNs) have been affected.

In order to prevent conflict and violence, the capacity of CBPNs requires strengthening to identify protection concerns and , most vulnerable individuals, and detect and pass early warning messages to the security forces and as well as protection sector partners for interventions.

Humanitarian access is also problematic in some areas due to the insecurity, unavailability of police escorts, being under the control of different armed groups and or because of the presence of land mines and UXOs.

Protection services

Approximately 4.5 million people need better access to protection services. Conflict-affected people, IDPs,

returnees and refugees are highly vulnerable and face various challenges. For example, in 2021 thousands of IDPs and local residents were displaced multiple times; they were traumatized, physically abused, injured or lost their family members, personal belongings, shelters, villages and access to land, water points and firewood collection.

Almost 20 per cent of households have one or more members who do not possess critical civil documentation, such as national ID cards, and birth certificates⁷. Further, when interviewed about protection risk mitigation measures, 84 per cent of persons referenced the absence of lighted or lockable community toilets/latrines, a key protection safeguard against GBV⁸.

Community support networks have weakened and are not sufficient. Lack of formal dispute resolution mechanisms contribute to the escalation of localized clashes into larger localised conflicts. Finally, awareness of feedback mechanisms needs improvement as survey data shows that only slightly more than half of those receiving aid or services knew how to raise related complaints or concerns⁹. Access to protection services remains limited, coupled with weak rule of law and social services. Community-Based protection Networks (CBPNs) need to be established or strengthened in order to serve as a protection mechanism, identify protection concerns, settle disputes, identify, assist or refer for assistance the most vulnerable, raise awareness of the community members, prevent and respond to SGBV incidents, serve as early warning mechanism, seek protection from security forces and participate in the decision making processes that affect their well being and future.

Particular attention and support are required for capacity building of the national and state level protection of civilians committees at the national and state level, building early warning systems, collecting data through protection of civilians incidents tracking tool, analysis of collected data to guide programmatic and advocacy interventions⁹.

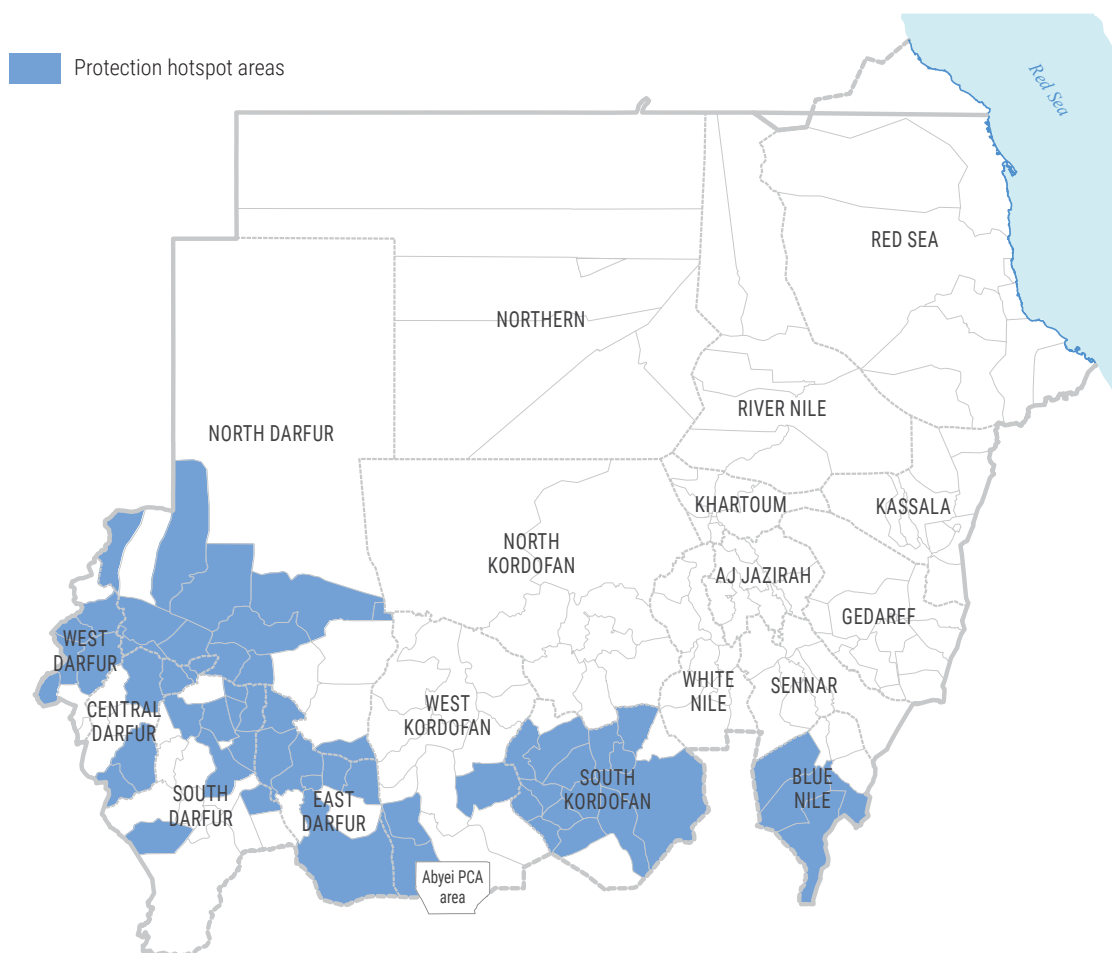
⁷ MSNA 2021.

⁸ MSNA 2021.

⁹ MSNA 2021.

PROTECTION HOTSPOT AREAS IN DARFUR, SOUTH KORDOFAN AND BLUE NILE STATES

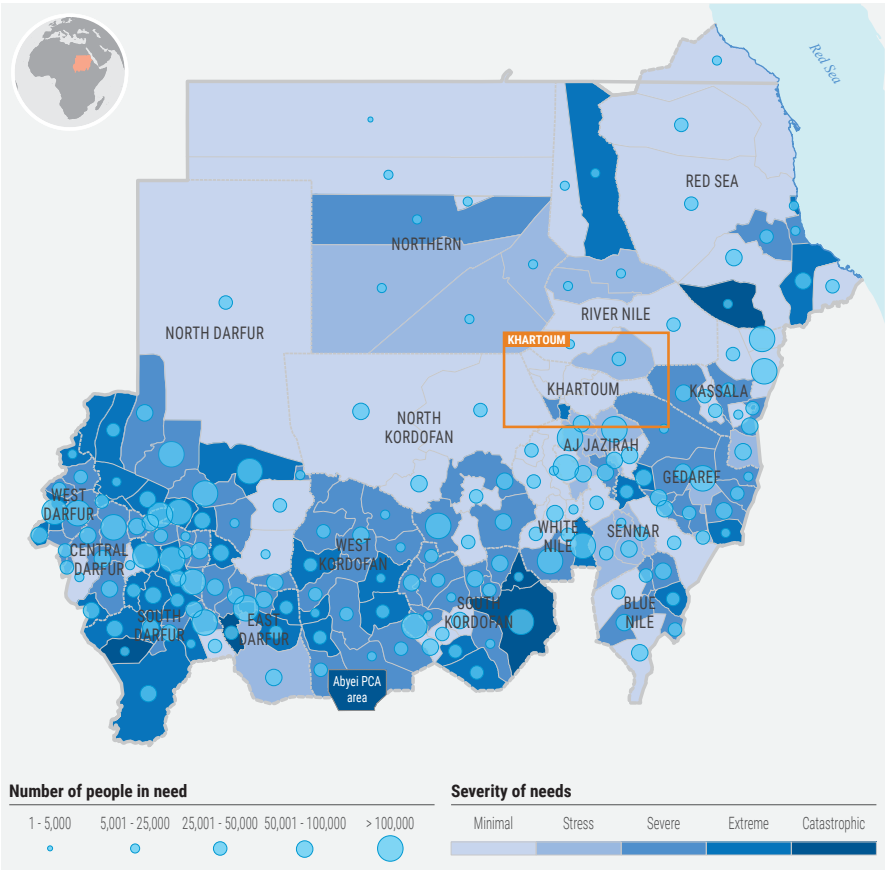
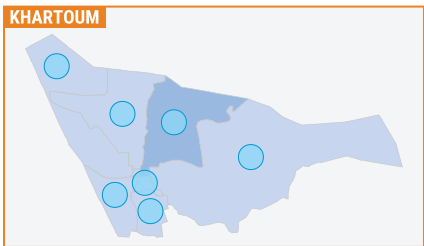
STATE	LOCALITIES AND MAJOR HOTSPOTS	NO. OF HOTSPOT LOCALITIES
West Darfur	El Geneina town; El Geneina; Beyda; Jabel Moon; Krenik and Sirba localities;	6
Central Darfur	Central; West; and North Jebel Marra and Zalingei town (Hasahisa, Khamsa Daqaeq and Hamidiya IDP camps); Mukjar, Um Dukhun	6
North Darfur	Kabkabiya (town, surrounding villages and Sortony); Kutum; Tawila; Dar e Salam (Shangil Tobiya); Saraf Umra localities, As Serief, Al Fasher, Al Lait, Al Koma, At Tina, Mellit, Um Baru	12
South Darfur	Mershing (Manawashi); Graid; Kass; Niteaga (Khor Abeche); East Jebel Marra; Beliel (Kalma camp); As Salam-SD; Um Dafoug; Nyala Shimal; Al Wihda localities	10
East Darfur	Yassin; Assalaya; Abu Karinka; Shiaria; El Daien; Adila and Bahr al Arab localities	7
Subtotal for Darfur		
South Kordofan	Al Buram; Umm Durein; Huiban; Reif Ashargi; Dellami; Kadugli; Habila; Dilling; Abu Jubaiha; Talawdi; Abu Kershola; Al Rashad; Al Leri; Ghadeer; Abassiya; localities	15
West Kordofan	Alrif Agarbi; Lagawa; El Meram; Abyei	4
Subtotal for Kordofan states		
Blue Nile state	Kurmuk (Yabus and surrounding villages); Geissan; Bau (Ullu and surrounding villages) and Al Tadamon localities	4
Grand Total		64



Humanitarian conditions

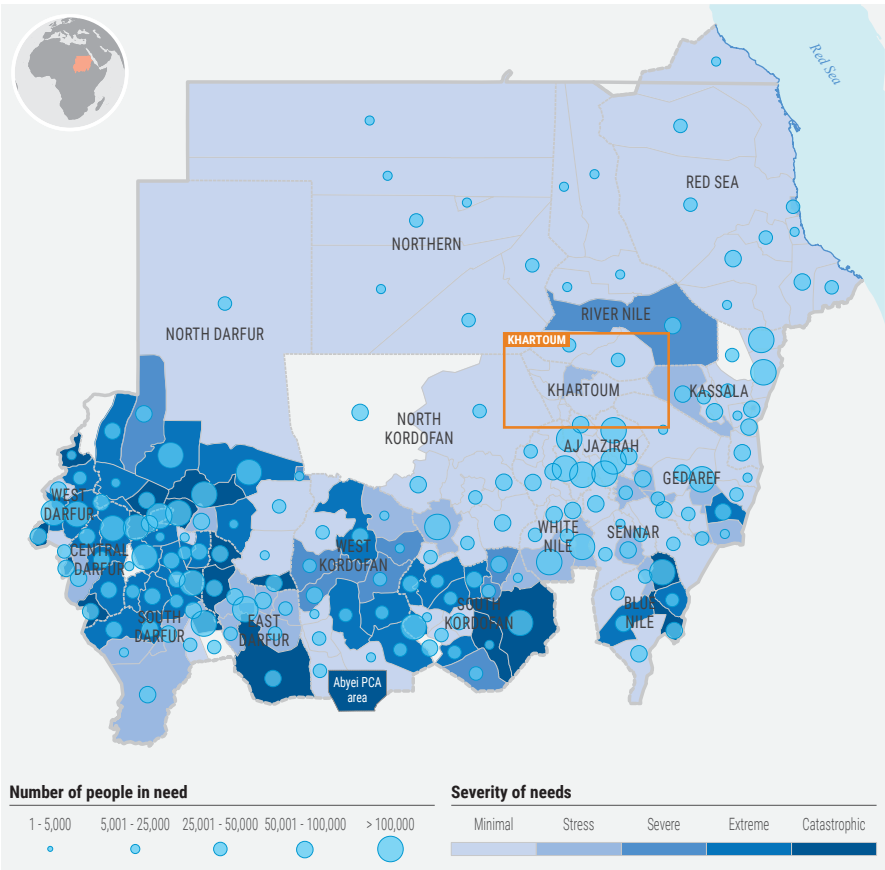
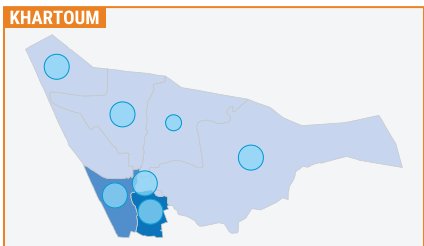
Life-Threatening (critical physical & mental well-being issues)

Life-threatening conditions can cause loss of life, physical and psychological harm or threats to a population and their dignity. Excess morbidity or mortality, malnutrition, psychosocial trauma, grave human rights violations such as killing, maiming and rape drive life-threatening conditions. Under this category, needs arising from sudden shocks such as conflict, floods, or natural disasters are also considered.



Life-Sustaining (critical living standards)

Life-sustaining conditions require actions to enable the affected people to meet their basic needs, including having access to essential goods and services such as water, shelter, livelihoods, healthcare, education and protection among others. These are measured by accessibility, availability, quality and use of essential goods and services.



POPULATION GROUPS IN THE LIFE-THREATENING AND LIFE-SUSTAINING CATEGORIES



Source: Joint Inter-sectoral Analysis Framework 2021 - Note that the People In Need figure is not the addition of the live saving and life-threatening categories since people in one category are often in the other.

1.5

Severity of Needs by Vulnerable Group

Severity of needs		People in Need of humanitarian assistance.		
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
17.2M	16.5M	5.2M	7.9M	1.2M

Needs are identified as life threatening (needs related to critical physical and mental well-being) and life-sustaining (needs to meet minimum living standards). For example, having enough clean water is a life-threatening need; the presence of a source of clean water within a reasonable walking distance is a life-sustaining need. Further, needs are classified into five categories – from minimal to catastrophic. There is a quarter increase in life-threatening needs in 2021 compared to the previous year. Meanwhile, 14 million people require life-sustaining support.

Of the 14.3 million people in need:

- The lives of 9.1million people are threatened by the humanitarian situation
- The life-sustaining conditions of 14 million people are low enough not to be considered life-threatening, but do require emergency humanitarian support
- Most of the people who need life sustaining assistance also need assistance that lessens the

threat to their lives. As such, nearly all persons in the life-threatening group are also in the life-sustaining group.

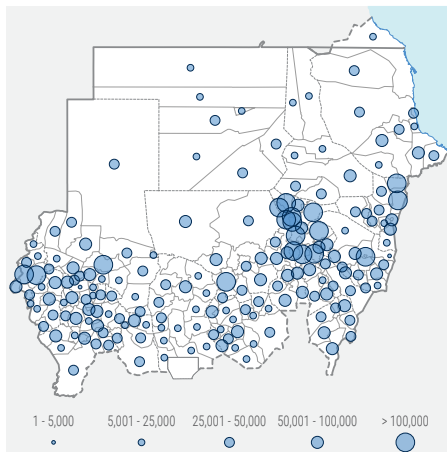
The largest population group in need is vulnerable residents - Sudanese people that are in need of humanitarian assistance. They are spread throughout the country with the highest increase in the centre and east compared to 2021.

People who are displaced due to conflict are concentrated in the Darfur's States, which host 85 per cent of the total displaced. The majority of refugees are in Khartoum and White Nile with significant clusters in need around metropolitan Khartoum. The majority of refugees from Ethiopia's Tigray region arrived in Sudan in 2020 and the 58,000 (as of 31 October 2021) new refugees from Ethiopia have stabilised over 2021, but their needs and vulnerability remain higher than longer-term refugees. Partners in Sudan are developing contingency plans for additional influxes.

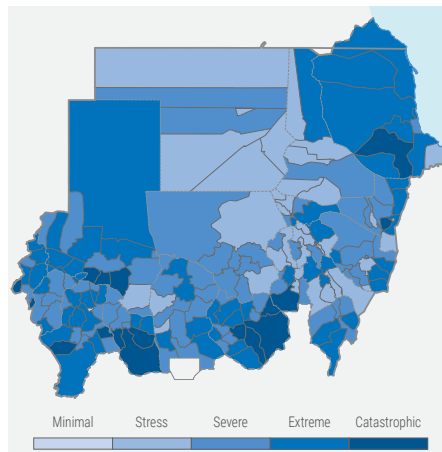
PEOPLE IN NEED PER STATE BY SEVERITY, AGE, GENDER AND POPULATION GROUP (MILLIONS)

DISTRICT	PEOPLE IN NEED	OF WHICH: SEVERE	EXTREME	CATASTROPHIC	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	IDPs	REFUGEES	VULNERABLE RESIDENTS	RETURNEES
Abyei PCA	0.04	0.00	0.00	0.04	57/43	55/39/6			0.04	
Aj Jazirah	0.86	0.71	0.14	0.00	57/43	55/39/6		0.02	0.84	
Blue Nile	0.44	0.15	0.28	0.00	57/43	55/39/6	0.08	0.01	0.33	0.01
Central Darfur	1.02	0.27	0.75	0.00	57/43	55/39/6	0.41	0.02	0.40	0.19
East Darfur	0.61	0.11	0.31	0.19	57/43	55/39/6	0.10	0.11	0.29	0.10
Gedaref	0.63	0.22	0.41	0.00	57/43	55/39/6		0.08	0.55	
Kassala	0.70	0.24	0.35	0.11	57/43	55/39/6		0.12	0.58	
Khartoum	1.89	0.87	1.03	0.00	57/43	55/39/6		0.31	1.58	
North Darfur	1.91	0.90	1.01	0.00	57/43	55/39/6	0.89	0.03	0.68	0.30
North Kordofan	0.51	0.45	0.06	0.00	57/43	55/39/6		0.01	0.50	
Northern	0.10	0.10	0.01	0.00	57/43	55/39/6		0.00	0.10	
Red Sea	0.36	0.00	0.26	0.10	57/43	55/39/6		0.01	0.35	
River Nile	0.18	0.17	0.01	0.00	57/43	55/39/6		0.00	0.17	
Sennar	0.32	0.08	0.23	0.00	57/43	55/39/6		0.01	0.31	
South Darfur	1.70	0.26	1.24	0.20	57/43	55/39/6	0.69	0.07	0.79	0.16
South Kordofan	0.90	0.16	0.47	0.27	57/43	55/39/6	0.27	0.04	0.50	0.08
West Darfur	0.93	0.15	0.78	0.00	57/43	55/39/6	0.32	0.00	0.52	0.08
West Kordofan	0.47	0.14	0.33	0.00	57/43	55/39/6	0.09	0.07	0.30	0.01
White Nile	0.69	0.25	0.20	0.24	57/43	55/39/6		0.25	0.44	
Grand Total	14.26	5.24	7.87	1.15	-	-	2.87	1.16	9.29	0.94

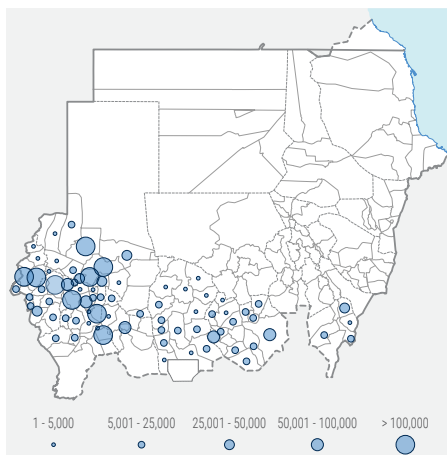
VULNERABLE RESIDENTS IN NEED



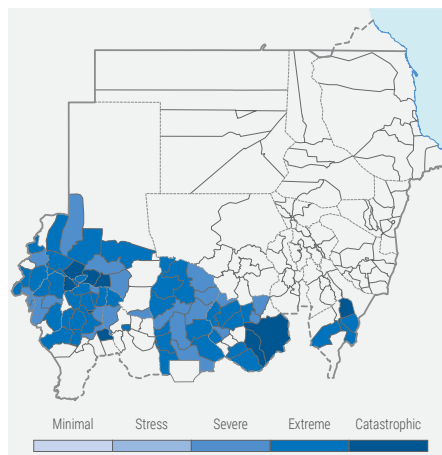
VULNERABLE RESIDENTS SEVERITY OF NEED



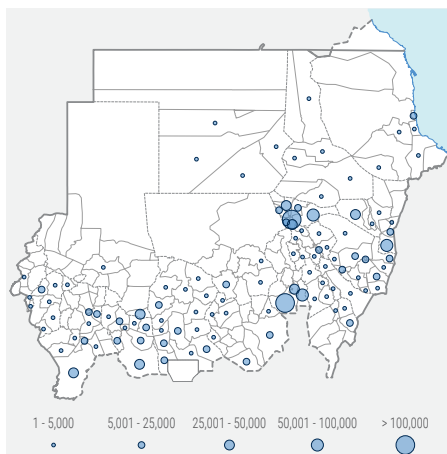
INTERNALLY DISPLACED PEOPLE IN NEED



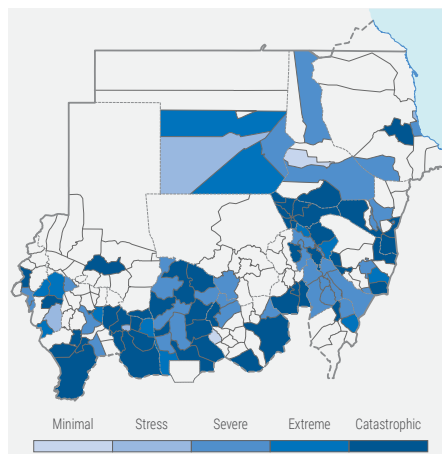
INTERNALLY DISPLACED PEOPLE SEVERITY OF NEED



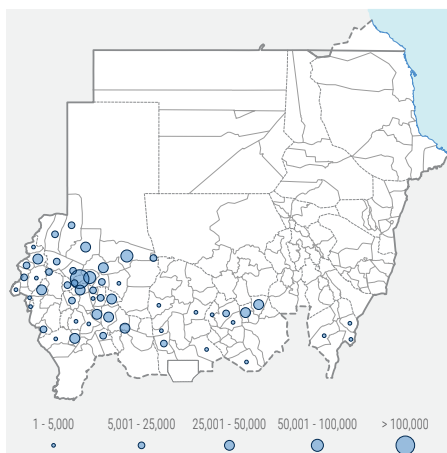
REFUGEES IN NEED



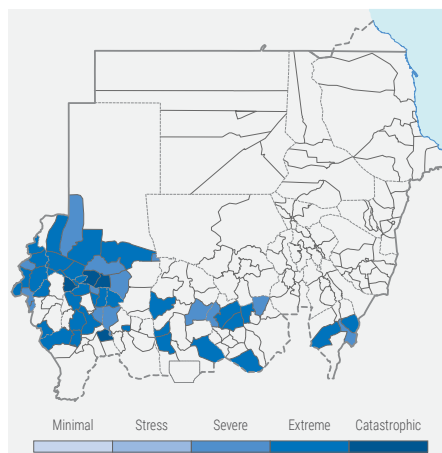
REFUGEES SEVERITY OF NEED



RETURNEES IN NEED



RETURNEES SEVERITY OF NEED

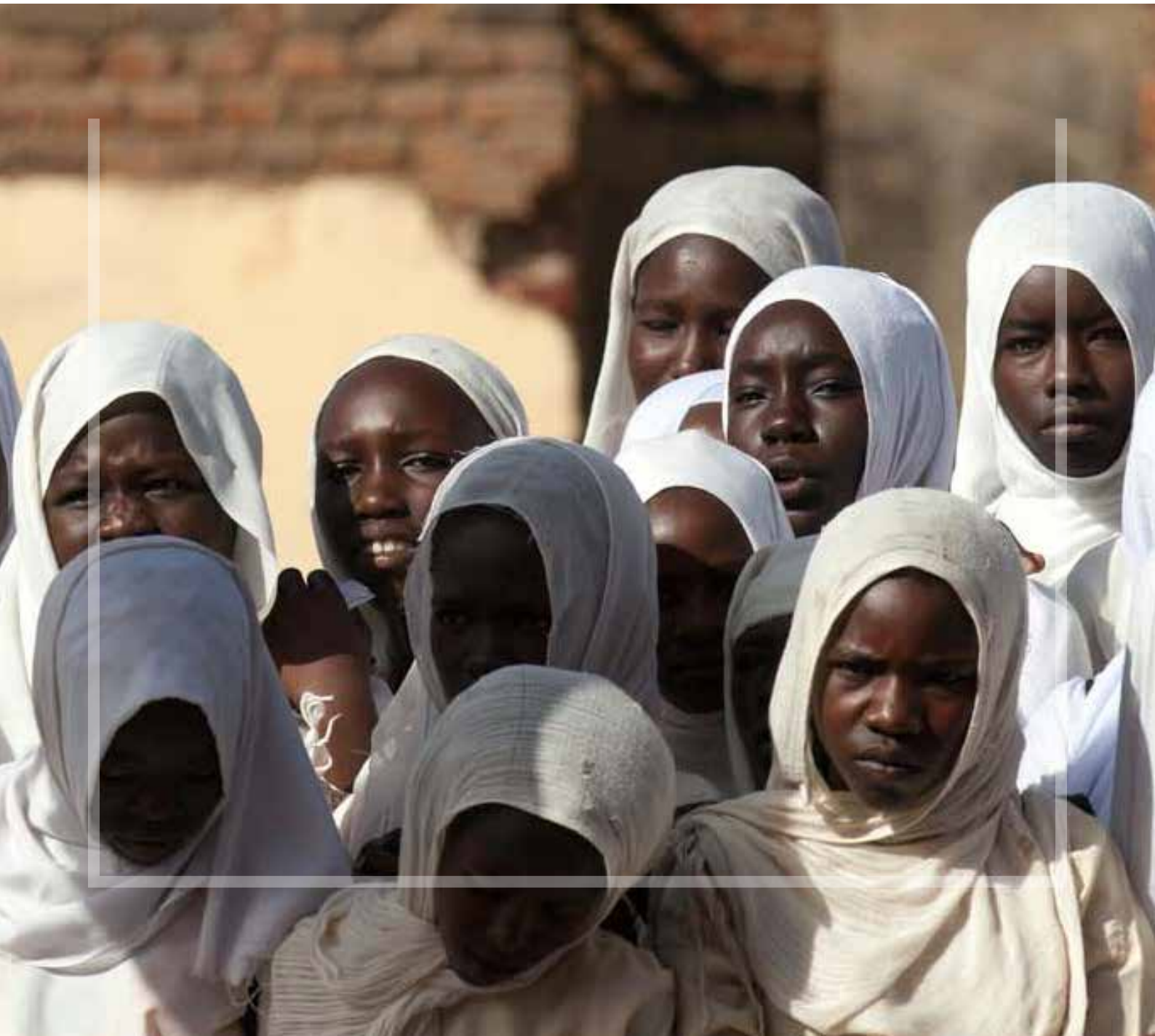


Part 2:

Risk Analysis and Monitoring of Situation and Needs

AL FASHER/NORTH DARFUR

Girls in a school in Al Salam camp for Internally Displaced People (IDP). Photo: UN



2.1

Risk Analysis and Projection of Needs

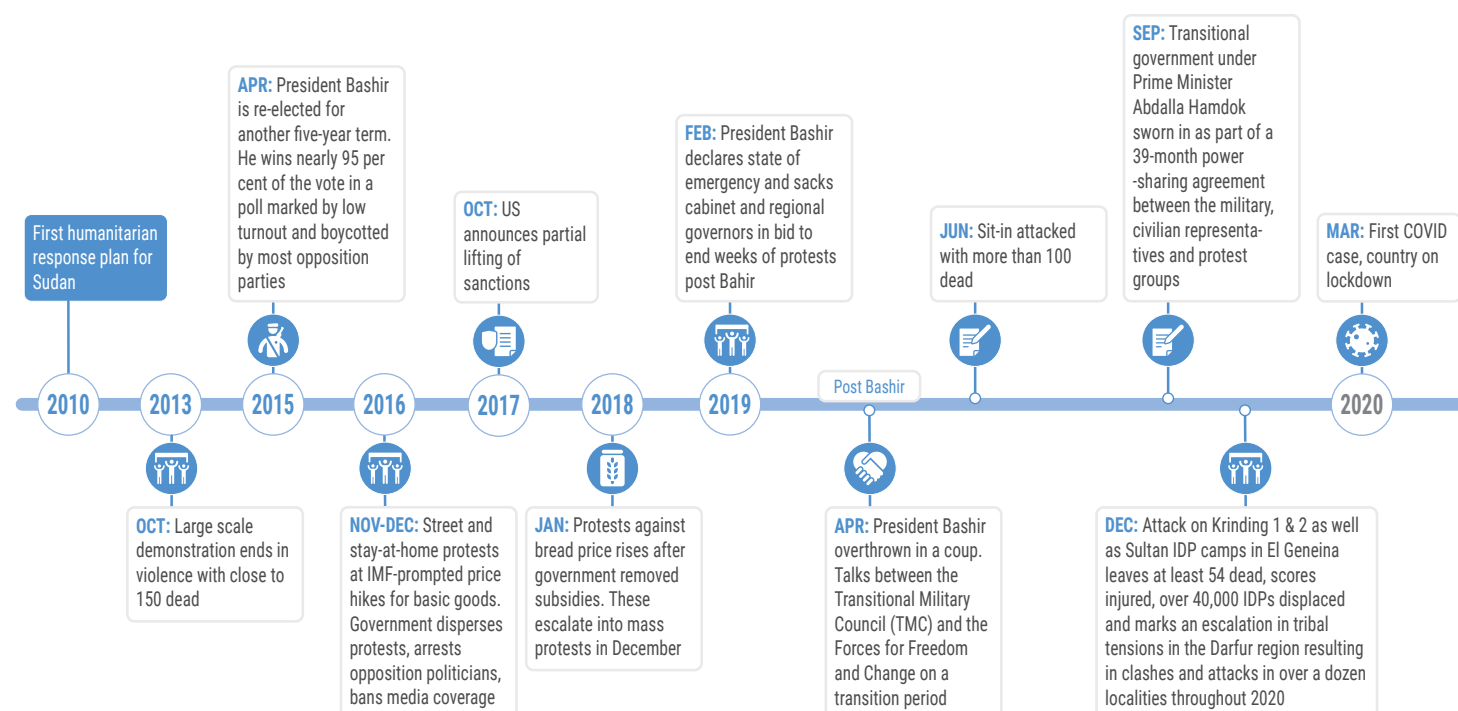
Drivers of humanitarian needs

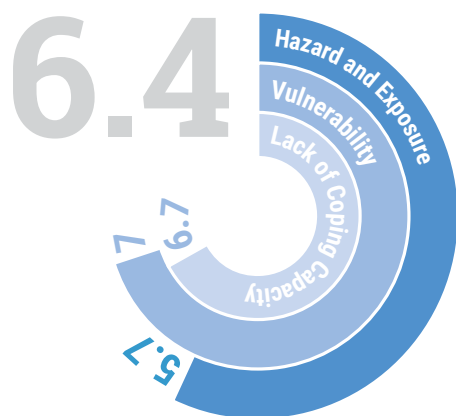
The transitional Government of Sudan continued its political and economic reforms measures and while there have been changes and gains, especially on the political and human rights sides, humanitarian needs continued to increase. The humanitarian situation in Sudan is compounded by deep-rooted poverty and an economic crisis. The country faces a number of overlapping challenges, including internal population displacement triggered by conflict and climatic and socio-cultural conditions leading to high levels of food insecurity and malnutrition. It is, however, the economic crisis that is the main driver of people in need. Of the people in need, about 64 per cent will need emergency assistance for life-threatening needs related to critical physical and mental well-being. This is a quarter increase compared to the previous year, highlighting enormous challenges and hardship that many Sudanese and refugees are undergoing. The

INFORM index for risk management assesses Sudan to be the fifteenth most at risk country globally. This is a slight improvement from last year's tenth place. In 2021, Sudan secured an international debt relief programme, with donors pledging further support for development and transition to peace and stability in the country.

While there has been an increase in development funding to Sudan, millions of vulnerable people will need assistance and protection, and it will take time before the development funding will address the vulnerabilities of those in need. For the HNO 2022, the drivers of need have been classified into five main categories; localized conflict and protracted displacement, natural hazards, disease outbreaks, food insecurity and the economy.

TIMELINE OF EVENTS





Localized conflict and protracted displacement

Thousands of protracted IDPs, especially in Darfur, South, West and North Kordofan and Blue Nile are yet to find durable solutions.

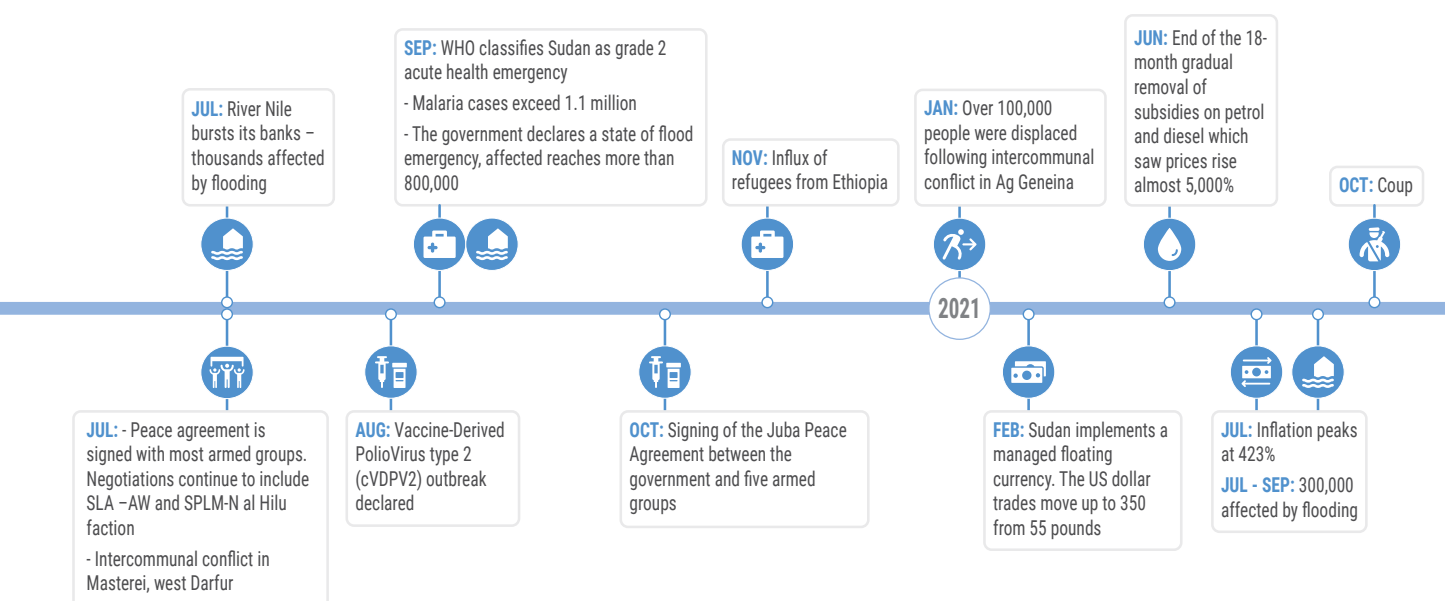
In 2021, there were 3.03 million IDPs across Sudan. In August 2021, IOM's displacement tracking teams reached new areas. These IDPs were added to the current caseload though they are not newly displaced, but rather newly recorded.

Between January and October 2021, about 30,000 people, including IDPs and returnees were affected,

around 1,000 persons were killed and over 1,000 injured as a result of localised inter-communal violence, factional fighting and killing on tribal grounds. The majority of these incidents, civilian displacement and casualties were reported from West, South, North and Central Darfur and to a lesser extent from South Kordofan and Blue Nile states, areas that have been affected by armed conflict since 2003 and 2011 respectively.

The joint security force to ensure rule of law, safety and security in Darfur as stipulated by the JPA is yet to be operationalized mainly due to challenges related to funding and security sector reform.

Meanwhile, efforts to include the non-signatory armed movements into the peace process continue. The Sudan People's Liberation Movement-North Abdelaziz Al-Hilu faction, active in the Two Areas of Blue Nile and South Kordofan states, signed a Declaration of Principles in Juba on 28 March 2021, keeping the negotiations door open. The Sudan Liberation Army/ Abdul Wahid al-Nur (SLA/AW), which retains a force that controls territory in parts of Jebel Marra in Darfur and is influential among the Fur population in Darfur, continues to refuse participation in the peace process.



Categories of Internally Displaced People

There are over three million IDPs in Sudan. IOM's latest DTM round of the mobility tracking displacement tracking matrix was published in August 2021. It reached new areas that were not accessible previously¹⁰. These IDPs were added to the current caseload though they are not newly displaced but rather newly recorded. The majority of IDPs - about 1.75 million were displaced between 2003 and 2010. In the period between 2011 and 2017, 1.1M were displaced. The remaining IDPs were displaced since 2008¹¹.

Significant new displacement has been reported in Darfur due to intercommunal conflict. At its peak, more than 160,000 people were displaced due to the fighting in Ag Geneina. However, because most of these displacements were classed as secondary - people fleeing from IDP camps - the overall number of people displaced remains more or less the same.

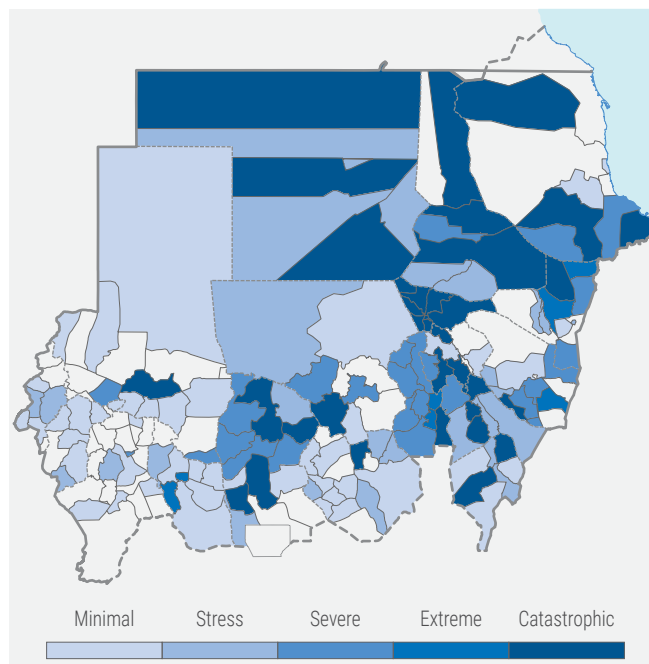
Armed conflict, violence and communal clashes are the reasons given by 2.85 million IDPs who have mostly been living in protracted displacement having left their homes and areas of origin during bouts of conflict earlier on. The remaining 185,000 IDPs either do not give a reason or cite economic grounds for having moved.

Temporary displacement also occurs because of seasonal flooding. This year, around 100,000 people have been displaced because of the flooding, with over 15,000 homes destroyed this year.

Natural hazards

In 2021, Sudan continued to experience flooding, with over 314,500 people affected due to heavy rain and flooding in 14 states between June and September. Compared to a previous five-year average (2015-2019), in 2021, the number of flood-affected people increased by 54 per cent. The impact of flooding in 2021 was, however, less severe on the number of people affected and damage inflicted on basic-services and infrastructure, when compared to the 2020 flood disaster. White Nile, River Nile, Al-Jazeera, Gedaref, Kassala, South Darfur, West Darfur, West Kordofan, South Kordofan, Blue Nile, Khartoum, North Kordofan, and Northern states were the most affected states.

FLOOD RISK



Inadequate prevention and mitigation measures, and reduced development programming, including poor drainage systems, exacerbated the impact of floods in Sudan. These elements will remain in 2022, and it is projected that in 2022 more than 350,000 people could be affected by flooding.

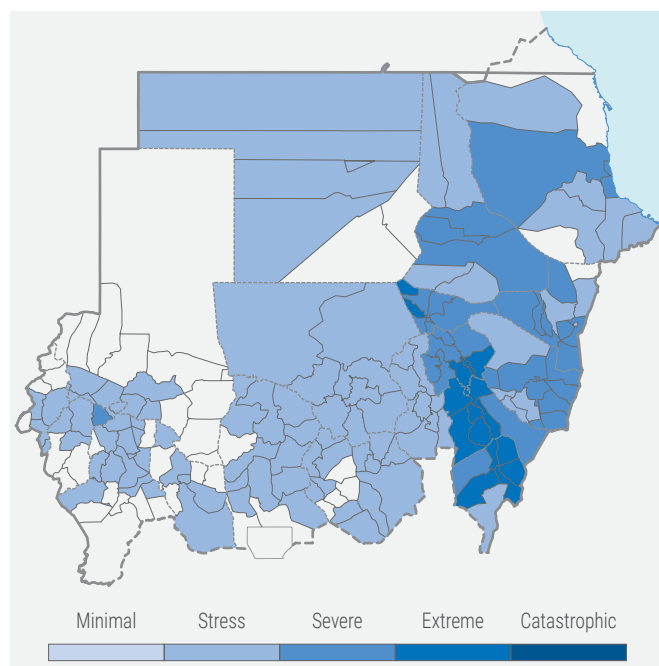
Disease outbreaks

Sudan's health system faces many challenges related to financing, management, and a heavy burden of communicable and non-communicable diseases. During 2022, the health needs are likely to remain high due to the economic crisis, inadequate investment in infrastructure, low access to safe drinking water and sanitation, inadequate environmental sanitation and low vaccination coverage. It is also exacerbated by WASH infrastructure, which leads to outbreaks of water-borne and vector-borne diseases. Given that inadequate health and WASH services are among the underlying causes of malnutrition, deterioration in the above services implies worsening in the nutrition situation and its associated morbidities and mortality among vulnerable groups, especially children under-five, pregnant and lactating women.

¹⁰ The second round of Mobility Tracking expanded the DTM operations across three additional states Kassala, Gedaref and Blue Nile and visiting locations in North, East, South, West, and Central Darfur, as well as South and West Kordofan which were not visited in Round One.

¹¹ The Round Two report is available <https://dtm.iom.int/reports/sudan-mobility-tracking-round-two-august-2021> and the data can be accessed on IOM's HDX page <https://data.humdata.org/dataset/sudan-displacement-data-IDPs-iom-dtm>.

DISEASE OUTBREAK



According to the Federal Ministry of Health (FMoH) a total of 2,182,047 malaria cases were reported from all 18 states in 2020. By mid-October 2021, there were 1,564,256 cases of malaria reported across Sudan. Malaria burden constitutes 13 per cent of the outpatient consultations and 1 per cent of total reported deaths in health facilities. In recent years, the dengue virus has spread all over Sudan resulting in frequent occurrence of sporadic cases.

COVID-19 continues to pose a challenge as the testing and vaccination rates remain low, while the general public does not adhere to social distancing and wearing face masks in public spaces. The first vaccinations started in March 2021, but as of November 2021 the vaccine coverage is less than 3

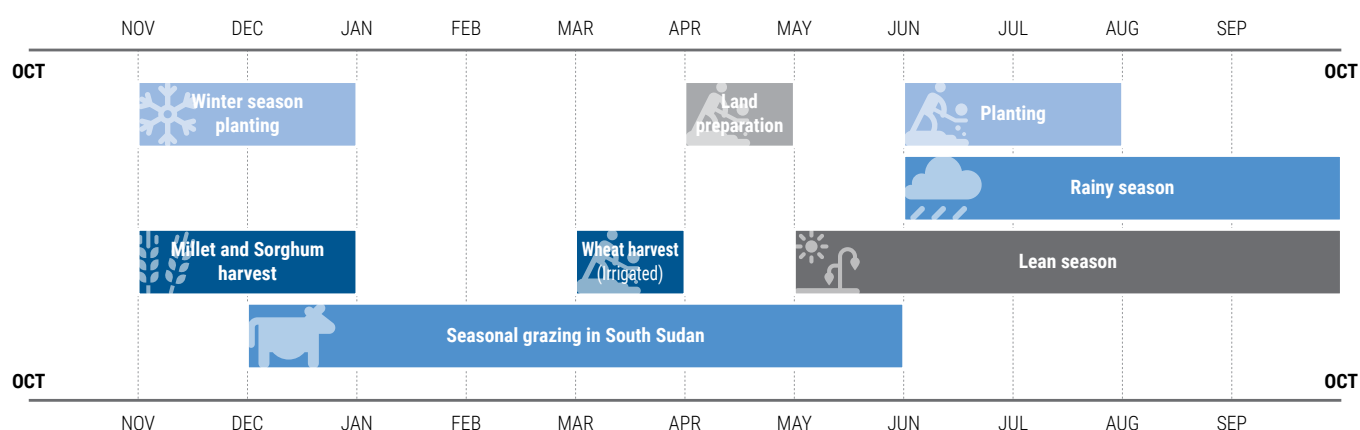
per cent, with challenges facing the national vaccine deployment plan that aims to reach 20 per cent coverage by the end of 2021.

Food insecurity

The number of acutely food insecure people reached an all time high level of 9.8 million in June-September 2021. The removal of fuel and other subsidies, and liberalisation of fuel prices earlier in 2021 contributed to the soaring inflation. The inflation affected the purchasing power of poor families, accelerating the food insecurity levels.

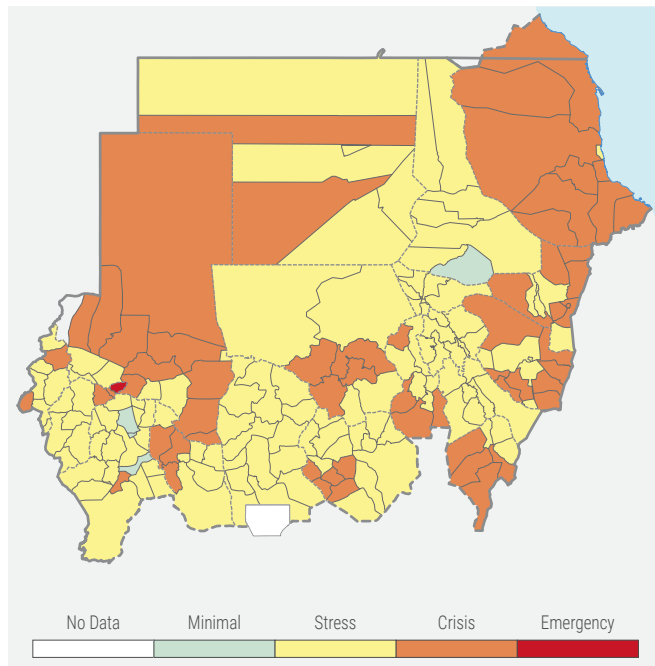
The current Integrated Food Security Phase Classification (IPC) analysis period (June-September 2021) corresponds to the main lean season for most of the areas analysed. Seasonal trends and shifts in this period include tribal conflict, low purchasing power and high food prices, which are the main drivers of food insecurity. Around 9.8 million people, representing 21 per cent of the total analysed population (46.5 million), are expected to be in Crisis (IPC Phase 3) or worse levels of food insecurity, with 6 per cent in Emergency (IPC Phase 4) levels, and require urgent action to save lives, protect livelihoods and reduce food consumption gaps. In addition to seasonality, intercommunal conflict and expected displacements may impact several areas and also cause a deterioration in food insecurity that might lead to deterioration of the nutrition situation and an increase in acute malnutrition among vulnerable groups and its associated morbidity and mortality.

SEASONAL CALENDAR



The latest estimates show that the number of acutely food insecure people (IPC phases 3 and 4) is expected to reduce from 9.8 million to 6 million from October 2021 with the onset of the harvest season across Sudan. However, there are concerns that food insecurity may persist for the most vulnerable people, including IDPs, refugees and urban poor, if the levels of inflation, especially for food items, remain high.

IPC MAPPING JUNE - SEPTEMBER 2021



The economy

Sudan's economy has been in recession since 2018, with inflation eroding the capacity of the most vulnerable people to cope. Between 2018 and 2020,

the economy contracted by about 16.8 per cent cumulatively, according to the International Monetary Fund (IMF). This has exacerbated further structural economic issues and affected the provision of basic services across the country, while thousands of families became vulnerable and are struggling to meet their basic needs. While economic growth is expected to be 0.4 per cent in 2021, with IMF estimating growth to increase to 2.6 per cent in 2022, this growth is not sufficient for the public to start to feel the impact of the growth and structural reforms.

For the first time since 2018, inflation started to slow down and, in fact, reduced to 388 per cent in August 2021 from its all time high of 423 per cent in July 2021. IMF projects that the inflation rate will average about 45 per cent in 2022, reducing further to 24 per cent by the end of 2022. The high inflation is disproportionately affecting the most vulnerable segments of the society - IDPs, refugees and poor resident communities, women and young people especially. It is also affecting the food security and the well-being of these groups as it erodes their purchasing power and ability to meet their basic needs. Another major economic risk in the immediate future is the continued impact of the Covid-19 pandemic.

In June 2021, Sudan reached the Heavily Indebted Poor Countries (HIPC) decision point, an important milestone that will enable Sudan to clear nearly all of its estimated \$50 billion in external debt.

DRIVER OF NEEDS

DRIVERS OF NEED	CURRENT (2021)	MOST LIKELY	TREND (2018 - 2021)	PROJECTED 2021 TREND
Economy	<ul style="list-style-type: none"> Since January 2018, double crisis of recession and high inflation Between 2018 and 2020, the economy contracted by about 16.8 per cent. Slight growth projected in 2021, 0.4%. Inflation at 366 per cent (Sep 2021). 	<ul style="list-style-type: none"> In June 2021 Sudan reached the Heavily Indebted Poor Countries (HIPC) decision point, an important milestone that will enable Sudan to clear nearly all of its estimated \$50 billion in external debt. However, an immediate impact on the economy is not likely. 	<p>Inflation rate</p>	
Food insecure	<ul style="list-style-type: none"> IPC projection June - September 2021: 9.8 million people (21 per cent of the population) facing high levels of acute food insecurity (IPC Phase 3 or above). 	<ul style="list-style-type: none"> Continued increase acute food insecurity (IPC Phase 3 or above) likely as the economy is not expected to improve drastically and inflation remains high which affects people's purchasing power. 	<p>Food insecure population</p>	
Flood affected	<p>Close to 315,000 people affected in all 18 states in 2021.</p> <p>Significant damage to infrastructure</p> <ul style="list-style-type: none"> 15,500, houses destroyed and 46,550 damaged 	<ul style="list-style-type: none"> Impact not at the level of the 2020 floods however, inadequate prevention and mitigation measures, and reduced development programming, including poor drainage systems, exacerbated the impact of floods in Sudan. These elements will likely remain in 2022, and it is projected that in 2022 more than 350,000 people could be affected by flooding. 	<p>Flood affected population</p>	
Conflicts	<ul style="list-style-type: none"> Close to 430,000 people displaced as a result of inter-communal conflict. More than 3.1 million people remain internally displaced. Over 1 million refugees hosted by the Government of Sudan. A new influx of refugees from Ethiopia (currently 58,000 as at 31 October). 	<ul style="list-style-type: none"> Inter-communal conflict is likely to increase. In 2021 there were tensions in areas that were previously stable - trend set to continue. Tensions remain high with clashes over land and livestock. Protracted displacement likely to remain high but steady, with limited returns. A projection of 100,000 refugees expected from Ethiopia. 	<p>IDPs</p> <p>Returnees</p> <p>Refugees</p>	
Disease Outbreaks	<p>Multiple disease outbreaks, including, dengue fever, chikungunya, malaria and COVID-19.</p> <ul style="list-style-type: none"> 41,766 cases and 3,304 deaths of COVID-19 (as of 15 Nov). 189 cases of dengue (as of 20 Nov). Over 1.8 million malaria cases (as of 15 October 2021). 	<p>Overall situation likely to remain unchanged.</p> <ul style="list-style-type: none"> The health infrastructure is likely to continue feeling the strain from responding to COVID-19, impacting on the ability to respond to other diseases. An increase in COVID-19 likely given the low vaccination rates and overall continued spread. 	<p>COVID-19</p> <p>Dengue</p>	



KHOR RAMLA/CENTRAL DARFUR

Before hand-pumps were installed, IDPs living in Khor Ramla site had to walk for four hours a day to collect water from the nearest well. Photo: OCHA

2.2 Monitoring of Situation and Needs

Humanitarian partners, through the different coordination mechanisms, will closely monitor the humanitarian situation and evolution of needs, to ensure a response that evolves with changing needs.

Learning from 2021, partners will continue to review and improve on existing data collection systems and processes and seek better integration and multi-sectoral action.

- Sectors have identified a set of indicators that will be monitored on a regular basis (see annex). A summary of the inter-sectoral indicators, data and processes that will be used to monitor the situation in 2022 are listed below:
- A nationwide humanitarian needs assessment will be conducted, building on the 2021 MSNA to help with monitoring the situation.
- Humanitarian partners will conduct multi-sectoral humanitarian needs assessments, particularly in areas that have not been assessed for long periods of time.
- The IOM's displacement tracking matrix will monitor population movements producing reports every four months.
- Food security situation could be reviewed for the second projection (October 2021 -February 2022) of IPC if there is a visible change in the situation due to any hazards or emergency.
- Food Security and Livelihoods needs will be regularly monitored through WFP's Comprehensive Food Security Assessment (CFSA) and the Food Security Monitoring System (FSMS).
- Refugee needs will be monitored and assessed by partners through the UNHCR coordinated Refugee Consultation Forum (RCF) and the Government's Commissioner of Refugees (COR). This includes the implementation of the participatory assessment, which gathers information on protection concerns of refugees and asylum-seekers in Sudan.

Building on the work done in 2021, humanitarian partners will continue the work of establishing a coherent and more systematic method for country- wide needs monitoring, including reviewing and identifying common indicators to monitor the situation through regular sectoral and inter-sectoral assessments.

PiN BY SEVERITY PHASE AND LOCATION

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PiN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
Abyei PCA	IDPs							
	Returnees							
	Refugees							
	Residents	210,000					42,000	-56 ▼
Aj Jazirah	IDPs							
	Returnees							
	Refugees				14,039	1,896	1,612	-5 ▼
	Residents	5,512,771		463,170	230,922	144,171		-3 ▼
Blue Nile	IDPs				40,474	41,166		78% ►
	Returnees					9,702		970100% ▲
	Refugees				862	9,418	2,715	244% ▲
	Residents	1,324,476			172,963	160,575		20% ►
Central Darfur	IDPs					363,817	51,059	-7% ▼
	Returnees				14,200	179,064		196% ▲
	Refugees			45	40	17,005	260	114% ▲
	Residents	1,760,280			223,422	172,726		-13% ▼
East Darfur	IDPs				120	99,575		-27% ▼
	Returnees				69,400	32,279		17% ►
	Refugees			1,351		12,738	99,444	44% ►
	Residents	1,224,779			87,321	133,185	71,294	-1% ▼
Gedaref	IDPs							
	Returnees							
	Refugees				10,666	20,184	40,569	201% ▲
	Residents	2,525,271			229,181	324,150		6% ►
Kassala	IDPs							
	Returnees							
	Refugees				5,033		119,478	201% ▲
	Residents	2,858,161	39,178	87,663	106,957	327,826	18,158	6% ►
Khartoum	IDPs							
	Returnees							
	Refugees						307,692	-4% ▼
	Residents	9,143,049		732,412	273,944	577,854		24% ►
North Darfur	IDPs				557,665	333,713		83% ►
	Returnees				66,997	180,595	53,559	24% ►
	Refugees						33,410	52% ►
	Residents	2,484,173		15,869	261,794	349,816	56,388	-22% ▼
North Kordofan	IDPs							
	Returnees							
	Refugees				5,087			-22% ▼
	Residents	2,154,057		105,401	397,850			6% ►
Northern	IDPs							
	Returnees							
	Refugees			106	586	978		39% ►
	Residents	999,908		63,305	38,288			-7% ▼
Red Sea	IDPs							
	Returnees							
	Refugees			6,517	343		147	-5% ▼
	Residents	1,532,461		25,074	13,797	231,665	80,192	-35% ▼
River Nile	IDPs							
	Returnees							
	Refugees		1,194		907		1,902	2% ►
	Residents	1,615,587		102,105	61,305	11,532		7% ►
Sennar	IDPs							
	Returnees							
	Refugees				9,967			-5% ▼
	Residents	2,107,419		181,788		123,372		-5% ▼

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
South Darfur	IDPs				306,046	247,165	134,114	-13% ▼
	Returnees				59,311	90,915	9,611	16% ►
	Refugees				2,657	7,486	59,474	-16% ▼
	Residents	3,888,844			298,387	433,172	54,929	-24% ▼
South Kordofan	IDPs				47,058	162,062	63,803	25% ►
	Returnees				26,638	52,045		15% ►
	Refugees		1,962		1,779		37,052	5% ►
	Residents	1,999,980			115,786	317,319	71,534	7% ►
West Darfur	IDPs				37,016	286,453		6% ►
	Returnees				27,794	56,691		12% ►
	Refugees				67		381	-6% ▼
	Residents	1,893,970			63,515	380,651	78,783	98% ►
West Kordofan	IDPs				24,956	69,240		32% ►
	Returnees				90	10,521		2% ►
	Refugees				18,143	17,321	32,464	5% ►
	Residents	1,747,793		29,689	109,028	159,860		-8% ▼
White Nile	IDPs							
	Returnees							
	Refugees						250,590	-5% ▼
	Residents	2,967,496		131,779	161,009	59,913	86,430	-48% ▼
Sub-total		47.9M	42.3K	1.95M	4.19M	6.21M	1.86M	
Total PiN				14.3M				7% ▲

Part 3:

Sectoral Analysis

KADUGLI/SOUTH KORDOFAN

A WFP food distribution to IDPs in near Murta settlement. Photo: OCHA



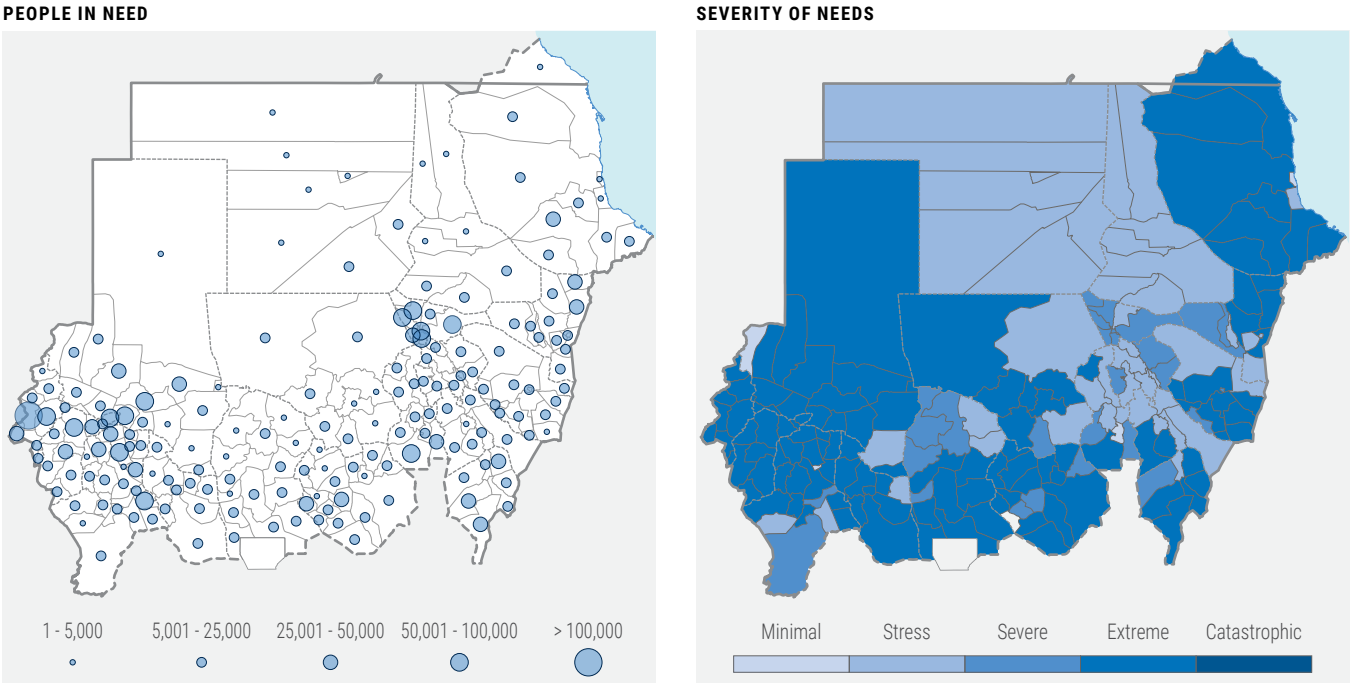
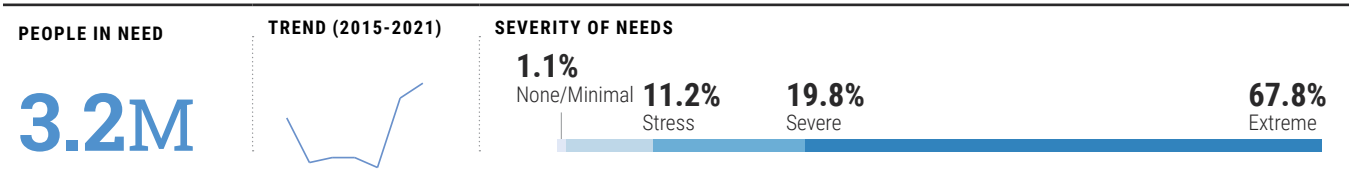
POPULATION GROUPS BY SECTOR



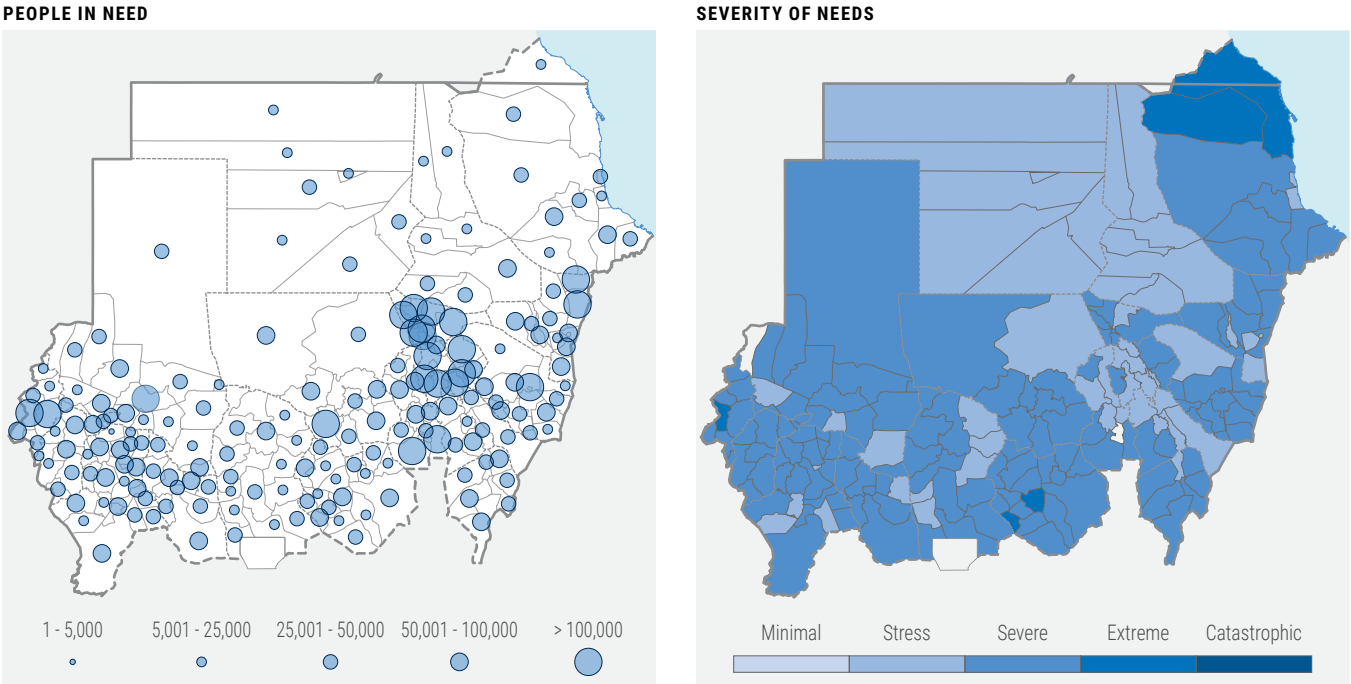
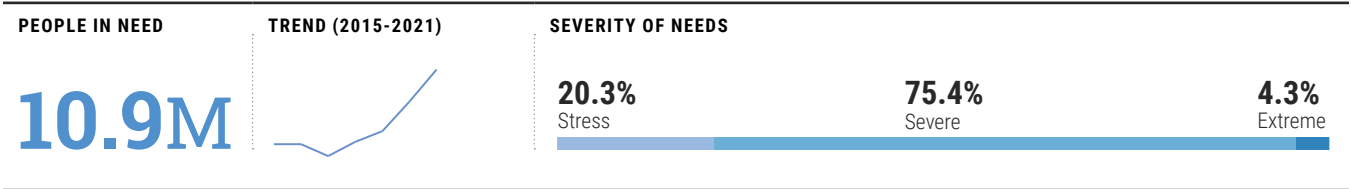
* The breakdown of the population groups for food security and livelihoods assistance is not available.

** For the 1.16M refugees in need of protection a breakdown by areas of responsibility is not available.

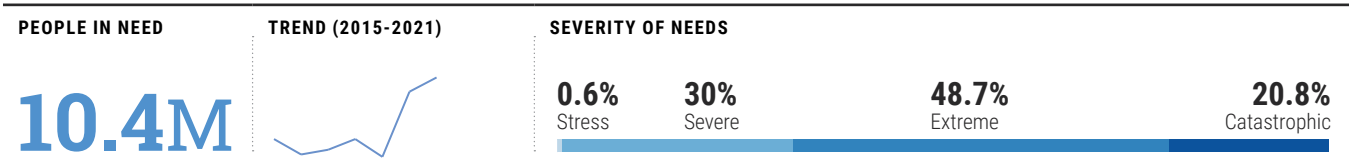
3.1 EDUCATION



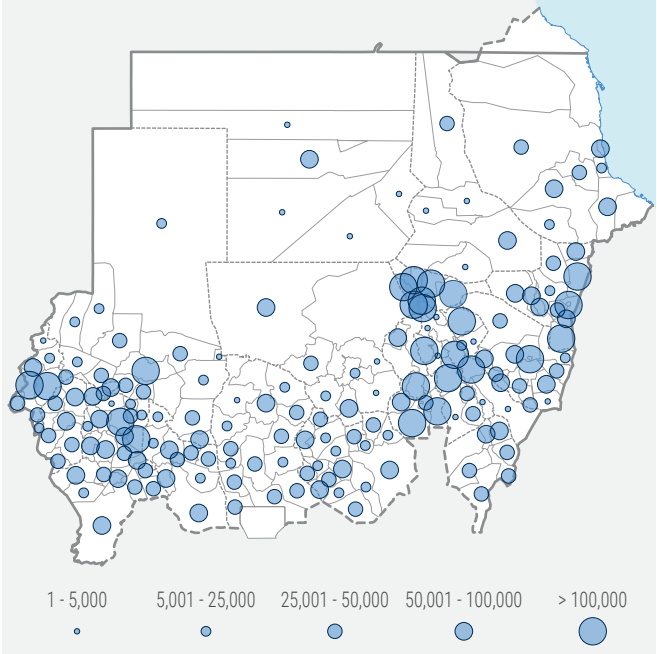
3.2 FOOD SECURITY AND LIVELIHOODS



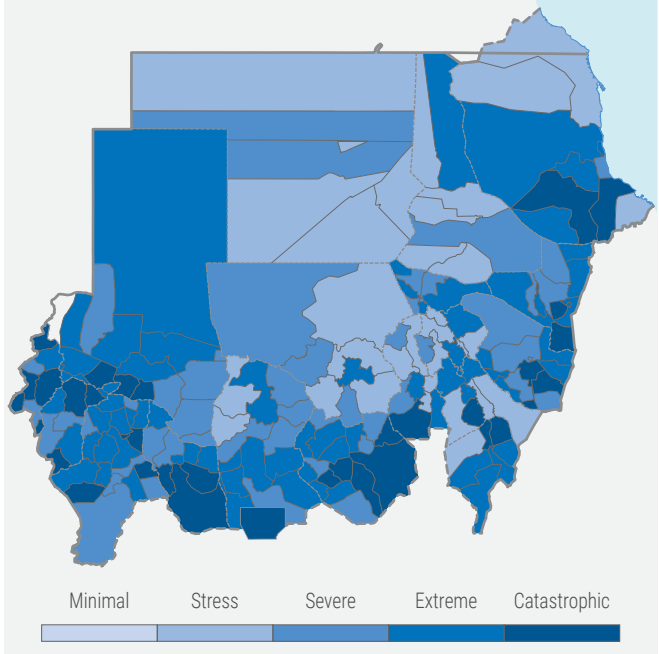
3.3 HEALTH



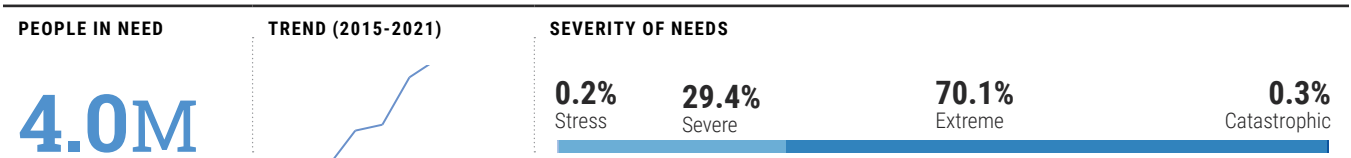
PEOPLE IN NEED



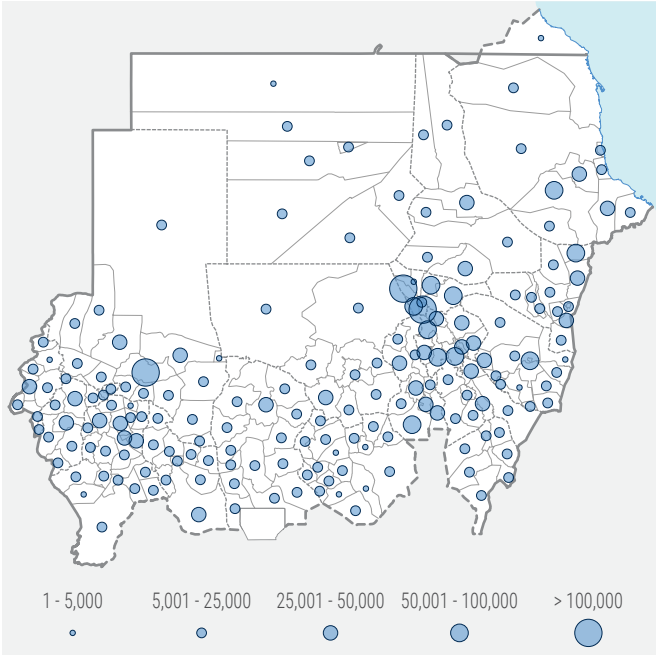
SEVERITY OF NEEDS



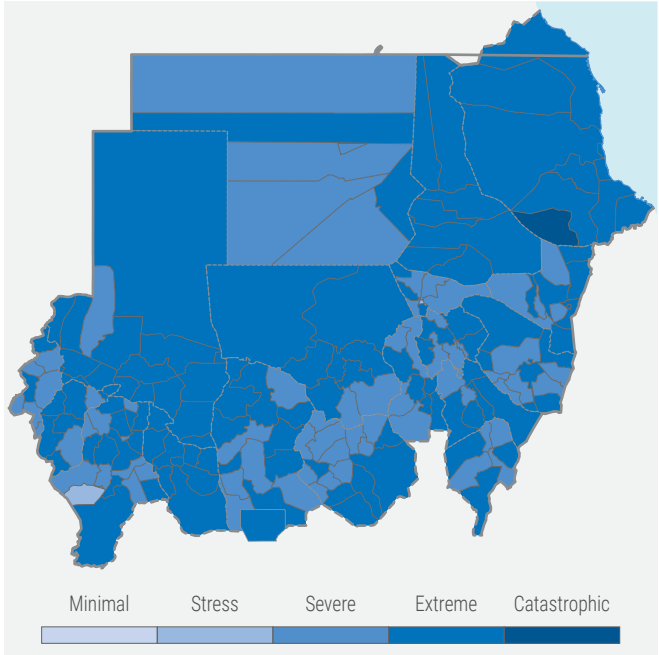
3.4 NUTRITION



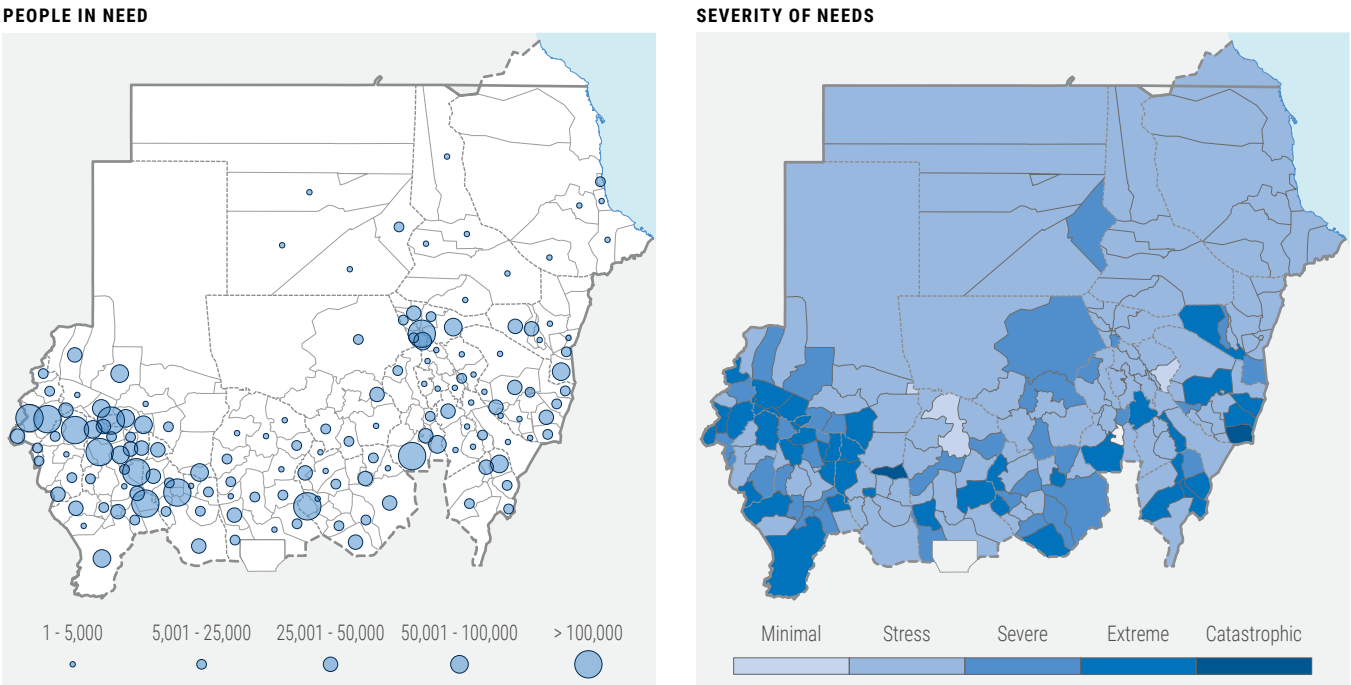
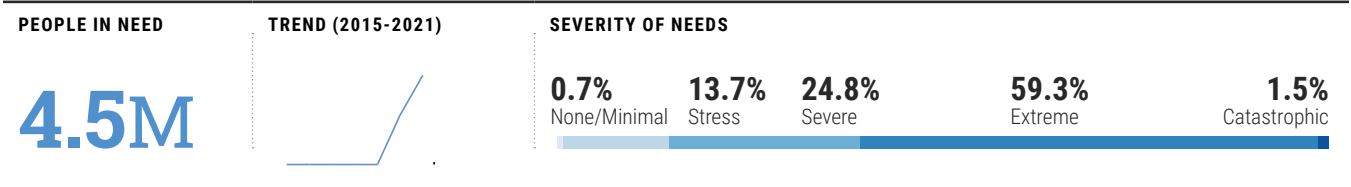
PEOPLE IN NEED



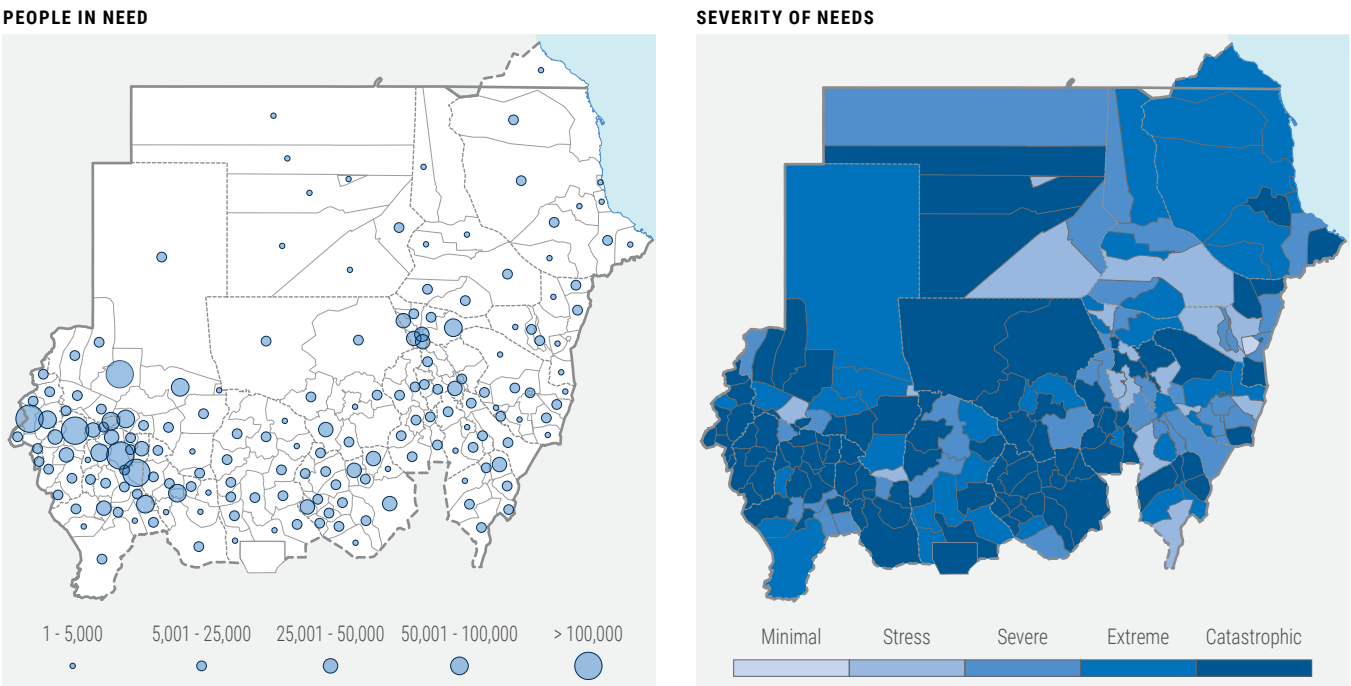
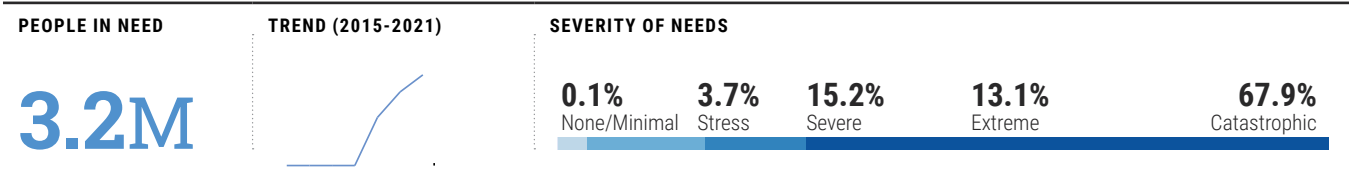
SEVERITY OF NEEDS



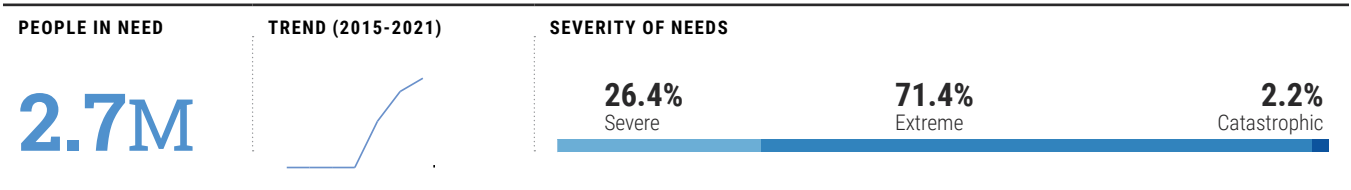
3.5.1 GENERAL PROTECTION



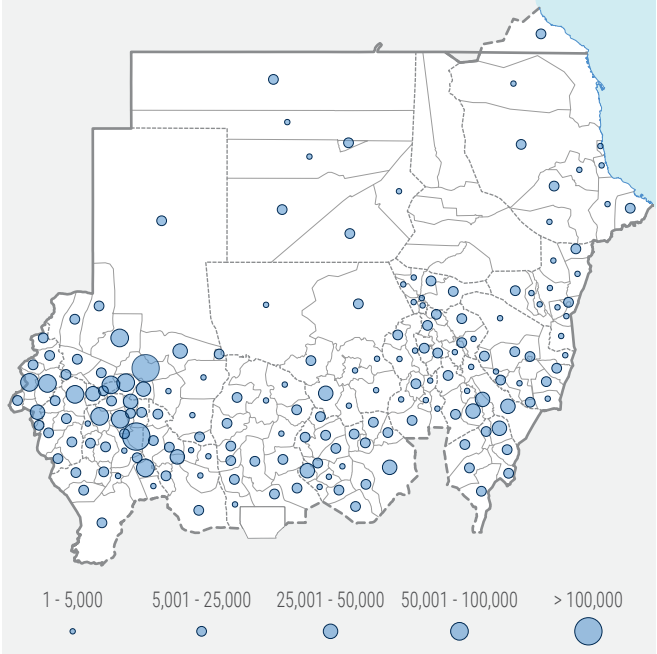
3.5.2 CHILD PROTECTION



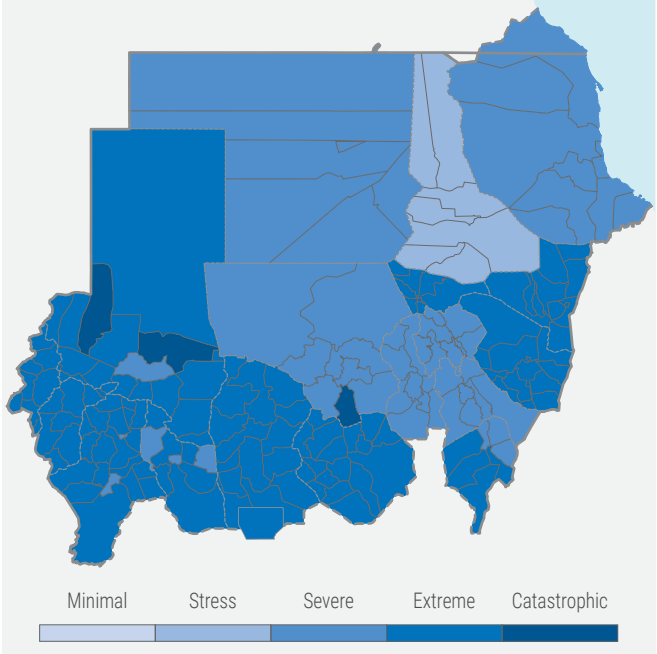
3.5.3 GENDER-BASED VIOLENCE



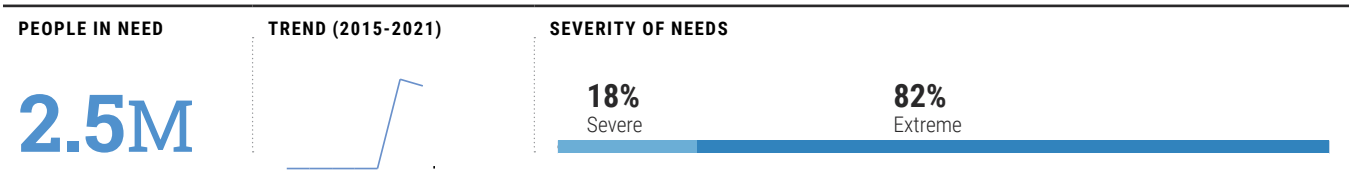
PEOPLE IN NEED



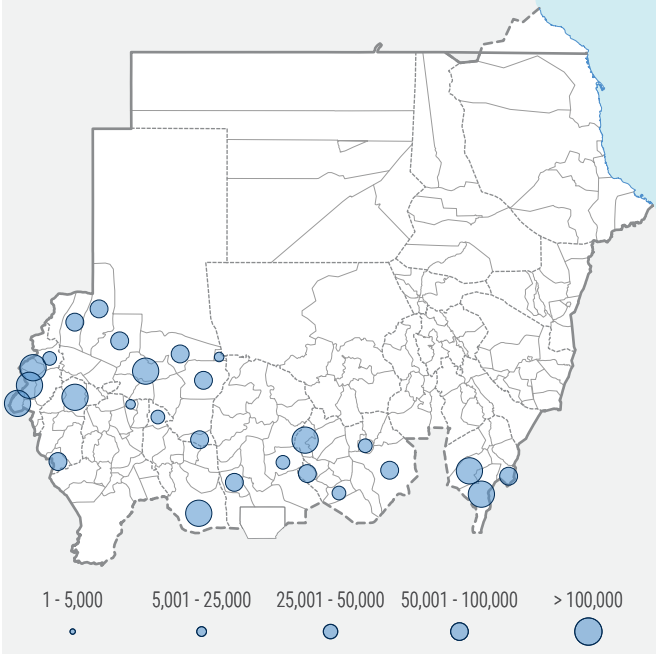
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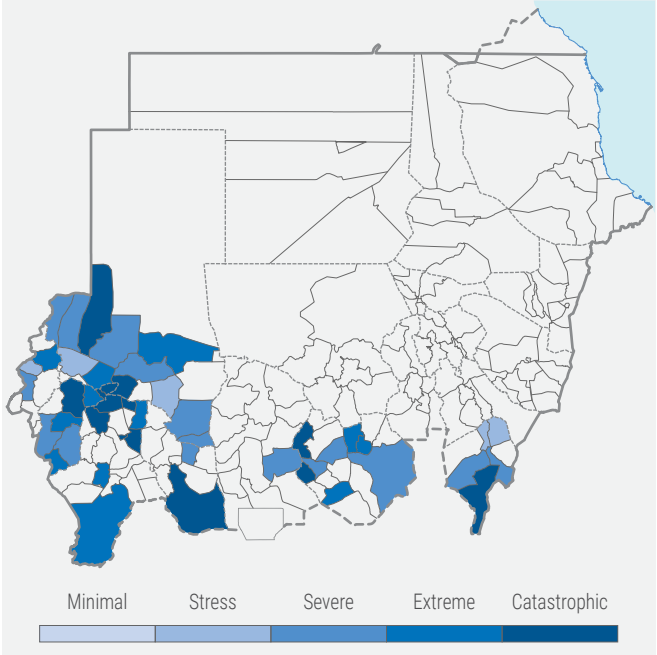
3.5.4 MINE ACTION



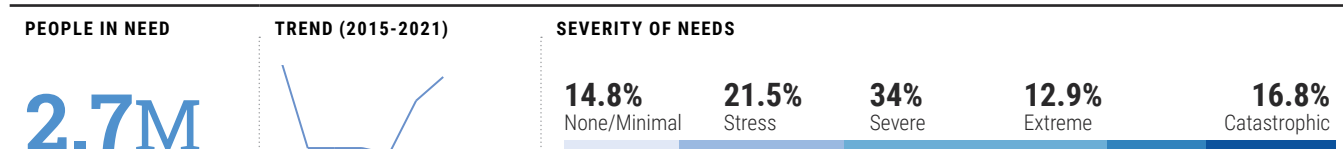
PEOPLE IN NEED



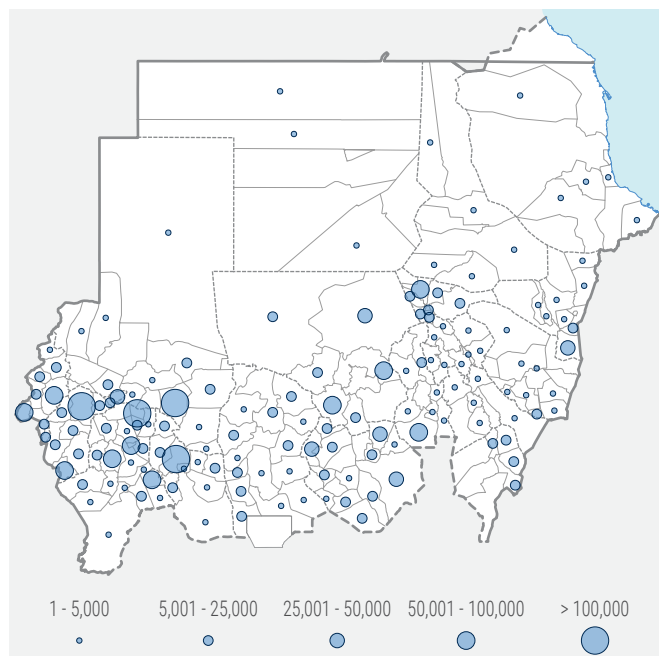
SEVERITY OF NEEDS



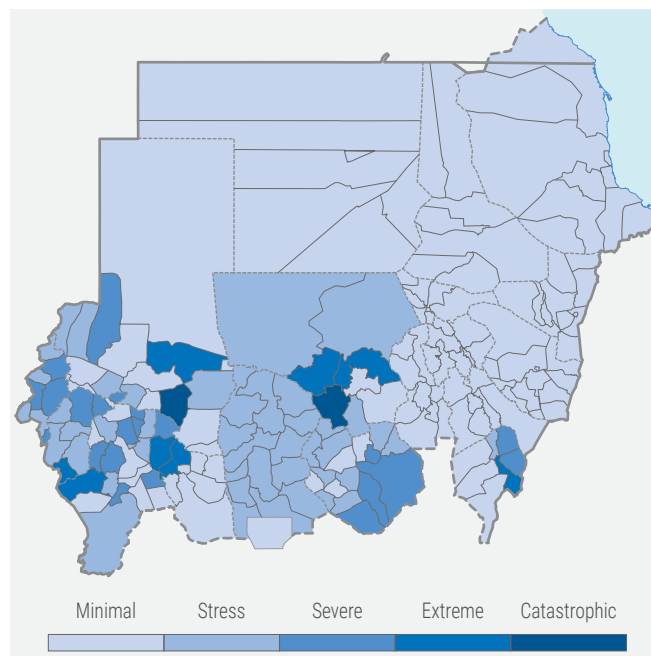
3.6. SHELTER AND NON-FOODS ITEMS



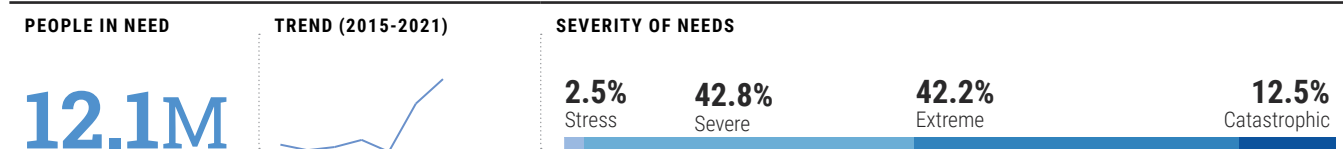
PEOPLE IN NEED



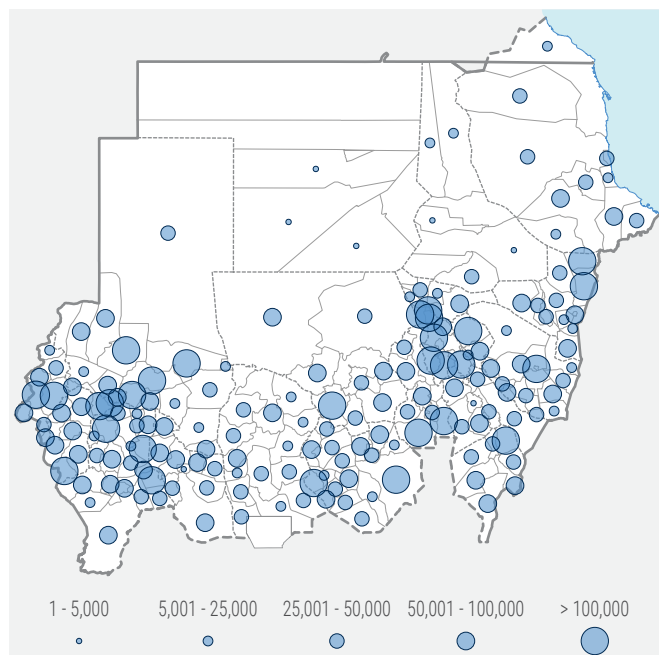
SEVERITY OF NEEDS



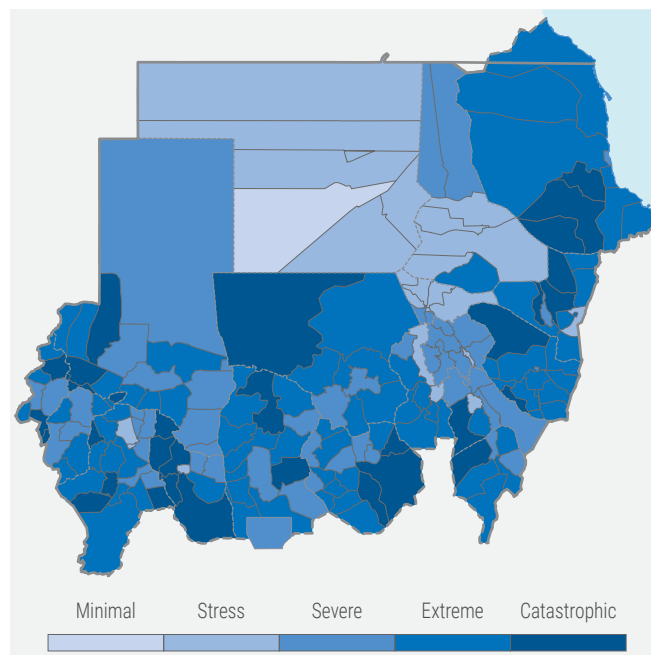
3.7 WATER, SANITATION AND HYGIENE



PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Education



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.2M	55%	100%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
2.2M	617k	245k	234k

Analysis of humanitarian needs

More than 3.2 million children need life-sustaining humanitarian support to continue or resume their formal education. By the end of 2018, an estimated 4.2 million school-aged children (6-16 years) were out of school, many of whom live in the most vulnerable or conflict-affected communities. In 2020, the education of 9.6 million additional children was affected by COVID-19 when all schools were closed in March, with most schools not reopening until early 2021. The learning losses from this prolonged school closure will be felt for many years to come, and some children may not return to school at all unless there is an increased commitment to support Education in Emergencies and the overall wellbeing of school-aged children.

The Joint Education Needs Assessment (JENA, 2021) found that there is a significant need to invest in school infrastructure, including water and sanitation facilities. Of the schools assessed, 52 per cent require major rehabilitation and 22 per cent of classrooms are damaged. Additionally, 46 per cent of schools have no access to clean water for drinking or handwashing and, across the schools assessed, the average user to latrine ratio was 132:1. While lack of adequate school infrastructure and insufficient investment in education are long-standing issues, the situation is further exacerbated year-by-year due to the escalation of conflict in some areas compounded by annual floods, both of which damage school infrastructure and render children out of school.

Affected population

The population groups most in need of humanitarian assistance to continue their education include IDPs, refugees and returnees, host community members facing severe food insecurity, nomadic populations, children with disabilities and, in some communities, girls.

The five Darfur states in addition to South and West Kordofan are currently hosting the highest numbers of school aged IDP children, with West Darfur and South Kordofan seeing a sharp escalation of conflict over 2021, which has impacted education infrastructure and children's access to education. Many of these children have endured protracted conflict, multiple displacements and continue to be exposed to ongoing clashes. Conflict-affected children need psychosocial support, a safe, protective, and stable learning environment, and the normality of a school routine. However, due to large influxes of IDPs and frequent displacements in some localities, many of the learning spaces are extremely overcrowded and are not adequately functioning. Children in these areas also have reduced access to learning supplies, seating and latrines, and the pupil to teacher ratio is often over a hundred to one.

Approximately 7 out of 10 primary-school-aged and nine out of 10 secondary-school-aged refugee children are not receiving any formal education, with refugees from South Sudan particularly affected. About 70 per

cent of refugees are living outside of camps and do not have adequate access to life-sustaining goods and services. Refugees from Eritrea, Ethiopia and South Sudan face additional barriers to accessing education due to the language of instruction differing from that of their countries of origin, making it challenging for them to integrate into the Sudanese national education system. Additionally, families of refugee children are often unable to cover school fees and associated costs. Many refugee children work outside the home to supplement the family's income.

There are currently 3.2 million school-aged children (ages 6-18) who are experiencing crisis, emergency, or catastrophic levels of food insecurity. Most of these children are not attending school; those who are, are at a high risk of dropping out or having their educational attainment curtailed if they are not adequately supported through a full package of educational interventions, including school feeding. These risks are expected to be further exacerbated in 2022 due to long periods of school closures during 2020 and into 2021, as well as increased food insecurity due to Sudan's economic crisis.

Nomadic and pastoral children face significant challenges accessing education as they are unable to attend a static school during the usual daytime hours. Additionally, the high costs of schooling, limited educational facilities within a safe walking distance and the perception that education is not useful, particularly for girls, all present barriers to nomadic and pastoral children fulfilling their right to education. More than three quarters of nomadic children were out of school prior to school closures (compared to 27 per cent across all population groups). There is a need to ensure that existing accelerated learning programmes can adequately accommodate nomadic children, many of whom have never attended school.

Although there is limited data available on children with disabilities, it is estimated that 15 per cent of children have at least one disability, which translates to approximately 2.3 million school-aged children (ages 6-18) living with disability. Children with disabilities are often out of school and require specialized support to access, and then remain, in education. For these children, school environments can offer an additional

layer of protection and help them access specialized community support services.

Overall, there is a high degree of gender parity across Sudan in terms of access to education. However, in some states, most notably West Darfur and West Kordofan, girls' primary school enrollment is significantly lower than boys (22 and 20 percentage points lower in those two states respectively). The gender gap becomes even wider at secondary school level, and particularly so for rural areas where only 20 per cent of secondary school aged girls attend school. In some states, such as South Kordofan, where male child labour (including mining) is prevalent, boys are more at risk of dropping out of school than girls.

Projection of needs

Educational needs are projected to remain high throughout 2022 with a slight peak in September due to the annual floods which directly impact schools and school children at the beginning of the academic year.

Monitoring

Quarterly reporting through the Who does, What, Where, When and for Whom tool monitors the progress of the Education Sector and its partners to achieve the objectives defined in the response plan. The needs and response are also monitored using the Secondary Data Review (SDR), MSNA and JENA.

The sector also monitors the situation through feedback mechanisms and post-distribution surveys. These enable children, parents and teachers to tell the sector if they are satisfied with the interventions and how they might be improved.

The monitoring of education activities is aligned with the Interagency Network for Education in Emergencies (INEE) Minimum Standards for Education. The sector tracks progress in terms of access to education, improvements in learning environments, education quality, and support to teachers and other education personnel. Gender equality, child protection, and inclusion of children with disabilities remain strategic priorities of the Sudan Education Sector and are included in reporting frameworks.

3.2 Food Security and Livelihoods



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
10.9M*	51%	40%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
5.8M	2.9M	1.1M	939K

*9.8M, 1.1M refugees

Analysis of humanitarian needs

Food insecurity remains alarmingly high in Sudan with increased and protracted displacement, economic decline and inflation, floods, lean season and high food price hikes exacerbated by the impacts of the COVID-19 pandemic. The restriction measures to prevent the spread of the COVID-19 pandemic significantly affected humanitarian operations, decreased commodity movement, market functioning and cross-border trade. It also compromised livelihoods, daily labor opportunities, reducing vulnerable populations' purchasing power and food access. An increase in conflicts, linked to national politics, triggered population displacements, especially in Darfur (Ag Geneina) and Kordofan states and, combined with the deterioration of the economy, has led to higher than usual levels of acute food insecurity.

The IPC analysis period for June-September 2021 indicates a significant increase of highly food insecure people in Sudan. Overall, 9.8 million people are estimated to require urgent humanitarian responses to save lives, reduce food consumption gaps, restore and protect livelihoods. This represents a 34 per cent increase compared to the need at the beginning of 2021. Current figures represented nearly 7.1 million in Crisis (IPC Phase 3) and over 16.5 million people in Stressed (IPC Phase 2). This marks an increase of 29.6 per cent (from 5.5 million to 7.1 million) of people in

Crisis (IPC Phase 3) and 46.5 per cent (from 1.8 million to 2.7 million) of people in Emergency (IPC Phase 4), compared to the analysis period (April-May 2021). Sudan had faced increased emergency humanitarian assistance needs through the peak of the lean season (June-September 2021) due to extremely high food prices and below average household purchasing power.

Although the total population in Crisis and Emergency levels of food insecurity has remained similar (21 per cent of the analysed population), the severity has increased. There is also a noticeable deterioration (5 per cent of the population analysed) to worse IPC Phase classifications, mainly attributable to the impact of the lean season, tribal conflicts, diminished labour opportunities causing low purchasing power, high food prices as well as inflation.

At state level, the highest percentage of populations in IPC Phase 3 (Crisis) or worse is in West Darfur (30 per cent), North Darfur (29 per cent), and East Darfur State (28 per cent). Five localities fall under IPC Phase 4 (Ag Geneina/West Darfur, Halaib and Jubayt El Maaadin/ Red Sea and Al Buram and Heiban/South Kordofan).

Affected population

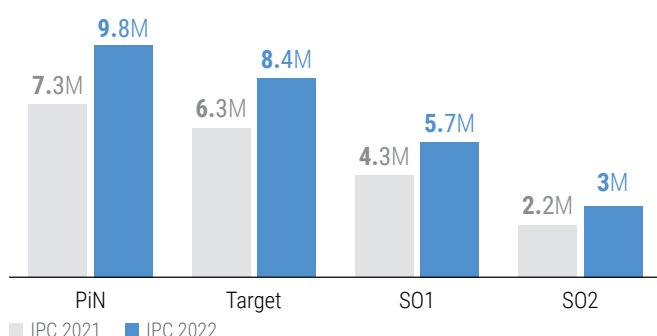
Based on various food security assessments, the most affected groups are IDPs, returnees, those stranded in conflict-hit areas, refugees from neighbouring South

Sudan, Ethiopia and other countries, and poor groups from agro-pastoral and pastoral communities in rural areas of western, eastern and northern Sudan whose livelihoods are directly affected by the impact of lean season and the macroeconomic crisis. The COVID-19 spread, economic crisis, conflict and natural shocks had a negative impact on the overall food security situation of the country.

Assistance should include in-kind, cash and vouchers to respond to specific food security needs. Regular food and/or cash assistance, emergency agricultural and livestock interventions as well as vocational training and rehabilitation activities can improve food security levels.

During June-September 2021, around 2.7 million people were in Emergency (IPC Phase 4), with nearly 7.1M in Crisis (IPC Phase 3) and over 16.5 million people in Stressed (IPC Phase 2).

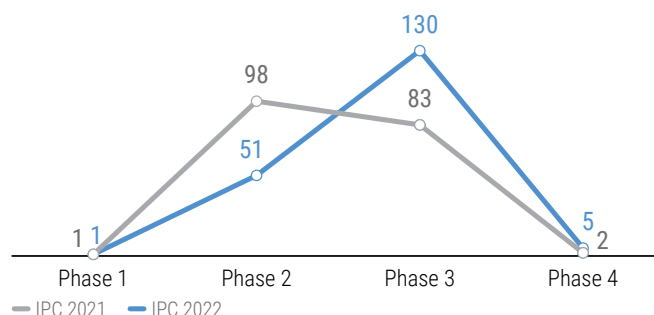
IPC 2021 VS IPC 2022



The Food Security and Livelihoods Sector also works in coordination with the Refugee Consultation Forum. According to WFP's Consolidated Approach to Reporting Indicators of Food Security (CARI) module, 45 per cent of refugee households were found to be food insecure with the highest prevalence of food insecurity amongst refugee households in Darfurs, Kordofans and Blue Nile. The initial results of the Food Security Monitoring Systems (FSMS) Quarter 3 2021 indicate that 59 per cent of refugee households from Tigray, Ethiopia are food insecure. The main contributing factor is economic vulnerability as 91 per cent of refugee households are spending more than 65 per cent of their total expenditure on food. More than one third of households relied on food-based and livelihood-based negative coping strategies, focusing

on immediate food needs and depleting their assets. The most common livelihood coping strategies include spending savings and cutting down on expenses for other basic needs such as education and health.

LOCALITIES UNDER IPC 2021/IPC 2022



The refugee households' market reliance for food commodities often reached higher than 90 per cent, with the other significant source being food assistance. With the deterioration of the macroeconomic environment characterized by high inflation and food prices, the purchasing power of the households has significantly diminished. Other contributing factors include protracted political instability and the COVID-19 pandemic which has negatively impacted livelihoods. Households headed by women were more likely to be food insecure by at least 12 per cent, mostly due to limited access to the labour market.

Based on the Basic Needs and Vulnerability Assessment (BNaVA) commissioned by UNHCR in 2021, 21 per cent of the refugee population are unemployed and 55 per cent have an income of less than SDG 20,000 (about. US\$ 45). Low income and few livelihood opportunities lead to negative coping mechanisms such as selling assets, reducing nonfood expenses or borrowing money. The assessment also indicates higher vulnerabilities in camp and camp-like situations. Refugees further face difficulties to obtain work permits which leads to a heightened risk of exploitation.

Projection of needs

The FSL Sector depends on the IPC approach, which includes different indicators representing analysis done from various assessments in order to measure the needs and the state of food security in 2022.

An estimated 9.8 million people are expected to experience worse levels of food insecurity considering the COVID-19, rainfall, floods, conflicts, inflation and changing price trends and will need humanitarian assistance. According to the IPC analysis, 6 million people will be food insecure from October 2021. This figure may be revised.

The Sector needs will remain at similar levels, with a likelihood of worsening as the underlying causes remain unresolved. The key factors that will affect future needs are continued spread of COVID-19, economic decline, natural shocks and civil unrest.

Monitoring

The Food Security Sector is committed to improve data collection and provide robust analysis of the humanitarian situation and evolution of needs to ensure an effective and protective response that evolves with changing needs. Indicators will be established to measure progress, inform decision making and ensure timely adjustments to humanitarian operations. The data collection and analysis will integrate gender, disability, age and protection perspectives.

The sector monitors the following:

- Assessments, Bulletins, Analyse - Food Security and Livelihoods needs will continue to monitor regularly through WFP's Comprehensive Food Security Assessment (CFSVA), FAO's Crop and Food Supply Assessment Mission (CFSAM), Market Price Bulletins from FAO, WFP, FEWSNET and Food Security Technical Secretariat (FSTS) besides having detailed IPC analysis with different projection periods.
- Gender-disaggregated information collected through the Who What Where When (4W) matrix enables a clear understanding of the ongoing response. The information also shows partners' physical/programmatic presence. All of this contributes to effective programme planning, and helps identify duplication of activities.
- Periodic Monitoring Reports, Gap Analysis, Dashboards and Bulletins; the FSL sector also produces Periodic Monitoring Report/Gap Analysis, interactive dashboards and bulletins to adequately examine whether enough progress is being made in reaching strategic and sector objectives based on the achievements of our partners.

3.3

Health



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
10.4M*	72%	25%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
7.8M	1.1M	1.2M	335k

* 9.2M, 1.2M refugees

Analysis of humanitarian needs

The protracted humanitarian crisis in Sudan continues to impact the already fragile health system, reducing the capacity to provide basic health services and respond to the multiple emergencies affecting the country. The annual cycles of floods, disease outbreaks, civil unrest, border conflicts, and the continuing economic crisis have further impacted accessibility to health services. At the same time, there is no system currently to estimate overall functionality and ascertain the level of humanitarian coverage in Darfur, 2 Areas and other parts of the country.

The decline in service provision by the public sector is forcing the population to seek health services in the private sector; 69.3 per cent of current health expenditure is in the private sector. According to the 2021 MSNA, 72.3 per cent of the population had to pay in full for their health services despite a reported coverage by the national health insurance fund of 67 per cent. During 2021, the availability of emergency medicines declined steadily, reaching 43 per cent compared to 57 per cent during 2020.

Since the first COVID-19 first case was reported in Sudan in March 2020, until the first week of November 2021, 41,558 laboratory confirmed cases were reported across the country. Despite the steady decline in reported cases throughout 2021, the

case fatality ratio stayed at 7.5 per cent, one of the highest recorded globally. The COVID-19 vaccination coverage is standing at around 3.5 per cent of the total population (November 2021), with challenges facing the national vaccine deployment plan that aims to reach 20 per cent coverage by the end of 2021. The COVID-19 pandemic has affected the capacity of the health system to provide essential health services, specifically impacting outreach and immunization services. Measles vaccination coverage declined by the end of 2020 to 67 per cent, with 29 localities across the country reporting coverage of less than 50 per cent (mainly in South Darfur and South Kordofan). By the end of August 2021, four states reported measles outbreaks: East Darfur, South Darfur, River Nile, and White Nile. The total reported suspected cases reached 1,252 cases, including 21 deaths and a case fatality ratio (CFR) of 1.7 per cent.

The availability of qualified health personnel and healthcare workers is a challenge in Sudan hindering the capacity and efforts to scale up the response. According to figures by the federal and state ministries of health, there are 5,457 doctors, 12,601 nurses, and 17,343 midwives working in the public health system. This translates into 0.76 health personnel (doctors, nurses and midwives) per 1,000 population across Sudan, while the WHO health workforce target requirement for universal health coverage is 4.45

health personnel per 1,000 population. The number of women with no access to emergency obstetrics services is 1.5 million, according to UNFPA. The lowest ratios of medical professionals per 1,000 people were reported in White Nile, West Kordofan, East Darfur, Northern, and Central Darfur. Even though over 70 per cent of the population resides in rural areas, 70 per cent of health workers work in the urban areas with 38 per cent in the capital, Khartoum. Moreover, 67 per cent of the staff works in secondary and tertiary care, creating a significant gap in primary health care provision.

By mid-October 2021, about 1.6 million malaria cases had been reported. This accounted for about 13 per cent of all patient visits to health facilities. In addition, 1,156 cases of hepatitis E were reported across the country, mainly in the east. Despite the efforts, the facility-based disease surveillance system covers around a third of health facilities, with significant disparities between urban and rural coverage. There are also low reporting rates, especially at Primary Health Care (PHC) facilities (reporting completeness rate is 72.5 per cent from hospitals and 60 per cent from PHC facilities).

Affected population

The impact of a fragile health system and multiple emergencies has affected the majority of Sudanese; specific groups were affected disproportionately due to inherent vulnerable status, the impact of the economic crisis, and lack of availability of essential services in their geographical residence. The conditions of people living with disabilities are exacerbated by the deteriorating economy, lack of supportive social networks, and shortages in specialized health care providers.

Across Sudan, around 1.5 million women of reproductive age lack access to Basic Emergency Obstetric and Newborn Care services (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care services (CEmONC). According to the 2021 MSNA, 13.4 per cent of women across the country delivered

newborns in health facilities in 2021. About 40 per cent of the home deliveries were not attended by a qualified healthcare person, and only 15 facilities across Sudan are dedicated for basic services (BEmONC). Out of the 23 CEmONC facilities in Khartoum, 30 per cent were fully operational during the second half of 2020.

Clinical management and psychological support to gender-based violence survivors, including clinical management of rape, is still burdened by a weak referral system and lack of qualified staff both at the facility and community level.

Children under five years of age are exposed to vaccine-preventable diseases due to reduced coverage of the expanded programme of immunization and a high prevalence of malnutrition. The Tetanus toxoid-containing vaccine (TT2+) coverage for the newborns averaged at 47 per cent across the country with 84 localities reporting an average of 32 per cent. Eight hundred thousand children have not completed the PENTA 3 vaccine doses, marking a 4 per cent annual drop (compared to 2019 coverage). The biggest gaps were observed in West Kordofan (17 per cent decrease), Central Darfur (15.6 per cent decrease), and East Darfur (10 per cent decrease).

The “Sudan COVID-19 needs and services assessment in IDP camps” by the IDP task force in 2021 showed that 42 per cent of the camps’ population reported challenges accessing health services mainly due to lack of qualified health staff and absence of medicines.

Sudan’s annual seasonal floods affect up to 2 per cent of the population accessing health services, directly by damaged health facilities and disrupted delivery of supplies, or indirectly by compromised physical access due to disruptions in transportation services, damaged roads, and being isolated in inaccessible areas throughout the rainy season. Annual assets and medical equipment losses due to floods is estimated to be around \$6 million¹². As a result of poor sanitation, weak water infrastructure, and compromised access to chlorinated drinking water, over 3.1 million people will be at risk of water-related diseases, and

¹² Sudan rapid post disaster needs and recovery assessment 2020.

further 11 million people are residing in high-risk areas for vector-borne diseases, specifically malaria (2021 National Multi-Hazard Health Emergency Preparedness Plan 2021).

Projection of needs

During 2022, the health needs are expected to remain high due to inflation, the economic crisis, poor investment in infrastructure, localised conflicts, and a potential new refugee influx. The country will continue to experience disease outbreaks of endemic, water-borne, and vector-borne diseases, like haemorrhagic fevers, and malaria. Vaccine-preventable diseases can recur due to low immunity among children and shortages in immunization coverage in several areas. Seasonal rains and floods are still the main hazards that can affect hundreds of thousands of people and increase the chance of cholera outbreaks, specifically because of the chronic shortages and solutions to address the suboptimal WASH infrastructure. The aforementioned situation can be exacerbated by the continuous shortages in essential medical supplies and medicines.

Despite the decline in reported COVID-19 cases, high mortality figures are still reported, with chronic lack of capacities in high decency and intensive care units. Despite availability of the COVID-19 vaccine, the low acceptance among the population is still hindering effective coverage enough so as to lessen the resulting morbidity and mortality among the elderly and vulnerable groups.

Monitoring

Through the quarterly Who What Where reports, the health cluster and health actors will assess the health situation and emerging needs through monitoring of delivered humanitarian assistance against the severity of need, participating in joint assessment missions, and informing health partners about emerging needs. Due to lack of data to assess quality of services provided in supported health facilities, the health cluster in cooperation and coordination with field offices, health partners, and UN agencies supporting the health effort will endeavor to re-activate the Health Resources and Services Availability Monitoring System (HeRAMS) piloted in some areas in 2022.

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
December 2021	9.1 M	N/A	1.9M	2.7M	4.6M	1.8 M	Conflict, displacement, floods, disease outbreaks.	
June 2022	9.1M	N/A	1.9M	2.7M	4.6M	1.8 M	Conflict, displacement, floods, disease outbreaks.	

3.4 Nutrition



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
4M [*]	23%	77%	10.3%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
3.9M	281k	137k ¹³	98k

^{*} 3.9M, 137K refugees

Analysis of humanitarian needs

Acute and chronic malnutrition have been problems in Sudan for the past several decades. The drivers of malnutrition are multi-sectoral; they include high levels of poverty, poor WASH conditions, limited access to health services, illiteracy and high food prices contributing to inadequate food intake and dietary diversity. Sub-optimal feeding practices and cultural norms affect children's growth and development from an early age. An increase in displacement due to floods or inter-communal clashes in 2021 compared to 2020 could exacerbate the main drivers of malnutrition. It disrupts affected communities' access to health and WASH services and increases risks to disease outbreaks and food insecurity due to limited access to farming land, and availability, access to and utilization of food. COVID-19 continues to contribute to loss of livelihoods, disrupting access to food and the health care system. Inflation has reduced purchasing power and has led to an increase in families with food insecurity and therefore malnutrition risks. Moreover, humanitarian crises tend to increase the nutrition related protection risks, especially among young children who might engage in child labour

and early child marriage that increase risks of being malnourished.

Despite the efforts made by the government and nutrition sector partners to scale up treatment and preventive nutrition responses¹⁴ the prevalence of risk factors (health, WASH, food security, feeding practices) show no signs of significant improvements¹⁵.

About 59 per cent of acutely malnourished under-five children and pregnant and lactating women live in 106 areas classified as extreme and catastrophic by the health sector, thereby increasing the risk of morbidity and mortality associated with lack or poor health services.

The overall number of people in need of nutrition support has increased by 8.8 per cent¹⁶ from 3.6 million in 2021 to 3.9 million in 2022, with under-five children accounting for 77 and 23 per cent of pregnant and lactating women (PLWs), respectively, in need of life-saving treatment and preventive nutrition assistance. These needs have a significant impact on physical, mental and wellbeing of children, pregnant and lactating women, and the community in general.

¹³ <5s 91% and PLW 9%.

¹⁴ Inpatient, outpatient and targeted supplementary feeding programmes.

¹⁵ Health sector analysis for 2022 HNO.

¹⁶ Increase in people in need associated with use of revised S3M data, and inclusion of PLW with SAM in the estimation of people in need that was not the case in 2021.

With respect to refugees, approximately 137,191 children under-five and pregnant and lactating women¹⁷ are in urgent need of nutrition interventions all over Sudan, of which 92 per cent are children under-five. For refugees living in camps in eastern Sudan, the latest Standardised Expanded Nutrition Survey (SENS) (2019) indicated a GAM rate of 13 per cent in the Shagarab camps, and over 11 per cent for all other camps. Stunting prevalence is critical in Shagarab camps at 53 per cent, as well as for Abuda, Um Gargour and Fau 5 at 45 per cent. The SENS survey also indicates high rates of anaemia (>40 per cent) among children under five years and women aged 15-49 years who are refugees.

Affected population

Children under 18 years (especially under five years of age) and PLW are the most vulnerable groups due to their increased physiological and biological needs. Moreover, women, young girls and boys suffer disproportionately. The risk of acute malnutrition increases among children in distressed conditions (IDP, returnees, refugees etc.). Children in such circumstances are likely to miss lifesaving nutrition services exposing them to increased malnutrition, morbidity, and mortality risk. Although, there is no very recent data on the nutrition situation among under-five children in Sudan, the 2018 S3M II revised¹⁸ results, indicate that 64 localities had very high (15 per cent and above) prevalence of Global Acute Malnutrition (GAM), of which 9 localities in four states (East Darfur, South Darfur, Red Sea and River Nile) had catastrophic levels (GAM 30 per cent and above). It is also important to note that 35 per cent of under-five children in need of nutrition treatment live in 58 localities classified with very high prevalence of acute malnutrition (severity scale 4 and 5); the remaining 65 per cent live in 128 localities with high prevalence (severity scale 3) levels as per WHO severity thresholds.

Malnourished children face heightened mortality risk. In countries with a relatively similar nutrition situation to Sudan, children under five with severe acute malnutrition (SAM) and stunted physical development are estimated to be 12 times more likely to die than their well-nourished peers, while those with moderate acute malnutrition (MAM) are 4 times more likely¹⁹. Among those severely malnourished, one in five children will die if not treated, and the risk increases to 9 out of 10 for SAM with complications.

Sub-optimal Infant and Young Child feeding (IYCF) practices also increase the risk of acute and chronic malnutrition and micronutrient deficiencies. Incidence of malnutrition rises sharply among children 6-23 months as exclusively breastfed infants transition to complementary foods. While exclusive breast-feeding prevalence among children under-six months in Sudan is over 62 per cent²⁰, age-appropriate dietary diversity is low at 25.4 per cent. The prevalence of anemia in children aged 6-59 months is also a huge concern with 48 per cent, a severe level as per WHO²¹ classification.

Families and in particular women devote most of their time in formal and informal sectors to provide basic needs for their children. In doing so, they may compromise the caring and feeding practices that may contribute to deterioration of the nutritional status for themselves and their children. This risk is especially high in female headed households who cannot receive other support. Refugees, IDPs in and outside hosting sites, orphans, abandoned children, single-parent children mostly below the age of 18 years who are parents, patients with chronic and neglected diseases and people with disabilities are likely to have limited access to nutrition services in some locations.

Projection of needs

The nutrition situation is projected to remain at the current levels or deteriorate further given the projected worsening in the prevalence of risk factors

17 From Eritrea, the Central African Republic, Ethiopia (Tigray), Chad, Syria and Yemen.

18 S3M 2018 revised results in 2020.

19 GNC/UNICEF/WFP/WHO-addressing malnutrition in Yemen 2019.

20 S3M 2018 revised results in 2020.

21 Worldwide Prevalence of Anaemia 1993-2005 (WHO/CDC).

for malnutrition (limited access to health services, increase in food insecurity, limited access to WASH services, increase in displacements due to floods/clashes, poor infant and young feeding practices particularly complementary feeding, economic shocks exacerbated by high inflation, etc).

Monitoring

The sector faces gaps in nutrition information that include: nutrition information not part of the DHIS database, lack of recent nutrition situation data, late submission, low reporting rate, etc. The nutrition sector will strengthen and improve the monitoring of the evolving nutrition situation in Sudan using several approaches.

First, at population level, the nutrition sector will conduct SMART surveys in prioritized²² localities to provide recent data on nutrition situations that will guide decision-making and planning including the revision of the PIN by mid-June 2022. The

Multi-indicator Cluster Survey (MICS) planned to be conducted in 2022 by FMOH in collaboration with UNICEF will complement the SMART survey findings.

Second, the nutrition sector will collect and analyse Community-based Management of Acute Malnutrition (CMAM) and other nutrition related existing databases and reporting mechanisms with more emphasis on timely and complete quarterly reports.

Third, the nutrition surveillance system in health facilities, implemented by the FMOH in collaboration with WHO, will complement the understanding of the evolving nutrition situation in the sites, localities and states involved.

Fourth, unilateral and joint field level monitoring and supportive supervision will be strengthened to monitor nutrition projects/programme and engage the community and stakeholders to understand the evolving needs and response implementation challenges.

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2021 ²³	3,600k	-	-	811k	2,66M	127k	Food insecurity, poor feeding practices, conflict, Internal displacements Poor WASH and health services coverage, diseases, inflation,	Under-five children, pregnant and lactating women
December 2021	3600k	-	-	811k	2,66M	127k	Food insecurity, poor feeding practices, Internal displacements, Poor WASH and health services, diseases, inflation	under-five children, pregnant and lactating women
June 2022 ²⁴	3,922k	-	28k	2,600k	1,300k	10.3k	Food insecurity, poor feeding practices, Internal displacements, poor WASH and health services, diseases, inflation	Under-five children, pregnant and lactating women

²² The sector has devised criteria that will guide the selection of prioritized localities.

²³ Based on the WHO GAM classification.

²⁴ GNC global severity scale used.

3.5.1 General Protection



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
4.5M*	25%	48%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
1.5M	1.5M	1.2M	386K

* 3.3M, 1.2M refugees

Analysis of humanitarian needs

The Transitional Government of Sudan is committed to ensuring the rights of its citizens, including those affected by new and protracted displacement based on the Sudanese Constitutional Declaration, the National Plan for the Protection of Civilians (NPPOC) and the JPA The Asylum (Organization) Act 2014 provides for the rights and obligations of refugees and asylum seekers in Sudan. Key challenges for displaced and refugee populations include limited capacity for protection of civilians, presence of intercommunal conflict and factional fighting, access to public services, recurrent natural disasters, and lack of durable solutions. Security sector reform, including the full formation and deployment of joint security forces for the protection of civilians, also faces challenges, including the lack of a singular and unified military force and recurrent conflicts

Rule of law, access to justice and government social protection and programmes and their capacities remain weak in conflict-affected areas of Darfur and South, North, and West Kordofan, White Nile and Blue Nile as well as in eastern states. Police, courts, civil registries, and social welfare institutions have limited presence outside of urban centres and are poorly equipped to address the scale of protection needs among IDPs and refugees in camps, settlements, informal sites, and rural areas of return. These urgent

needs include the protection for IDP and returnee farmers during cultivation and harvest seasons against the attacks of nomads. As well, increased criminality has negatively impacted the delivery of humanitarian assistance across Darfur, South Kordofan and Blue Nile states to IDPs, returnees, refugees, host communities and foreign migrants who live side by side with the host communities. The deepening economic crisis and scarcity of resources have further impacted public service delivery and increased the socio-economic vulnerability of displaced, refugee, returnee and foreign migrant families.

Damage caused by annual flooding leaves large numbers of families without access to basic shelter and livelihoods, heightening their vulnerability to protection risks. Durable solutions for IDPs, returnees and refugees remain largely unachieved, though UN agencies are supporting the development of a five-year national strategy on solutions for IDPs, returnees and refugees in conjunction with host communities. In December 2019, the Government of Sudan pledged at the Global Refugee Forum to facilitate socio-economic integration of refugees in Sudan and to address the root causes of forced displacement, thus creating an enabling environment for return and reintegration of refugees and IDPs. Government efforts, are still underway to develop a strategy to implement these pledges.

Roadmaps for the implementation of peace agreements are yet to be agreed on, and areas in Darfur, South Kordofan, and Blue Nile states that are under control of armed opposition groups can be accessed, albeit with some conditions. General protection needs are most severe in specific localities of Darfur, Kordofan, White Nile and Blue Nile states, where incidents of localised conflict and armed attacks by nomads have been documented throughout 2021. Such clashes are exacerbated by the proliferation of firearms, competition over land and water resources between farmers and herders, unregulated migratory routes of nomads, and weak land administration systems. In 2021, hundreds of civilians have been killed or wounded with their property damaged, looted, destroyed, or occupied. Thousands of families have been displaced and civilian sites, such as schools and hospitals, have been occupied.

Affected population

Overall, there are 6,596,342 persons in need of protection support across the country. This includes 3,036,593 IDPs, 969,397 returnees, 1,098,272 refugees and 1,492,080 vulnerable Sudanese. New and protracted displacement, lack of basic services and the deteriorating socio-economic situation have all had profound consequences on conflict-affected persons' immediate physical and mental well-being, living standards, and their long-term resilience. UNDESA estimates international migrant stock in Sudan as 1.4 million people for 2020 (Data | Migration data portal). It is understood, however, the number of foreign migrants is much higher as irregular migrants are not included in these figures usually. It is difficult to have precise data due to the nature of irregularity, however, an estimated number of vulnerable foreign migrants is based on the registration data from various migrant communities across Sudan.

Vulnerable groups - including women, children, the elderly, persons with disabilities, chronically ill and marginalised - face a range of challenges unique to their individual circumstances, compounded by their displacement and non-functioning or overstretched familial/community support networks. These and other groups suffer disproportionately from various

protection risks, including violence, sexual and other forms of exploitation and abuse, and human-rights violations. For women and girls, risks of GBV remain significant, particularly when they are on the move, working in fields and collecting water or firewood. Boys and men remain especially at risk of physical violence, injury and death and arbitrary arrest, as they are often perceived as supporting armed opposition groups. Access to birth registration continues to be a challenge in most locations, placing IDPs, refugees and foreign migrants with irregular status at significant risk of not being able to access basic services and raising the risk of statelessness. Many foreign migrant children cannot be enrolled in public schools due to the lack of birth certificates. Persons with disabilities continue to be marginalized and neglected, with few government or humanitarian services targeted to meet their unique needs. Access to health care, particularly for the elderly and those with chronic illnesses, who are at heightened risk of severe effects from COVID-19, remains limited. Trafficking in Person (TiP) is increasingly recognised as a major protection concern in Sudan, with a National Action Plan (NAP) to Combat Human Trafficking for 2021-2023 issued in August 2021. However, the implementation of this plan will require a great deal of support to provide adequate protection for men, women and children who are trafficked from/through Sudan.

Unable to meet their basic needs, many vulnerable individuals have been compelled to adopt negative coping strategies. These include lax adherence to COVID-19 and other disease prevention measures to pursue livelihood opportunities, engagement in unsafe or exploitative labour, begging, and crimes of opportunity, such as theft and robbery. Others see no opportunity in Sudan and pursue migration to Europe through irregular means, exposing themselves to abuse and exploitation by smugglers, traffickers and physical danger along the way. Displaced youth are reported to have increasingly resorted to violence to resolve disagreements with community leaders.

Due to multiple displacements, familial and community support networks in conflict and disaster affected areas of Sudan have eroded over time, resulting in prolonged dependency on increasingly limited

humanitarian assistance. At the same time, localized disputes – e.g., between farmers and herders and IDPs, returnees and members of host communities – continue to escalate into violence and larger conflict.

Refugees and foreign migrants with irregular status may face protection risks due to their status in Sudan. These risks to refugees include arbitrary arrest and detention if found without proper documentation (such as refugee identity documents, travel permits or work permits) as well as forced eviction from private or government-owned land plots that they have settled on within host communities. Refugee registration faces a backlog and, so far, only 702,522 refugees (64 per cent) are individually registered. For unregistered refugees, access to protection and basic services is limited. There are further vulnerabilities given the fact that women account for 53 per cent of the total refugee population while over half of the refugee households in Sudan are female-headed. Unregistered refugees face heightened protection risks as they are yet to be formally registered by the Government of Sudan and have no refugee documentation issued. They may be mistaken by authorities as undocumented migrants and face forced deportation to their country of origin. They are also not included in basic assistance provided to registered refugees in and out of camps.

Projection of needs

General protection needs among conflict and disaster affected populations across Sudan are expected to remain high in 2022. MSNA data indicates that 22 per cent of households have one or more members who do not possess any form of civil documentation, with significantly higher proportions in some localities.

Several contextual factors further validate the conclusion that needs remain under severity level 3 and 4: (i) violent incidents and presence of ERW/UXOs in 64 localities of Darfur, South and West Kordofan and Blue Nile states are evidence of urgent need by the Government of Sudan to implement plans on the protection of civilians and peace agreements; (ii)

rule of law, access to justice and government social protection mechanisms remain weak in conflict-affected areas; (iii) certain areas of Sudan, including some IDP camps, remain under the control of armed opposition groups and state authority is not recognized in such areas; (iv) the withdrawal of UNAMID has left substantial gaps in the protection of civilians; (v) in some cases the presence of humanitarian actors in IDP camps/sites has decreased due to insecurity (based on reports from North Darfur, West Darfur and South Kordofan) and limited funding, leaving serious gaps in protection activities; (vi) and the dire economic situation in Sudan continues to contribute to poor living conditions and limited livelihoods opportunities, leading to heightened protection risks, exploitative practices, and limited coping capacities.

Monitoring

Conflict and disaster affected populations will be monitored directly and remotely throughout 2022. This will be conducted through the Protection Sector, Community Based Protection Networks, the Protection of Civilians Incident Tracking tool, and multi-sectoral rapid assessments during new emergencies. Information generated through protection and return monitoring, as well as through the Protection sector's service mapping and response monitoring (5Ws), will be systematically used for needs, gaps and trends analysis, and to enable evidence-based response planning and advocacy.

The sector will use available data from protection and durable solutions-oriented community consultations, MSNA findings, as well as proxy indicators from other sectoral needs assessments, to better understand needs to plan and respond. The Protection Sector will work closely with other sectors in mainstreaming protection to both mitigate and respond to protection risks and concerns, and to generate data on protection concerns using an inter-sector approach.

3.5.2 Child Protection



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.2M	51%	100%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
1.4M	1.3M	500k	472k

Analysis of humanitarian needs

Sudan remains largely a protracted crisis with children's safety, survival and well-being threatened by localized inter-tribal violence, floods, poverty, repeated displacement, and disease outbreaks, including COVID-19. These factors have eroded the resilience and capacity of vulnerable people to cope with recurrent shocks denying protective environments for children and their families. Separation from caregivers is a persistent concern, specifically among displaced populations with 13 per cent of households taking care of children that have been orphaned or separated from their parents or other usual adult caregivers. The absence of a continuum of alternative care options, including formal options, is another concern.

The United Nations verified 292 grave violations against 274 children (143 boys, 131 girls); including killing, maiming, sexual violence, recruitment and use by armed groups and forces, abduction and denial of humanitarian assistance mostly in the Darfurs*. The direct physical and psychological scars of conflict on children and youth, constant exposure to high-stress, repeated loss of friends and family members, isolation and lack of protective systems are taking their toll on the mental health of children and their families. Parts of the country remain littered with Explosive Remnants of War (ERW), including landmines and

other explosive hazards, exposing children and their families to daily risks.

Economic crisis and increasing deprivation continue to fuel harmful coping mechanisms, particularly adolescent girls and boys, according to the nationwide Child Protection Assessment (CPA) done in 2021. Child labor is reported in 72 per cent of households in all states; children are increasingly engaged in unsafe or exploitative labor, begging, and engaging in opportunistic economic crimes (e.g. theft, robbery); while others undertake deadly journeys to Europe or Middle Eastern countries, exposing themselves to abuse and exploitation by smugglers and traffickers along the way**. Adolescent boys are more likely to be killed and injured, detained, recruited or exploited, while adolescent girls are particularly at risk of child marriage, harassment, exploitation and other forms of gender-based violence, including sexual violence. Participatory assessments carried out in camps hosting refugees from Eritrea and Ethiopia in eastern Sudan have also highlighted that young people are adopting negative coping mechanisms, including engagement in survival sex, while others opt to pay off smugglers in search for better options; both girls and boys are particularly at risk of abuse and exploitation. Children are increasingly used in casual labor and also in mines. For example, 1 in every 5 children in Abyei, South Darfur and West Darfur are reported to

be engaged in some form of labor to contribute to the wellbeing of the family²⁵.

While vulnerable children of all ages may face violence and protection concerns in many life situations, adolescence brings exposure to new forms of risks and violence due to harmful coping mechanisms within the family. Sudan has the 16th highest absolute number of child brides in the world, with approximately 38 per cent of girls married before the age of 18, and 12 per cent of them married before their 15th birthday. Adolescent boys are more likely to be killed and injured, detained, recruited or to be involved in child labour, while adolescent girls are particularly at risk of child marriage, harassment, exploitation and other forms of GBV, including sexual violence especially during displacement and during asylum in Sudan. Boys are also at risk of sexual violence, as are men, primarily in the context of detention. Some adolescents consulted during focus group discussions indicated the need for more engagement or consultation within the peace building and peaceful coexistence mechanisms, especially between refugee and host community youth, and more consultation with adolescents.

There are systemic challenges regarding the quality of and access to specialized services, such as safe spaces for children, PSS, legal assistance and health assistance, coupled with high staff turnover among social workers, ailing case management systems, poorly maintained social service facilities, and lack of capacity of key child protection workers. These services are missing in 80 per cent of affected localities and, where available, are challenging to access due to lack of information about the services and lack of transport. Enforcement of the Government's encampment policy restricts children's freedom of movement, thus the camp-based population of children only have access to the limited services in camps. Refugee children residing in out of camp settlements and urban areas also face numerous challenges in accessing available services. Medical/legal form procedures are still a challenge for survivors needing legal assistance.

There are also challenges with regards to identification cards and most of the health facilities lack medicines that are required. Social workers available fall short of the global minimum standard of 1 social worker per 35 children, with some states having 1 social worker supporting over 1,000 children. According to the MSNA, 27 per cent of people reported lack of accessibility due to the high cost of transportation to reach the health facility. In addition, 55 per cent of those seeking health assistance had to pay for medical consultations and 74 per cent had no access to free medicines, including medicines for post-rape care. IDPs in Darfur have indicated lack of trust between IDPs and security forces as one of the main reasons people do not seek help. Disruptions in accessing assistance as well as poor quality services, particularly specialized protection services, leads to enhanced distress and increased risks of abuse and exploitation, and can reset or worsen the severity of the associated needs. If unaddressed, these concerns have life-long irreversible impacts on children and their families.

Affected population

Up to 60 per cent of the population in need of protection services in Sudan are children who continue to be exposed to protection threats of recruitment, family separation, abuse, neglect, abduction, exploitation, and violence. About 3.2 million children (51 per cent female, 49 per cent male), including 15 per cent of children with disabilities, need immediate child protection services. In 2022, 2.4 million children are in extreme need (78 per cent), about 218,000 in severe need (7 per cent) and about 478,000 in stress (15 per cent) and require humanitarian child protection assistance.

Children with disabilities are among the most vulnerable. Stigma against people with disabilities and mental illnesses in general are affecting the ability to access services, especially psychosocial support as families prefer seeking traditional healing as it is more accepted culturally than going to see a psychiatrist. Additionally, 28 per cent of caregivers stated they must

²⁵ JENA 2021.

chain children with disabilities to protect them from harm, such as accidents, discrimination, physical and sexual abuse, hurting other people, or being hurt. This practice means they are unable to play and interact freely with other children or attend school. At least 40 per cent of child protection incidents reported to caseworkers in 2021 were related to mental health, physical abuse, and neglect.

Family separation is an ongoing concern and is the third-highest protection concern reported among the new and protracted IDP and refugee population in Darfur and eastern states. The number of unaccompanied and separated children (UASC) continues to rise, with 19,771 (8,018 girls; 11,753 boys) UASC documented from January to August 2021, a 47 per cent increase compared to the same period in 2020. Some separations were due to the conflict, others due to migration, or the pandemic, including death of a child's caregiver. The majority of registered UASC remain active for case management, psychosocial support, and family tracing and reunification. Separation from one's primary caregivers exposes children to greater risks of exploitation, abuse, neglect, and psychosocial distress.

According to the MSNA 2021, access to child protection services is low, with over 75 per cent of households in both host and IDP communities, indicating there are no mental health and psychosocial support (MHPSS) services for girls and boys. Similarly, over 70-75 per cent of surveyed households in IDP sites indicated there are no group activities and safe spaces for children (CPA 2021). The 2021 education report also found that child protection, MHPSS, and health services, including at school and accessible through referrals, were available in only 12-16 per cent of schools assessed[1], with little difference between rural and urban schools. While significant progress has been made in delivering general psychosocial support to children in need, scaling-up more structured, focused psychosocial support for those most severely affected is urgently required. Additional caseworkers are also needed to ensure the provision of quality case management services. The number of children in need is likely much higher as these types of cases are frequently underreported due to societal norms

and limited trained staff, including police. Currently, caseworkers handle caseloads 60 or 100 times higher than minimum standards. Thus, there is an urgent need to improve the quality of child protection services for girls and boys at risk and increase case management capacity to provide individualized support for children based on their specific needs.

Almost half of Sudan's displaced population live in areas with high environmental risks including desertification, flooding and soil degradation. As a means of coping, poor families are often forced to send their children to live with other relatives where they are often at risk of exploitation, others withdraw their children from school to work on the farm or rear livestock. This inhibits their ability to improve their own wellbeing and further exposes their children to harm. For example, women and girls are forced to walk long distances looking for fuel wood and water, exposing them to risk of sexual abuse, kidnapping or abduction. Among refugees, restrictions curtailing their freedom of movement and right to work compel many to engage in risky coping mechanisms and in the informal economy to supplement the limited assistance they receive in refugee camps and settlements.

Projection of needs

Child protection needs are likely to remain high in 2022, with expected increase of needs in areas affected by localized conflict areas, such as greater Jebel Marra, South Kordofan, during the lean season months when there is often an increase in localized violence over access to resources and attacks on farmers.

Needs of adolescents, especially in peri-urban and urban settings, are likely to increase. The rising cost of living, as well as the lack of employment and basic services, are the top concerns for youth nationwide. Some vulnerable adolescents face the worst forms of abuse, such as rape and murder, but they are also often coerced into difficult circumstances, which are detrimental to their own physical and mental well-being or forced to adopt maladaptive coping mechanisms to overcome structural deprivations. Sudan has also high rates of child marriage and FGM.

Across the country over 4.2 million children are out of school as the educational system is sporadically affected by different shocks and hazards. The more children without protection such as schools, the higher the risk to abuse, exploitation, violence, and neglect. This is likely to be the case for most children in Sudan throughout 2022.

Monitoring

Throughout 2022, child protection needs will continue to be monitored through existing systems, including the 5Ws, Monitoring and Reporting Mechanism on Grave Child Rights Violations (MRM+), the Child Protection Information Management System (CPIMS+), service mapping, safety audits, protection monitoring reports, and, in the refugee context, ProGress database. All partners will be trained on how to monitor and report on: activity implementation, new identified locations, child rights violations, and related responses. As most information is confidential, partners have

agreed on data protection and information sharing protocols. In addition, together with the Protection Sector, child protection partners developed the Protection Incident Tracking tool and early warning mechanism that will be used in the states where the MRM and CPIMS+ are not operational. Child protection sub-sector will roll out the use of UNICEF digital tools, namely U-REPORT and RapidPro, to be used for real time monitoring and community engagement with children and adolescents. These tools will also provide a platform for partners to engage with affected populations and receive feedback on the quality of services. As an active participant in the Intersectoral Coordination Group, the Child Protection sub-sector will ensure that children's needs are met and risks are mitigated through integrated services by other sectors, specifically: Education, WASH, Nutrition, Health and Food Security.

3.5.3

Gender-Based Violence



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
2.7M	92.8%	49.2%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
1.1M	1.3M	200K	350K

Overview

Across Sudan, GBV continues to be a life-threatening concern, exacerbated by a variety of factors, including armed conflict, tribal clashes, forced displacement, and recurring disasters such as floods.

According to the first nation-wide, qualitative GBV assessment, "Voices from Sudan 2021", physical and sexual violence are prevalent both inside and outside the home, and sexual violence is more pervasive in rural and conflict-affected communities including refugee camps. Intimate Partner Violence is not considered as a crime, and laws such as the Personal Status Law (1991) mean that incidents that occur in the home are viewed as private issues to be resolved within the confines of the family, thus women tend not to seek legal redress.

The findings from the "Voices from Sudan 2021" also indicate that distance to basic facilities, food insecurity and negative coping mechanisms, especially due to continued harsh economic conditions, compound the problem, including for refugees. Women are forced to adapt their behaviour to try to protect themselves from violence, by staying home, avoiding certain locations and not travelling alone.

People with disabilities are disproportionately affected by violence including those perpetrated by family

members, and child marriage remains a prevalent negative coping mechanism. Access to services remain particularly weak in conflict-affected and refugee hosting areas of South Darfur, North Darfur, and West Kordofan, White and Blue Nile as well as East Sudan states. Refugees continue to be hosted in many states including Khartoum, where women and girls continue to face numerous protection risks exposing them to GBV.

Adolescent and young girls are particularly affected by early marriage and other forms of harmful practices. Sudan has one of the highest prevalence in harmful practices globally. Among girls aged 20-24 years, 60.2 per cent were first married or in union before the age of 18, and 87 per cent of women aged 15-49 years have been subjected to Female Genital Mutilation (FGM) (UNICEF, S3M 2018).

The farming season, which coincides with the migration of armed nomadic herders from the north registers high attacks on IDPs, including rapes, in the ensuing tensions over land. Sexual violence and harassment was also reported to have taken place in the crackdown on protests, especially in Khartoum and other state capitals.

The severity of protection needs is very critical in 94 localities across 12 states in Sudan.

Affected population

There are 2,940,705 people in need in 2022 for GBV prevention, mitigation and response, including mainly women and girls from localities that are prone to conflict and tribal clashes, hosting refugees as well as disasters, with a high percentage of households engaged in negative coping mechanisms. This also includes 209,366 refugees without access to core GBV services. According to the MSNA 2021, the percentage of households with women and/or girls who avoided areas in their current location because they felt unsafe amounted to 43.6 per cent. These factors have a negative effect on the wellbeing and living standards of the affected population, since they pose protection risks especially in areas where they converge.

GBV risks among IDPs are aggravated by inadequate lighting in camps and settlements, and access to energy and water supply gaps that require women and girls to travel long distances to collect water and firewood, exposing them to harassment and violence. The fear of GBV has a ripple effect in the livelihoods and survival opportunities of women and girls. It thus limits women and girl's movement therefore curtailing their access to livelihood options, and exposing the most vulnerable ones to continued violence. Vulnerabilities have been further exacerbated by COVID-19, women and girls continue to remain at heightened risk of harassment, exploitation, neglect and abuse.

Encampment policies and movement restrictions compel many refugees and asylum-seekers to resort to smuggling to facilitate their internal and onward movements, which often exposes them to human trafficking and grave protection risks, including GBV. Lack of security in return areas is contributing to cases of violence against returnees, including sexual violence and kidnapping fueled by conflict over land.

Lack of GBV awareness among communities makes it challenging to ensure prevention, mitigation and access of survivors to the relevant multi-sectoral services where available. Child marriage and FGM results in health consequences, such as high cases of fistula or high-risk teenage pregnancies.

The current harsh economic conditions in the country may also be exposing women, girls and the vulnerable population to further risks. Women's and girls' financial status forces them to work in unfavorable and insecure environments that expose them to violence. Limited access to livelihood opportunities in the face of the harsh economic conditions has resulted in heightened risk of exploitation. Women working in low pay informal jobs (tea sellers, women working in markets), women in camp setting (IDPs, refugees), domestic workers, people with disabilities, especially mental or intellectual disabilities, are reported to be particularly vulnerable to sexual violence. Sensitivities on sexual violence hampers assessments on the use of survival sex as a negative coping mechanism amongst vulnerable populations exposing them to GBV risks.

Incidents of GBV against men and boys, including sexual violence have also been reported.

Analysis of humanitarian needs

GBV survivors have inadequate access to services and reporting mechanisms. Quality specialized life-saving GBV services, such as clinical management of rape (CMR), psycho-social support (PSS), legal aid, safe houses, case management and referral mechanisms are still unavailable, in over 80 per cent of localities, according to the service mapping conducted by GBV Sub-Sector in May 2021. While the number partners implementing GBV interventions has been increasing, funding, access and operational constraints still remain as challenges, as well as gaps in capacity, in particular for service provision. In addition, there are needs for more coordinated work around GBV prevention and response.

This gap in services is further exacerbated by the shortage in trained personnel and the weak referral pathways. In addition, survivors can face challenges with accessing health services, due to stigma, lack of awareness of the importance of timely access to CMR, as well as distance to health facilities. The distance separating GBV survivors from health facilities, as well as lack of referral, are significant barriers to accessing

adequate health care and exposes survivors to the risk of additional harms during their journey.

There are few localities with functioning community-based protection networks and women centers offering GBV services. Awareness on the available GBV services and prevention mechanisms in communities is low, and it is crucial to strengthen community-based interventions.

Women centers act as an entry point for women and girls to access available services, mainly psychological first aid offered at the centers, and referral to health facilities and/or the police, and thus when non-functional, access to services for GBV survivors is compromised.

Access to justice for GBV survivors is very low, due to the lack of awareness on GBV vis-a-vis legal / justice avenues, lack of legal aid, shortage of female police officers, community distrust of formal legal mechanisms and preference. Some communities resort to traditional dispute isolation mechanisms. Centralized handling of cases at state capitals, affects disadvantage survivors from poor backgrounds due to transport costs and legal fees.

Challenges with collecting GBV data remain an issue. Sudan does not yet have the GBV Information Management System (GBV IMS) in place, and limited use of the GBVIMS+ is being used only for the selected locations in the refugee settings. It is not advisable to roll-out population-based prevalence data collection mechanism, in ongoing humanitarian crises.

Coordination across all affected states needs strengthening to ensure a harmonized approach to service delivery.

Projection of needs

Due to the protracted crisis, continuing refugee influx and recurring disasters, the needs highlighted above are unlikely to decrease within the year.

Several contextual factors underpin the following conclusions: (i) ongoing conflicts in some states

where the government is not able to provide sufficient protection ; (ii) access to services remains weak in conflict-affected, refugee hosting and disaster-prone areas; (iii) certain areas of Sudan that remain under the control of armed opposition groups; (iv) humanitarian presence in some localities has decreased due to insecurity, logistical constraints (such as restricted access due to rainy season/connectivity especially to remote and underserved locations) and limited funding leaving significant gaps; and (v) the dire economic situation in Sudan continues to contribute to poor living conditions and limited opportunities for self-reliance, leading to heightened protection risks and exploitative practices.

As affected populations become more accessible and as the protection space continues to open up, demand for services is likely to rise. Addressing the root causes of GBV and negative social norms will take time. GBV response being a multi-sectoral response will rely on other sectors especially health, rule of law, livelihoods to function, therefore mainstreaming remains crucial.

Monitoring

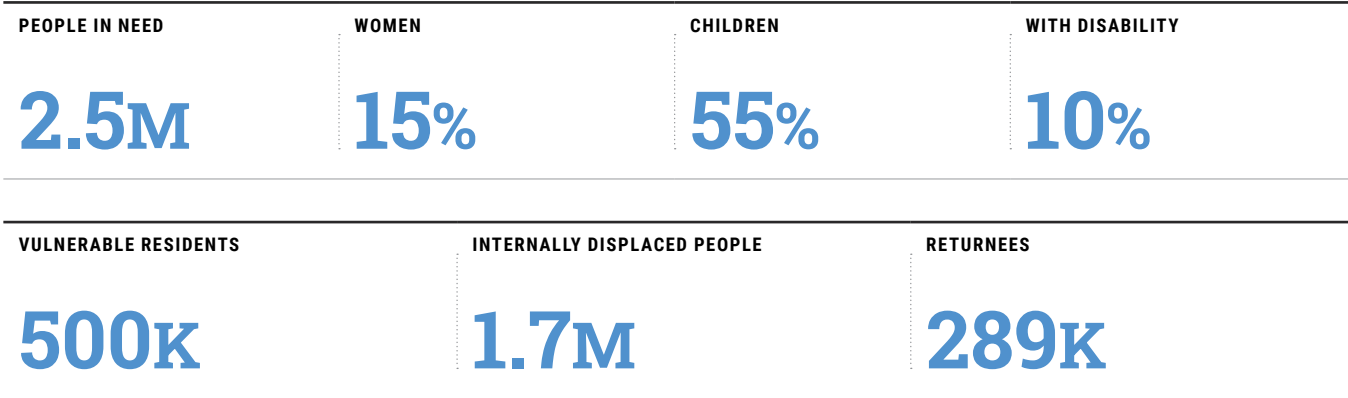
GBV needs will continue to be monitored throughout 2022 and will continuously inform the response.

This will be conducted through the GBV sub-sector and working groups at state level, community-based protection networks and multi-sectoral rapid assessments. This will also be achieved through available data from other sectors and proxy indicators as well as GBV stand-alone assessments. Advocacy for stand-alone GBV assessments is ongoing and if successful, a better understanding of needs will be possible.

Information generated through monitoring, community-based protection networks, as well as through GBV Sub-Sector service mapping and response monitoring (4Ws), will be systematically used for needs, gaps and trends analysis, and to enable evidence-based response planning and as advocacy.

3.5.4

Mine Action



Analysis of humanitarian needs

A number of long-lasting conflicts has led to the contamination with anti-personnel and anti-tank mines as well as explosive remnants of war (ERW). South Kordofan maintains the highest contamination records of landmine and ERW, followed by Blue Nile and West Kordofan, while Darfur states are affected by ERW only. The presence of landmines and ERW pose a direct threat of killing and injuring the local population and limits their access to basic life support facilities, to livelihoods activities, and to humanitarian aid reaching the vulnerable communities. Explosive hazards contamination further hampers early recovery and development efforts. IDPs, returnees and refugees are at most risk due to the limited information/awareness about local landmine or ERW contamination within their settlement areas. Following the JPA and current peace negotiations with the SPLM-N Al Hilu faction, cross line movement of people and goods will increase, adding to the risk of interaction to landmine and ERW, which hinders humanitarian assistance delivery. Sudan has committed to comply with the Anti-Personnel Mine Ban Convention (APMBC), known as the Ottawa Treaty, to clear all known landmines by April 2023; However, the Government of Sudan is seeking an extension of the deadline to meet its obligations under the APMBC.

Explosive ordnance (including landmine and ERW) contamination remains one of the key concerns with an estimated 2.5 million men, women and children affected in Sudan. To date, the Information Management System for Mine Action (IMSMA) has registered 2,441 casualties as a result of landmines or ERW accidents, including 1,808 people who have been injured and 633 fatalities. In 2021 and to date, boys and girls accounted for 68 per cent of the known victims of landmines and ERW. The highest number of victims in 2021 were registered in Darfur. Explosive ordnance contamination also limits access to food, livelihoods and markets, as people cannot fully engage in agricultural and animal grazing activities. It puts people at risk when fetching water or collecting firewood. Furthermore, the effects of explosive ordnance hinders early recovery and development activities of communities. Explosive ordnance risk education (EORE) remains insufficient to the scale of needs, as building resilience and adapting safe behavior is essential for communities' safety and wellbeing.

As of the third quarter of 2021, the Sudan Mine Action Programme had registered 4,767 hazardous areas, with 264 newly registered in 2021. At least 4,428 areas - covering more than 136 square kilometers of land - have been released and handed over to communities for productive use, including 52 square

kilometers released in 2021. There are about 136 square kilometers of land in 339 locations across Sudan confirmed to be contaminated by landmines/ ERW. However, the actual level of contamination is not yet fully known due to inaccessibility and movement restriction.

According to the HNO severity analysis, 28 localities were reported to be impacted by landmines/ERW, out of which 12 are ranked as being highly, very highly, or severely impacted. Landmines/ERWs affect the lives and livelihoods of more than 1.7 million people, particularly IDPs, returnees, pastoralists and nomads. While 38,354 km of roads have been opened since 2002, there are still hundreds of kilometers of roads suspected to be contaminated with landmines/ERW blocking access to services, socioeconomic activities, or delivery of humanitarian services.

Affected population

Landmines and ERW continue to affect the safety and livelihood of the displaced, returnee and local communities as well as the safety of humanitarian personnel. Around more than 2.5 million people in 339 dangerous areas (covering about 136 square kilometers of land) are exposed to the threat of landmines and ERW contamination in Blue Nile, South Kordofan, West Kordofan and Darfur. Through 2021, a total of 2,441 mine action victims are registered in the IMSMA, with children representing 38 per cent and female victims representing 10 per cent of this total. Nevertheless, the actual numbers of mine victims are not yet fully known.

Projection of needs

Victims of landmines and ERW have limited access to specialized services, such as rehabilitation and psychosocial support (PSS) as well as re-integration packages, including income generating activities.

EORE remains a high priority intervention for the adoption and ensuring of safe behaviour among the conflict affected population within the contaminated areas.

Considering the peace settlement, an increase in people's movement through locations affected by landmines/ ERW has been observed. As such, there is an urgent need for land release intervention as well as road verification and clearance for delivering humanitarian aid.

Monitoring

Monitoring of mine action activities, operations, outputs and impact is a key and essential component of mine action. The delivery of mine action services to the EO affected populations will be monitored throughout 2022 based on the requirements of Sudan National Mine Action Standards (SNMAS) 07.03 and International Mine Action Standards (IMAS) 07.40. The SNMAS 07.03, which is developed based on the requirements of IMAS governs the monitoring of all mine action activities, including planning implementation, outputs and impact of the mine action services. All mine action implementing partners are responsible to conduct internal monitoring of their activities and services, and are subject to a comprehensive external monitoring process undertaken by the National Mine Action Authority or National Mine Action Center (NMAC) in close consultation and technical support of UNMAS. Also community-based mine action focal points will play a considerable role in monitoring the impact of explosive ordnance through regular reporting to the mine action sub-offices and/or main office and other shared points. The standard formats of IMSMA will be used by the implementing partners, NMAC and UNMAS. to capture, record and analyse monitoring data for timely corrective and preventive actions and continual improvement. Mine action stakeholders, including the UN agencies and NGOs, will also be part of the mine action monitoring. The Protection of Civilians Incident Tracking tool was recently used to monitor the impact of the EO on the communities and local population, and this will continue to be a useful tool in 2022.

3.6 Shelter and Non-Food Items



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
2.7M	51%	58%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
415k	1.5M	394k	445k

Analysis of humanitarian needs

Sudan is experiencing a deteriorating economic and security situation illustrated by a rise in violence resulting from intercommunal clashes, infighting between different military elements and increased criminality, and worsened by COVID-19. Against this backdrop, shelter and NFI needs are expected to increase in 2022.

Between January - October 2021, over 430,000 people were newly displaced by intercommunal conflict and armed attacks that occurred primarily across the five Darfur states but also in West and South Kordofan. At the same time, and for the first time in a decade, the humanitarian community was able to access conflict-affected communities in South Kordofan and Blue Nile where it is estimated 800,000 people need relief after years of isolation.

Torrential rains and floods continue to affect communities across Sudan, with close to 15,000 homes damaged and 5,500 homes destroyed as of 9 September 2021. In addition to property destruction, flooding has devastated infrastructure, services, agriculture, and livestock.

The shelter and NFI needs of refugees remain significant, especially for those living in camps in eastern Sudan, White Nile and East Darfur with a steady stream of new arrivals from Ethiopia (17,408) and South Sudan (57,899) as of July 31.

Emergency makeshift shelter typologies prevail while congestion and overcrowding continue to pose a serious concern in camps and settlements hosting displaced populations. About 68 per cent of displaced households have reported damaged shelters, of which 59 per cent have roof problems, 19 per cent have walling issues, and 13 per cent report severe structural damage. NFI needs identified by households include solar lamps and mosquito nets (61 per cent), kitchen sets and jerry cans (30 per cent), and beds or a sleeping mat (23 per cent).

There is a need for an area-based approach and closer linkages between shelter and settlement interventions and other sectors' interventions to ensure access to essential services and reduce negative coping mechanisms, such as selling of aid and NFIs to pay for school fees, medical services, food, water, etc.

Affected population

Hundreds of thousands of people are displaced each year in Sudan by the multitude of conflict-related, ecological, and economic factors, thus the Shelter and NFI Sector must respond to competing needs of IDPs, refugees, returnees, and vulnerable residents. Provision of shelter and NFI assistance acts as a stabilizing influence and allows displaced populations to recover by providing the means for safety and protection from the elements, health risks and other factors that could increase their vulnerability.

Key vulnerable groups include women and children (especially pregnant and lactating women, female and child headed households, and unaccompanied minors), older persons (especially those that are single, with children in care or unable to care for themselves), persons with disabilities or serious medical conditions, and persons at risk or survivors of GBV.

Settlements should be designed to allow for safe and easy access to shelters and essential services, to accommodate specific needs of all vulnerable groups and to have good visibility and lighting to ensure adequate security at night. Gender specific considerations should guide shelter design as well, with partitions and door locks to better protect women and girls. Additional measures such as cash grants for the labor component or community based (volunteer) structures should be put in place to reach persons with disabilities, older persons, and others that are unable to construct their own shelters or access distribution sites to collect assistance. All efforts should be undertaken to secure safe housing for unaccompanied children and persons at risk or survivors of GBV.

There is a need for durable solutions to decrease the vulnerability of returnees and populations in protracted displacement. Such durable solutions include advocacy around local integration and provision of essential services as well as provision of durable shelter typologies that rely on locally available and sustainably-resourced material and labor to benefit the economy and environment. Special attention should be given to Housing, Land and Property (HLP) issues, such as contested land use and natural resource management, as they are often an impediment to accessing durable solutions and serve as drivers of localized conflict and displacement.

Projection of needs

Shelter and NFI needs are likely to increase further if violence escalates in Darfur. In addition, climate change is likely to result in new patterns of displacement with flooding potentially forcing

movement of people into new areas. While the humanitarian situation worsens in neighboring countries, Ethiopia and South Sudan in particular, more cross border movement is expected. In the meantime, returnees and communities in protracted displacement face many obstacles - complex housing, land, property rights and issues - to finding durable solutions. Therefore, the need for periodic replenishment of emergency assistance remains. The socio-economic crisis may lead to additional displacement as people move to locations in the hope of accessing services provided to existing IDP/ refugee camps and settlements. Finally, the economic crisis may worsen the impact of conflict and flooding and the sector may need to increase the number of beneficiaries as people's loss of purchasing power reduces their ability to cope and adapt.

	PEOPLE IN NEED	ASSOCIATED FACTORS
June 2021 ²⁶	2.7M	Conflict, Natural Disasters
December 2021	2.9M	Conflict, Natural Disasters
June 2022	3.1M	Conflict, Natural Disasters
December 2022	3.3M	Conflict, Natural Disasters

Monitoring

The Shelter and NFI Sector will prioritize strengthening sectoral assessments and progress monitoring to ensure up to date baseline information and inform sectoral interventions while ensuring Accountability to Affected Populations (AAP) in coordination with local communities, government counterparts and sector partners.

The sector relies on data from inter-sectoral assessments, UNHCR registration data and IOM DTM mobility tracking, partner 4Ws and SNFI tracking matrices to conduct trend analysis and targeting while taking into account vulnerability criteria developed for prioritization purposes.

Sectoral monitoring tools such as Post Distribution Monitoring (PDM) are in place to measure the effectiveness and appropriateness of the shelter and

²⁶ Based on the WHO GAM classification.

3.7 Water, Sanitation and Hygiene



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
12.1M*	26%	48%	15%
VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
7.8M	2.6M	1.1M	898K

* 11M, 1.1M refugees

NFI interventions, the efficiency of the distribution methodology and possible associated protection risks. PDM findings are then used to inform future sectoral activities and adjust the response accordingly.

Analysis of humanitarian needs

The crisis in Sudan will continue to exacerbate water, hygiene, and sanitation needs for vulnerable people. The key drivers of these needs are a deteriorating economy, conflict, food insecurity, malnutrition, floods, and disease, including COVID-19. about 27 per cent of the Sudan population (around 11 million people) do not have access to basic domestic water²⁷. Of these 11 million, 17 per cent are compelled to fetch surface water and water from unprotected sources. The population relies on government support, public-private partnerships, and humanitarian aid for their water facilities' operation, maintenance, rehabilitation, and construction. In addition to the worsening economic situation, low budget allocation by the national/state government, increased fuel

costs and decreased/insufficient revenue collections have affected the maintenance of existing water infrastructures/utilities MSNA 2021 estimated that about 25 per cent of the water sources are not functioning. Moreover, 25 per cent of the population reported water quantity is not sufficient to meet their basic needs. 50 per cent of the population reported that it takes about more than 50 minutes to fetch water, which contributes to especially for girls and women. About 54 per cent of the schools²⁸ and half of the health facilities do not have basic water services. and 70 per cent of the population (around 33.5 million people) do not have access to basic sanitation²⁹. Out of them, 33 per cent defecate in the open, 30 per cent use unimproved sanitation facilities, and seven per cent have access to limited sanitation facilities³⁰. Nearly 63 per cent of the refugee households practice open defecation. While, 49 per cent of existing schools do not have improved sanitation facilities³¹. Only 14.26 per cent³² of households have access to a handwashing facility³³ with soap and water; the MSNA 2021 also showed the same

27 From an improved water source with a collection time not more than 30 minutes for a round trip including queuing. S3M II revised analysis 2020.

28 2019 WASH in School National assessment.

29 An improved sanitation facility which is not shared with other households.

30 An improved sanitation facility which is shared with other households.

31 2019 WASH in School National assessment.

32 2018 S3MII.

33 Existing research shows that people with access to a handwashing facility are more likely to wash their hands therefore its adopted as a global indicator..

Humanitarian consequences: low investments in the sector, frequent emergencies, and new and ongoing conflicts/displacements limit long-term improvements. Inadequate institutional arrangements and limited capacities of sector stakeholders are the other challenges that add to the humanitarian caseload. Sanitation continues to be a low national political and budgetary priority. Poor community ownership and awareness (KAP- knowledge, attitude, and practices) makes it difficult to achieve the national sanitation and hygiene goals, especially when it comes to these facilities in the premises or households. Data gaps also hinder the prioritization of resources.

A total of 12.1 million people, including refugees, are in need WASH assistance. This population is at risk of contracting a growing number of WASH-related diseases such as acute watery diarrhoea (AWD), cholera, diarrhoea, dysentery, hepatitis E, typhoid, acute respiratory infections, polio, and malnutrition. COVID-19 is also linked to poor handwashing facilities with soap and water. All of these diseases contribute to the extreme poverty in the country.

Sudan is affected by seasonal floods that damage thousands of sanitation facilities and inundate water sources, threatening an outbreak of vector-borne diseases, the most common being Dengue Fever, Rift Valley Fever, and Chikungunya Fever. All of these diseases, including malaria, are linked to poor environmental health and sanitation, contributing to high mortality.

Affected population

Children and women are most affected. diarrhoea killing one in every 10 children. Two million children suffer from acute malnutrition, 50 per cent of which is associated with repeated diarrhoea or worm infections related to poor WASH conditions. S3MII data shows 14.26 per cent of caregivers lack hand washing and hygiene practices. Most children are unaware of pathogens in their hands, and there is a constant need to promote handwashing with soap and water in all communal and institutional setups. Women and girls, primarily, fetch water for households

from distant water sources. In doing so, they are more susceptible to GBV. Lack of gender-segregated latrines and undignified, unlit, and insecure sanitation facilities poses an additional risk of GBV for girls and women. Menstrual hygiene management is often not prioritized, negatively impacting girls' attendance and enrolment in schools.

Sudan has 3.03 million IDPs, 969,000 returnees, and 9.7 million other vulnerable/host populations across various localities in the country. Out of the 1.16 million refugees, 783,000 are South Sudanese and there are also , including the Ethiopian refugees. These refugees do not have access or cannot afford access to basic WASH services due to extreme poverty, and they need humanitarian support. Most refugees are in Khartoum, White Nile, Blue Nile, Gedaref, Kassala, North Darfur, South Darfur, East Darfur, West Kordofan, and South Kordofan, whereas IDPs are in the Darfur states, Kordofan states, and Blue Nile.

There are 19 localities where all WASH components (water, sanitation, and hygiene) are in the catastrophic severity category, 103 localities where all WASH components are in the extreme category, and 48 localities where all WASH components are in the severe category. In 134 localities, the hygiene situation is at catastrophic levels. In 93 localities, sanitation is at catastrophic levels. In 11 localities, the water situation is at catastrophic levels.

SCALE	WATER	SANITATION	HYGIENE	SEVERITY_ SECTOR
Catastrophic (5)	79,579	143,445	63,866	80%
Extreme (4)	118,109	192,517	74,408	63%
Severe (3)	210,717	314,385	103,668	49%
Stressed (2)	451,386	567,513	116,127	26%
Minimal (1)	1,431,748	1,670,174	238,426	17%

Vulnerable people with specific needs, including unaccompanied and separated children, survivors of GBV, women-headed households, elderly persons, and persons with disabilities with health concerns, are in need of WASH services. This population group often

has lesser coping mechanisms to mitigate the multiple risks they face and are often confronted with additional barriers to meet their basic needs and access their rights. As per global estimates, 15 per cent of the total population live with some disability, exacerbated by the deteriorating economy, lack of supportive social networks, and shortages in specialized health staff.

Projection of needs

A quarter of households in Sudan are estimated to not have access to soap and water. Approaches like cash for soap, soap making, and simple handwashing facility manufacturing and installation can boost handwashing and reduce the logistical burden of transporting soap. There are also 4.3 million people in acute need of basic water services, and 8.4 million require limited/improved sanitation services. As per the 2021 National Multi-Hazard Health Emergency Plan 2021, 3.1 million people are at risk of water-related diseases. More than 11 million people reside in high-risk areas for vector-borne diseases, specifically malaria. Sudan also witnesses new conflicts/new displacements every year. In 2021 alone, about 400,000 people were localised newly displaced. There is a need to understand conflict sensitivity around such target areas and promote suitable actions. Inclusive approaches along with AAP need to be promoted.

Existing WASH facilities are stressed because of the increasing population, poor economy, low revenue

generation, aging damaged or non-functional WASH infrastructure, and new WASH needs concerning the COVID-19 pandemic, including WASH Infection Prevention and Control (IPC) supplies and services. Unless underlying factors and drivers get addressed, the number of people in need will continue to grow year over year.

Monitoring

The WASH sector will strengthen and continue monitoring achievements through the 5Ws, in line with the proposed and other output indicators. Partners addressing the refugee population's needs will use the UNHCR monthly report card and joint annual KAP surveys to monitor progress and share the information for refugees living in the camp. Additionally, in collaboration with the WASH Global cluster, the WASH sector is implementing a new approach to WASH severity classification (WSC) in the last quarter of 2021. This global tool is the WASH equivalent of the Food Security IPC. There will be other surveys and assessments which will be conducted in 2022. The WASH sector will continue to work with Health, Nutrition, Protection, and other sectors to monitor the WASH-related consequences and undertake an integrated response to resolve common risks and threats. The sector will capture gender-disaggregated data in its reporting.

	PEOPLE IN NEED (EXCLUDES REFUGEES)	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2021	7.9 M	-	-	5.03M	2.63M	278.2k	Conflict, displacement floods, disease outbreaks.	IDPs, Returnees and Vulnerable residents
December 2021	9.1 M	-	1.9M	2.7M	4.6M	1.8 M	Conflict, displacement floods, disease outbreaks.	IDPs, Returnees and Vulnerable residents
June 2022	11.1M	-	300k	3.35M	6.5M	861k	Conflict, displacement, floods, disease outbreaks.	IDPs, Returnees, and Vulnerable residents

Part 4

Annexes

ABUJOURA/NORTH DARFUR

A South Sudanese refugee woman receives soap for her family from a UNHCR distribution. Photo: OCHA





FORO BARANGA/WEST DARFUR

A boy works in a land run by a group of young farmers, as part of the Livelihood and Food Security Programme. Photo: UN

4.1 Methodology and the Joint Inter-sectoral Analysis Framework (JIAF)

Background

The analysis and methodology used to produce the Sudan 2022 HNO builds on the 'Enhanced Humanitarian Programme Cycle Approach' initiated in 2019. A key component of this approach is the Joint Inter-sectoral Analysis Framework (JIAF) which has enabled a common understanding of the underlying issues, the context and the drivers of humanitarian need. The JIAF approach informs, supports and guides the work of the Sudan's experts, tasked by the HCT to produce a joint inter-sectoral needs analysis.

The analysis identifies linkages between the various drivers, underlying and contributing factors, sectors and humanitarian conditions which are considered and presented in this Humanitarian Needs Overview and will be used in the Sudan 2022 Humanitarian Response Plans (HRP).

Sector experts, information managers, analysts, government counterparts along with the Intersector Coordination Group and decision-makers have contributed to this joint needs analysis.

Severity and PiN estimations

Led by the ISCG, the humanitarian community under the guidance of the HCT and supported by the IMWG completed the following steps:

1. Defined and agreed on the scope of the analysis (population groups, geographic areas and thematic sectors) during the months of July and August 2021. For the 2022 process, intersectoral calculation of the PiN would be based on 2 conditions i.e. Living Threatening (critical physical & mental well-being issues) and Life-sustaining (critical living standards) in line with global guidance. Sectors were free to identify indicators and data for resilience conditions, however, the resilience condition was not used for the PiN calculation, only for analysis. Protection as a cross cutting theme was considered in the choice of indicators across the different sectors.

1. In parallel, OCHA prepared and made available to sectors, baseline data which was broken down into two:
 - Humanitarian Profile – IDP data is from the Humanitarian Aid Commission (HAC) and International Organization for Migration (IOM); refugee data from UNHCR; returnee data from IOM. Vulnerable residents' data was taken based on the people in IPC 3 and above.
 - Common datasets that were used by all sectors i.e. population data, national percentage breakdown of sex and age and hazard data (floods, disease, conflict) were made available to the sectors.
2. Discussed and contextualized the global guidance of PiN methodology. The process included:
 - Identification of indicators per sector - each sector identified indicators that fell within the consequences. Using the Joint Inter-Sectoral Analysis Framework (JIAF) as reference, indicators were selected based on,
 - relevance to the consequence,
 - availability of up to date data from reliable sources, prioritizing data that covers that whole country,

- data that is broken down by locality (admin level 2).
- This was followed by a peer review of indicators by the ISCG, which focused on removing duplicates, identifying complementary multi-sectoral indicators and ensuring indicators chosen were relevant for the consequence.
- Once the indicators were agreed, sectors embarked on data collection. Data was collected by locality, categorized by humanitarian consequence and a 1 -5 severity of need scale.

Calculation of severity of need

The severity of need per locality was calculated by taking the mode of the sector severities. The mode is the most frequent number across all sector severities. The severities of FSL health, nutrition and WASH were given a double weighting.

Calculation of People in Need (PiN)

1. Seventy sector indicators were identified and grouped by the two humanitarian conditions for each population group in each locality.
2. To avoid double counting, in each locality, the highest value for each indicator in each of the population groups for each of the humanitarian conditions was taken. For example, all the life-threatening indicators affecting vulnerable residents in Telkok locality were reviewed and the highest value was used. This was repeated for all localities and all population groups. This gave the number of people in each locality, in each population group and in each of the humanitarian conditions.
3. The four population groups were added together to calculate the two humanitarian conditions.
4. To avoid double counting the life-threatening and life-sustaining humanitarian conditions were not added together as people may find themselves in both groups. The highest value was taken in each locality.

Sector PiN calculation

Food Security and Livelihoods

The Food Security and Livelihoods Sector depends on the IPC approach in the preparation of HNO/HRP in terms of PiN calculation, PiN methodology and severity ranking which include different indicators representing analysis done from various assessments to measure the needs and the state of food security. Classification of Acute Food Insecurity focuses on identifying areas with severe food gaps that require urgent action to save or protect lives and livelihoods by including qualitative and quantitative data informing indicators in the IPC Reference Tables (i.e. direct evidence, such as the FCS and the HEA) and those informing other indicators not included in the IPC Reference Tables (i.e. indirect evidence, such as market prices, rainfall estimates and production figures). By putting all the results collected from selected indicators in the Reference tables which lead to having the severity ranking and PiN per locality.

Child Protection

For the overall locality severity was calculated using the average value by combining the sector severity 3, 4, and 5 from the sector specific indicators with the Multi-hazard risk level 3, 4, and 5. The mathematical calculation of severity was however cross checked and amended when needed with the ground truthing.

To calculate the PIN the ISCG agreed on the baseline datasets for IDPs, returnees and vulnerable populations. For each locality 60 per cent of the IDPs and returnees was used to represent the child population. For vulnerable residents 35 per cent of the population in locations in IPC 4 was used as a proxy to represent the child population. The highest Percentage of the people in locations with severity 3, 4, 5 informed the PIN.

Age and gender breakdown of the overall PIN for boys and girls, together accounting for around (51 per cent female and 49 per cent male).

Education

The Education Sector calculated the people in need (PIN) as children from target population groups

(vulnerable resident, refugee, IDP, and returnee) who are currently out of school as well as children who are enrolled in school but are facing crisis, emergency, and catastrophic levels of food insecurity. This latter indicator is used as a proxy for determining overall vulnerability, which indicates that these children are at a heightened risk of dropping out of school.

To make these calculations, it was assumed that school-aged children between the ages of 6 and 18 years of age comprise 32.76 per cent of the total population of Sudan, therefore 15.3 million school-aged children. This figure was then compared to the number of primary school-aged children reflected in the Ministry of Education's Education Information Management System (EMIS), and assuming the same proportion of children are attending secondary school (for which there is no data) as primary school. It was further assumed that an additional 25 per cent of children needed to be added into the secondary school calculation, as Sudan will be adding an additional year of education to the 2021-2022 academic year.

It was therefore determined that approximately 2.8 million children from the above population groups are currently out of school, and that a further 478,985 children who are enrolled in school are facing food insecurity at the specified levels. This therefore results in just over 3.2 million children identified as in need across the four population groups.

The severity score of each locality was then determined by combining of equal value two indicators: the percentage of out-of-school children and the percentage of children facing food insecurity. Localities were ranked between one (minimum level) and four (maximum severity level for education) according to their total score, as determined by the following scoring guide:

Non-enrolled children:

Score of 1: 0-14 per cent

Score of 2: 15-29 per cent

Score of 3: 30-49 per cent

Score of 4: 50 per cent or above

Enrolled children at IPC3+

Score of 1: 0-5 per cent

Score of 2: 6-10 per cent

Score of 3: 11-14 per cent

Score of 4: 15 per cent or more

Gender-based violence

- PiN calculations were based on JIAF data scenario B, with small adjustments to reflect the varying degree of needs in Sudan (e.g., State prioritization based on expert judgement)
- Based on expert's knowledge, the GBVSS created a reference table, deciding the proportion of affected people in need per severity class, and per population group.
- GBV PiN estimated the needs of IDPs, Returnees and Vulnerable Host and considered in need 100 per cent of women and girls, 20 per cent of boys and 10 per cent of men.

Health

The health sector used six indicators to estimate the severity and number of people that are in need of assistance. The severity thresholds were assigned in line with the Sphere standards and the global health cluster calculator was used to identify people in need per indicator per locality. The final PIN was calculated averaging the people in need per indicator (average adult services and average child services).

Nutrition

Base on the S3M, the nutrition strategic advisory group identified three main indicators to assess the humanitarian needs for 2021. The indicators used were taken from JIAF global indicator register. These include the prevalence of global acute malnutrition (GAM) (children under 5), prevalence chronic malnutrition (stunting/low height for age) among children 6-59 months, Prevalence severe acute malnutrition (MUAC <115mm/+ or - oedema) in children 0-59 months, prevalence acute malnutrition among pregnant and lactating women (PLW), People in need are estimated using the following formula:

- Children under 5 GAM * 10 per cent *2.6 + PLWS MAM *10 per cent *2.6³⁴ at locality level with severity 3, 4 or 5.
- PiN Estimated based on the global methodology for calculating children in need of treatment for acute malnutrition
- The PIN is only focusing on life-threatening condition=acute malnutrition among <5s + PLWs
- Estimates are based on revised S3M survey results of 2020- First time to be used in estimating need in Sudan.
- PLW- SAM included in the PIN calculation

Disability among under-five and PLW calculated based on global estimate of 10 per cent and 15 per cent respectively.

Protection

A review of secondary data and other primary data sources including ACLED data, DSS report, MSNA, ranking of IDP settlements by risk level, protection monitoring reports, hazard ranking, S3M data 2018, CPIMS and relevant sectoral and inter-sectoral assessments were used to estimate the number of people in need of protection assistance, using the IMWG agreed baseline datasets for IDPs, returnees, refugees and vulnerable Sudanese.

Refugee Consultation Forum

People in need were calculated by identifying locations with severity ranking 3 - severe, 4 - extreme or 5 - catastrophic. The RCF uses 32 indicators across seven sectors (Protection, Education, Health, Nutrition, WASH, Food security and livelihoods and Shelter/NFI) to calculate the severity rankings. The refugee sector estimated the number of people in need in each of the localities. To avoid double counting the highest value in each locality was used. These values were then added together to estimate the population in need. A multi-sector approach is used for protection and a single PIN for Child Protection, Gender-based violence and Mine action.

³⁴ 2.6 per cent is used in this calculation as an incident factor.

Shelter/NFI

After assigning severity of needs for each locality based on the indicators the number of people in need was estimated by adding together all the localities that are severity 3 and above. The indicators used include; • Displacement and returnee trends

- Needs/shelter-NFI gaps of protracted IDPs and integrated IDPs.
- Identifying groups with the highest vulnerability based on Shelter and NFI needs -

People living in:

- hazard prone areas
- vulnerable groups in areas with high displacement trends
- areas with high health risks.
- groups of highest vulnerability based on protection criteria.

WASH

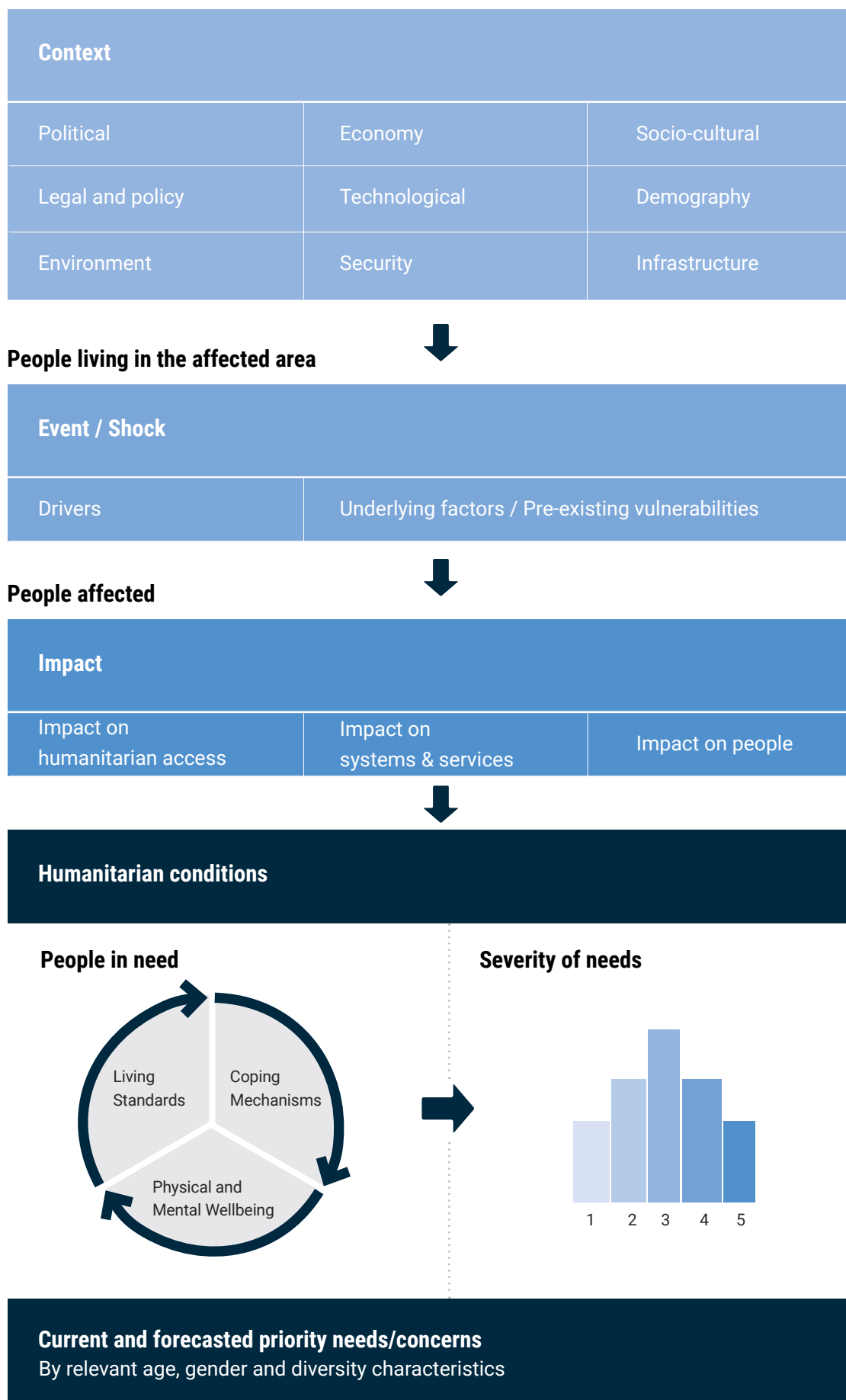
Based on the S3M, the WASH sector strategic advisory group identified three main indicators to assess the humanitarian needs for 2022. The indicators used were taken from JIAF global indicator register. These include; per cent of households having access to basic water services, per cent of households having access to limited sanitation services, per cent of households having access to handwashing with soap and water.

- Base population: IDPs, Returnees, Refugees, Vulnerable residents (as per IPC 3,4 and 5) used as a base population to determine WASH PIN.
- Severity scale; recommended Joint Inter sectoral analysis framework (JIAF) standard indicators

under the physical and mental wellbeing for Humanitarian conditions were used.

- Data: S3MII (2020), cross-ref with MSNA 2020 for the indicators and JIAF severity thresholds. MSNA 2021 will help update some information but the overall will not change.
- S3MII data which fell in the highest three JIAF severity scale (3-5) applied to the affected pop to get the PIN 2022. The refugee population (total) added after the analysis.
- Disability among people in need calculated based on global estimate of 15 per cent.
- 170 localities part of the HNO severity scale
- 49 localities with WASH severity (3-5) is also part of the high severity (3-4 where 4 is highest) of hazards. Over all 108-hazard prone localities (2, 3, 4 on severity scales) are part of the 3-5 WASH severity.
- Water, Sanitation and Hygiene are common issues for 85 per cent people in the 109 localities where People are drinking from surface water and unprotected water sources, those with unimproved sanitation and open defecation areas are prioritized.
- Affected people with lack of WASH will suffer more during the time of crisis
- Major Intersectoral linkages – Nutrition, Health, FSL and Education
- New surveys/ assessment will be generated to update the data in the months to come. One such analysis is initiated with the GWC. This WASH severity classification is an equivalent of IPC for FSL.

The Joint Intersectoral Analysis Framework (JIAF)



The JIAF severity scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies.</p> <p>Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality.</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

4.2

Information Gaps and Limitations

In a bid to continuously improve and have better analysis, a critical analysis of the methodology was done. Limitations and gaps were identified, which the humanitarian community will work to address going forward.

Data is skewed towards areas where humanitarians have traditionally operated. The nationwide 2021 MSNA data helped in the primary data collection and analysis of all sectors and cross-cutting themes like AAP. However, secondary and baseline data in the Darfur states, Kordofan states and Blue Nile is comprehensive, compared to other geographical areas. Similarly to the 2021 HNO, S3M II data of 2018 (extrapolated in some cases), helped in ensuring secondary data that was comparable across six sectors enabling improved nationwide comparison. The HCT continues to work on leveraging existing national assessments (e.g IPC, CFSA) and data collection mechanisms (e.g IOM DTM) by adding key sectoral indicators that will help in improving multi-sectoral needs analysis, situation and response monitoring.

Demographic data and baseline data

The last census for Sudan was completed in 2008. Population figures used for the HNO were based on government projections of the 2008 census figures. The Government of Sudan, supported by partners, had planned on conducting a national population and housing census, starting in 2020 to be completed in 2022 however this is yet to be started

Data gaps

Several sectors had data gaps and identified proxy indicators, using estimates or extrapolating data based on the last available reliable data.

No comprehensive dataset for areas affected by explosive ordnance across Sudan exists, making

comprehensive mapping of the risks challenging. There is an overall lack of data addressing the functionality of health facilities and availability of services due to heavily de-centralized reporting systems and outdated reporting mechanisms. Similarly, no baseline data exists on the access of disabled people to basic services. The WHO is working closely with the Ministry of Health in improving the reporting systems.

The unit of measurement for the HNO is administrative level 2 (locality). This had a bearing on the indicators chosen for analysis (see annex for indicator list). There are data gaps in the national Health Resources and Services Availability Monitoring System (HeRAMS) in terms of health facilities readiness to provide health services to survivors of GBV, as well as survivors of GBV receiving services in health facilities in the health information system.

In cases where data was not available at locality level, like disability data or sex and age disaggregated data, national or state level ratios were applied at the locality level. For instance, a standard rate of 15 per cent was applied by all sectors for people living with disabilities.

Conclusion

Despite the data and information challenges identified, the available analysis is based on the best available data and forms a good base for a comprehensive, targeted response. The severity of need maps were validated at both national and state level by operational partners, through the Inter Sector Coordination Group.

The findings tally with the social protection analysis underway to support the strengthening of social protection across Sudan. Plans are being put in place, as outlined above, to address identified challenges to have sharper analysis.

4.3

Sector Indicators Used for Needs Analysis

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Child Protection	% of girls / boys without access to core CP services	Life Threatening	0% - 10% (All 4 core CP services are accessible)	11% - 19% (existence of CP Referral mechanism + 3 service)	20% - 39% (CP Referral mechanism + 2)	40% - 79% (CP Referral mechanism + 1)	>80% (No CP service or Referral mechanism)
	% of girls / boys engaged in hazardous child labour	Life Threatening	0% (none reported)	0% (none reported)	0% - 20% (<20% of HH reported a child engaged in hazardous child labour)	20% - 50% (20%-50% of HH reported a child engaged in hazardous child labour)	>50% (% of HH reported a child engaged in hazardous child labour)
	% of girls / boys that have been separated from their parents or other typical adult caregivers	Life Threatening	0% (None reported)	at least 1 HH reported that the child: Left the house to study Do not know	11% - 20% at least 1 HH reported: Left the house to seek employment	21% - 30% (at least 1 HH reported under 18 members of the HH: Married and left the house Arbitrarily detained)	>30% (at least 1 HH reported: Left the house to engage with the army or armed groups Kidnapped/ abducted, missing (left and no news)
	% of children and adolescents that have experienced violence, abuse, and neglect	Life Threatening	0% - 10%	11% - 19%	20% - 39%	40% - 79%	>80%
	% HH's reported a married child in the household	Life Threatening	0%	0% - 5%	6% - 20%	21% - 39%	>40%
	<XX% HH where at least one member (SADD) is reporting signs of distress (self-diagnosed)	Life Threatening	0%	0% - 5%	6% - 20%	21% - 39%	>40%
Education	% school-aged children (3-17) able to access to distance learning modules	coping Mechanism	100% of school-aged children able to access distance learning modules.	>75% of school-aged children able to access distance learning modules.	>50% of school-aged children able to access distance learning modules.	>25% of school-aged children able to access distance learning modules.	0-25% of school-aged children able to access distance learning modules.
	% of teachers who have suffered attacks in or on their way to school in the last 6 months	Life Threatening	No attacks	Verbal attacks	Physical assault without serious injury	Physical assault with serious injury.	Physical assault with fatal injury.
	% children (3-17) who have suffered attacks in or on their way to school in the last 6 months	Life Threatening	No attacks	Verbal attacks	Physical assault without serious injury.	Physical assault with serious injury.	Physical assault with fatal injury.
	% of learning spaces/ schools provided with adequate water supply (3L of water for drinking and handwashing per child per day)	Life Sustaining	100% of learning spaces/school provided with adequate water supply.	>75% of learning spaces/school provided with adequate water supply.	>50% of learning spaces/school provided with adequate water supply.	>25% of learning spaces/school provided with adequate water supply.	0-25% of learning spaces/ school provided with adequate water supply.
	% of children (3-17) not attending school by sex and school-level (as a result of the crisis)	Life Sustaining	100% of school-aged children attended school in the current/ most recent school year.	>75% of school-aged children attended school in the current/ most recent school year.	>50% of school-aged children attended school in the current/ most recent school year.	>25% of school-aged children attended school in the current/ most recent school year.	0-25% of school-aged children attended school in the current/ most recent school year.

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Education	% of emergency-affected pre-primary and primary school-aged children (3-14 years) accessing emergency education programmes that incorporate school feeding / nutrition interventions	Life Sustaining	90-100% of school-aged children (3-14 years) have access to education programme with school feeding/nutrition interventions.	>75% of school-aged children (3-14 years) have access to education programme with a school feeding/nutrition intervention.	>50% of school-aged children (3-14 years) have access to education programme with school feeding/ nutrition intervention.	>25% of school-aged children (3-14 years) have access to education programmes with school feeding/nutrition intervention.	0-25% of school-aged children (3-14 years) have access to education programme with school feeding/ nutrition intervention.
GBV	% of girls & women aged 20-24 married before age 18	Life Threatening	40-% of girls and women married under the age of 18.	41-50% of girls and women married under the age of 18.	51-60% of girls and women married under the age of 18.	61-70% of girls and women married under the age of 18.	71+ % of girls and women married under the age of 18.
	Average ranking of different hazards (Conflict, tribal clashes, floods, drought, disease outbreaks)	Life Threatening	1	2	3	4	5
General Protection	# of fatalities due to security incidents	Life Threatening	0 - 5	6 - 10	11 - 20	21 - 40	>40
	Multihazard ranking	Life Threatening	1	2	3	4	5
	% of HHs in which some members do not have at least one type of civil documentation	Life Sustaining	<10%	10% - 19%	20% - 29%	30% - 39%	>=40%
Health	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by locality	Life Threatening	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
	Number of inpatient beds per 10,000	Life Sustaining	>= 18	>= 18	12 < =17	6 < = 11	<= 5
	Average population per functioning primary health centers (PHC).	Impact on Services					
	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	Life Sustaining	4+	4+	3	2	<= 1
	Number of skilled birth attendant personnel (doctors, nurses, certified midwives) per 10,000 people	Life Sustaining	>= 23	>= 23	>= 19	>= 15	>= 11
	Percentage of children aged six months to 15 years who have received measles vaccination	Life Threatening	">95% in camps / urban areas >90% in scattered or rural areas"	">95% in camps / urban areas >90% in scattered or rural areas"	"90% >= 95% urban and 85% >= 90% in scattered or rural areas"	"85% >= 89% urban and 80% >= 84% in scattered or rural areas"	"< 85% urban and < 80% in scattered or rural areas"
Mine Action	Number of community members affected by explosive ordnance	Life Threatening	0% - 10%	11% - 20%	21% - 40%	41% - 60%	>60%
	Number of people injured/ killed by explosive ordnance	Life-threatening	1 - 5	6 - 10	11 - 15	16 - 20	>20

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Nutrition	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months	Life Threatening	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-3 and/or bilateral oedema among children 0-59 months (SAM)	Life Threatening	<1%	1-1.9%	2-2.9%	3-3.9%	≥4%
	Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 6-59 months	Life Sustaining	<2.5%	2.5-9.9%	10-19.9%	20-20.9%	≥30%
	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW)	Life Threatening	<=12.5%	12.6%-19.9%	20-24.9%	25-34.9%	≥35%
	Exclusive breastfeeding for infants 0-6 months	Life Sustaining	≥70%	50-70%	30 -50%	11-30%	<11%
Food Security	Food Consumption Score	Life Threatening	Acceptable and stable	Acceptable but deterioration from typical	Borderline	Poor	Poor
	Livelihood coping strategy (food) - 30 day recall	Coping Mechanism	No stress, crisis or emergency coping observed	Stress strategies	Crisis strategies	Emergency strategies	Near exhaustion of coping capacity
	Food Production losses	Life Sustaining	In the average	Small production losses compared to average <75%	Significant production losses compared to average 50-75%	High production losses compared to average 25-50%	No production or near total crop loss <25%
Shelter ES/ NFI	% of HH whose dwelling enclosure provides adequate security, privacy, and maintains possessions	Life Sustaining	Household: Occupants are fully secure. Dwelling encloses the occupants and their property so that they are fully secure and private. Little or no intervention required.	Household: Occupants are mostly secure. Dwelling enclosure shows minor privacy deficiencies but maintains security for most household possessions with possible minor repairable deficiencies.	Household: Occupants have moderate insecurity. Household is moderately exposed to external observation and possessions are not lockable, however they may be able to be concealed. Repairs are required.	Household: Occupants have severe insecurity. Dwelling enclosure is very compromised with very poor privacy aspects and possessions are very exposed.	Household: Dwelling occupants are fully insecure. Dwelling provides no security to possessions with possible theft/loss and no external privacy.
	% of HHs whose possessions are being affected by community/ regional hazards	Impact on people	Household possessions are secure. No community hazards and been identified and HH possessions are not at risk.	Household: Household possessions are currently intact although community hazards are present.	Household: Some household possessions have been damaged due to community hazards but some may be reclaimable.	Household: Many household items have been damaged or destroyed due to community hazards.	Household: Household has lost all of their possessions.

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Shelter ES/ NFI	% of HH with access to basic infrastructures and essential services	Life Sustaining	Area: Less than 10% of HH are settled in Severe or worse conditions Household: Household has predictable access to essential (public) services and utilities (water, electricity, sewage), road access is clear, and easy access to functional local markets.	"Area: More than 10% of HH are settled in Severe or worse conditions Household: Household is lightly impaired through (predictable) disruptions to essential services."	"Area: More than 20% of HH are settled in Severe or worse conditions Household: Household is moderately impaired by substantial disruptions to essential services or utilities, road access and accessibility to markets."	"Area: More than 20% of HH are settled in Extreme or Catastrophic conditions Household: Household is severely impaired by disruptions to services, utilities, road access and market functionality."	"Area: More than 40% of HH are settled in Extreme or Catastrophic conditions Household: Household is completely impaired through isolation from all essential services, road access, and market access."
	% of HHs without clear security of tenure within their community	Life Sustaining	"Less than 10% of HH are settled in Severe or worse conditions Household: HH has tenure security with no HLP issues (clear ownership, rental agreements, rights are enforced, etc.)."	"More than 10% of HH are settled in Severe or worse conditions Household: HH has tenure security with minor HLP issues."	"More than 20% of HH are settled in Severe or worse conditions Household: HH has tenure security with significant HLP issues."	"More than 20% of HH are settled in Extreme or Catastrophic conditions Household: HH has no tenure security with significant HLP issues."	"More than 40% of HH are settled in Extreme or Catastrophic conditions Household: HH has no tenure security and is evicted with major HLP issues."
WASH	% of HHs having access to improved water source	Life Sustaining	>85%	65% - <85%	55% - <65%	35% - < 55%	<35%
	% of HHs having access to improved sanitation facility	Life Sustaining	>80%	50% - <80%	25% - <50%	7.5% - < 25%	<7.5%
	% of HHs having a place for handwashing with soap and water	Life Sustaining	>80%	50% - <80%	25% - <50%	7.5% - < 25%	<7.5%
	Presence of faecal-oral diseases						

4.4

Sector Indicators for Monitoring Needs

CHILD PROTECTION

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of girls / boys without access to core CP services	Children and adolescents from IDPs, IDP-Returnees, Host Community	Service mapping\MSNA\CP Needs Assessment
2	% of girls / boys engaged in hazardous child labour	Children and adolescents from IDPs, IDP-Returnees, Host Community	MSNA\Needs Assessment
3	% of girls / boys that have been separated from their parents or other typical adult caregivers	Children and adolescents from IDPs, IDP-Returnees, Host Community	DTM\CPIMS
4	% of children and adolescents that have experienced violence, abuse, and neglect	Children and adolescents from IDPs, IDP-Returnees, Host Community	MRM IMS/ CPIMS+

EDUCATION

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% school-aged children (3-17) able to access to distance learning modules	All population groups included (children)	MSNA
2	% of teachers who have suffered attacks in or on their way to school in the last 6 months	All population groups included (adults)	MRM
3	% children (3-17) who have suffered attacks in or on their way to school in the last 6 months	All population groups included (children)	MRM
4	% of learning spaces/schools provided with adequate water supply (3L of water for drinking and handwashing per child per day)	All population groups included (children)	UNICEF WASH SURVEY
5	% of children (3-17) not attending school by sex and school-level (as a result of the crisis)	All population groups included (children)	MSNA/FMOE
6	% of emergency-affected pre-primary and primary school-aged children (3-14 years) accessing emergency education programmes that incorporate school feeding / nutrition interventions	All population groups included (children)	5Ws and School Data

FOOD SECURITY

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Food Consumption Score	Vulnerable residents	Food security assessment
2	Livelihood coping strategy (food) - 30 days' recall	Vulnerable residents	Food security assessment
3	Food Production losses	Vulnerable residents	Food security assessment, Agriculture survey (e.g. CFSAM), Ministry of Agriculture, Satellite imagery

GENDER BASED VIOLENCE

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of girls & women aged 20-24 married before age 18	Children and Adolescents	S3M data 2018 (updated in 2020)
2	Average ranking of different hazards (Conflict, tribal clashes, floods, drought, disease outbreaks)	Women, girls, men & boys	OCHA

GENERAL PROTECTION

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	# of fatalities due to security incidents	IDPs, IDP-Returnees, Host Community	ACLED/DSS Report/Protection Sector Inter-communal Conflicts Incidence Tracker/Protection Monitoring Reports
2	Multihazard ranking	IDPs, IDP-Returnees, Host Community	OCHA Hazard Ranking/Protection Sector IDP Settlement By Risk Level Analysis
3	% of HHs in which some members do not have at least one type of civil documentation	IDPs, IDP-Returnees, Host Community	MSNA 2021

HEALTH

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by locality	Children under five years of age U5	FMOH/WHO EPI program
2	Number of inpatient beds per 10,000	Women of reproductive age	FMOH/SMOH
3	Average population per functioning primary health centers (PHC).	Elderly population	FMOH/SMOH
4	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	IDPs of all age groups with specific attention to those residing in camps	FMOH/RH directorate
5	Number of skilled birth attendant personnel (doctors, nurses, certified midwives) per 10,000 people	People living with disability PLWD	FMOH/SMOH
6	Per centage of children aged six months to 15 years who have received measles vaccination	All population groups	FMOH/WHO EPI program

MINE ACTION

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	Number of community members affected by explosive ordnance	Women, girls, men & boys	OCHA/IMSMA
2	Number of people injured/killed by explosive ordnance	Women, girls, men & boys	

NUTRITION

#	INDICATOR	DATA SOURCE	REMARKS
1	Global Acute Malnutrition (GAM)	SMART Surveys reports	To be conducted in prioritized localities
2	Number of boys and girls under five years (6-59 mo.) with severe acute malnutrition without complication newly admitted for treatment in OTPs	Quarterly OTPs, MTs and satellite reports	Reporting rate stands at 71% for OTP as of June
3	Number of boys and girls under five years (0-59 mo.) with severe acute malnutrition with complication newly admitted for treatment in SC	Quarterly SC, MTs and Satellite reports	
4	Number of children under five years (6-59 mo.) boys and girls with moderate acute malnutrition newly admitted for treatment in targeted Supplementary Feeding Programme (TSFP)	monthly TSFPs, MTs and satellite reports	As of June, the TSFP reporting rate was 40%
5	Number of pregnant and lactating women with global acute malnutrition newly admitted for treatment in targeted supplementary feeding programme	Quarterly TSFPs, MTs and Satellite reports	As of June, the TSFP reporting rate for PLW was 40%
6	Number of caregivers of infants and children aged 0-23 months reached with IYCF counselling	Quarterly IYCFs, MTs and Satellite reports	
7	Number of children 6-59 months (boys and girls) who received multiple micronutrient Powder (MNP)	Quarterly MNP s, MTs and Satellite reports	
8	Number of children 6-59 months (boys and girls) who received Vitamin A supplementation	Quarterly MTs and Satellite reports/ Campaign	
9	Number of boys and girls aged 6-23 months at risk of acute malnutrition Food based Prevention of malnutrition (FBPM))	Quarterly FBPMs, MTs and Satellite reports	
10	Number of Pregnant and Lactating Women at risk of acute malnutrition reached with FBPM	Quarterly FBPMs, MTs and Satellite reports	
11	Number of children under five girls and boys screened in routine nutrition programmes	Quarterly surveillances, Satellite reports	

SHELTER AND NON-FOOD ITEMS

#	INDICATOR	DATA SOURCE	REMARKS
1	% of HH whose dwelling enclosure provides adequate security, privacy, and maintains possessions	IDPs, Returnees, host community	"Sector/UNHCR/IOM/OCHA/ Partners/ MSNA IA/Rapid Assessments "
2	% of HHs whose possessions are being affected by community/regional hazards	IDPs, Returnees, host community	"5Ws, Sector needs assessments, IA/Rapid Assessments, PDMs, DTM (new displacement/returnee populations), MSNA NFI data tracking sheets (NFI CP), "
3	% of HH with access to basic infrastructures and essential services	IDPs, Returnees, host community	S3M
4	% of HHs without clear security of tenure within their community	IDPs, Returnees, host community	Protection monitoring, MSNA

WATER, SANITATION AND HYGIENE

#	INDICATOR	SUB-SECTORS	DATA SOURCE
1	% of HHs having access to improved water source	All population groups	S3M 2018
2	% of HHs having access to improved sanitation facility	All population groups	S3M 2018
3	% of HHs having a place for handwashing with soap and water	All population groups	S3M 2018
4	Presence of faecal-oral diseases	All population groups	

4.5

Data Sources

#	PRIMARY DATA COLLECTION	COMPLETED	AVAILABLE
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2	Basic Needs and Vulnerability Assessment (BaNVA) for Refugees Hosted by Sudan	September 2021	https://reliefweb.int/report/sudan/basic-needs-and-vulnerability-assessment-banva-refugees-hosted-sudan-final-report
3	Joint Education Needs Assessment	TBC	TBC
4	Voices from Sudan 2020: A qualitative assessment of gender based violence in Sudan	August 2021	https://sudan.unfpa.org/en/publications/voices-sudan-2020-qualitative-assessment-gender-based-violence-sudan
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Acronyms

AAP	Accountability To Affected Populations	GBV IMS	Gender-Based Violence Information Management System	PDM	Post Distribution Monitoring
ACLED	Armed Conflict Location and Event DataProject	GDP	Gross Domestic Product	PENTA	Pentavalent Vaccine
APMBC	Anti-Personnel Mine Ban Convention	GWC	Global WASH Cluster	PHC	Primary Health Care
AWD	acute watery Diarrhoea	HAC	Humanitarian Aid Commission	PiN	People in Need
BaNVA	Basic Needs and Vulnerability Assessment	HCT	Humanitarian Country Team	PLW	Pregnant and Lactating Women
BEmONC	Basic Emergency Obstetric and Newborn Care	HeRAMS	Health Resources and Services Availability Monitoring System	PRSP	Poverty Reduction Strategy Papers
CAR	Central African Republic	HF	Health Facilities	PSS	Psychosocial Support Services
CARI	Consolidated Approach to Reporting Indicators	HIPC	Highly Indebted Poor Countries	RCF	Refugee Consultation Forum
CBoS	Central Bank of Sudan	HIS	Health Information System	REF	Refugees
CBPNs	Community-Based Protection Networks	HLP	Housing, Land and Property	RET	Returnees
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	HNO	Humanitarian Needs Overview	RH	Reproductive Health
CFR	Case Fatality Ratio	HPC	Humanitarian Programme Cycle	S/NFI	Shelter and Non-Food Item
CFSA	Comprehensive Food Security Assessment	HRP	Humanitarian Response Plan	S3M	Simple Spatial Surveying Method
CFSAM	Comprehensive Food Supply Assessment Mission	ICRC	International Committee of the Red Cross	SAM	Severe Acute Malnutrition
CFSVA	Comprehensive Food Security and Vulnerability Assessment	IDA	International Development Association	SDG	Sudanese Pound
CMR	Clinical Management of Rape	IDPs	Internally Displaced Persons	SDN	Sudan
COR	Commissioner for Refugees	IMAS	International Mine Action Standards	SDR	Secondary Data Review
CPA	Child Protection Assessment	IMF	International Monetary Fund	SGBV	Sexual and Gender-based Violence
CPAoR	Child Protection Area of Responsibility	IMSMA	Information Management System of Mine Action	SLA/AW	Sudan Liberation Army/Abdul Wahid al-Nur
CPIMS	Child Protection Information Management System	IMWG	Information Management Working Group	SMOH	State Ministry of Health
CVAW	Combating Violence against Women Unit	INEE	Interagency Network for Education in Emergencies	SENS	Standardised Expanded Nutrition Survey
DHIS	District Health Information Software	IOM	International Organization for Migration	SNMAS	Sudan National Mine Action Standards
DSS	Department of Safety and Security	IPC	Integrated Food Security Phase Classification	SPLM-N	Sudan People's Liberation Movement-North
DTM	Data Tracking Matrix	ISCG	Inter-Sectoral Coordination Group	TA	Technical Agreement
EMIS	Education Information Management System	IYCF	Infant and Young Child Feeding	TIP	Trafficking in Person
EORE	Explosive Ordnance Risk Education	JENA	Joint Education Needs Assessment	TSFP	Targeted Supplementary Feeding Programme
ERW	Explosive Remnants of War	JIAF	Joint Inter-Sectoral Analysis Framework	TT2	Tetanus Toxoid-Containing Vaccine
FBPM	Food based Prevention of Malnutrition	JPA	Juba Peace Agreement	UASC	Unaccompanied and Separated Children
FEWS NET	Famine Early Warning Systems Network	KAP	Knowledge, Attitude and Practices	UN SG	United Nations Secretary-General
FGM	Female Genital Mutilation	MAM	Moderate Acute Malnutrition	UN	United Nations
FHH	Female-headed Household.	MHPSS	Mental Health and Psychosocial Support	UNAMID	African Union-United Nations Hybrid Operation in Darfur
FMOH	Federal Ministry of Health	MICS	Multi-Indicator Cluster Survey	UNDESA	United Nations Department of Economic and Social Affairs
FSL	Food Security and Livelihoods	MRM	Monitoring and Reporting Mechanism	UNFPA	United Nations Population Fund
FSMS	Food Security Monitoring System	MSNA	Multi-Sector Needs Assessment	UNHCR	United Nations Refugee Agency
FSP	Family Support Programme	MUAC	Mid-Upper Arm Circumference	UNICEF	United Nations Children's Fund
FY	Fiscal Year	NAP	National Action Plan	UNISFA	United Nations Interim Security Force for Abyei
GAM	Global Acute Malnutrition	NFI	Non-Food Item	UNITAMS	United Nations Integrated Transition Mission in Sudan
GBV	Gender-Based Violence	NGO	Non-Governmental Organization	UXO	Unexploded Ordnance
		NMAC	National Mine Action Center	WASH	Water, Sanitation and Hygiene
		NPPOC	National Plan for the Protection of Civilians	WFP	World Food Programme
		OTPs	Outpatient Therapeutic Programmes	WHO	World Health Organization
				WSC	Water, Sanitation and Hygiene Severity Classification

**HUMANITARIAN
NEEDS OVERVIEW**
SUDAN