HUMANITARIAN NEEDS OVERVIEW

SUDAN

HUMANITARIAN PROGRAMME CYCLE
2023

ISSUED NOVEMBER 2022

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.

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PHOTO ON COVER
A woman from Sharga village, North Darfur

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Table of Contents

02 About

04 Summary of Humanitarian Needs

05 Key Findings

06 Summary

12 Part 1: Impact of the Crisis and Humanitarian Conditions

13 1.1 Context of the Crisis
20 1.2 Shocks and Impact of the Crisis
25 1.3 Scope of Analysis
27 1.4 Humanitarian Conditions and Severity of Needs
34 1.5 Severity of Needs by Vulnerable Group

37 Part 2: Risk Analysis and Monitoring of Situation and Needs

38 2.1 Risk Analysis and Projection of Needs
44 2.2 Monitoring of Situation and Needs

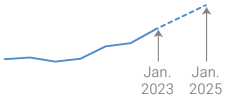
45 Part 3: Sectoral Analysis

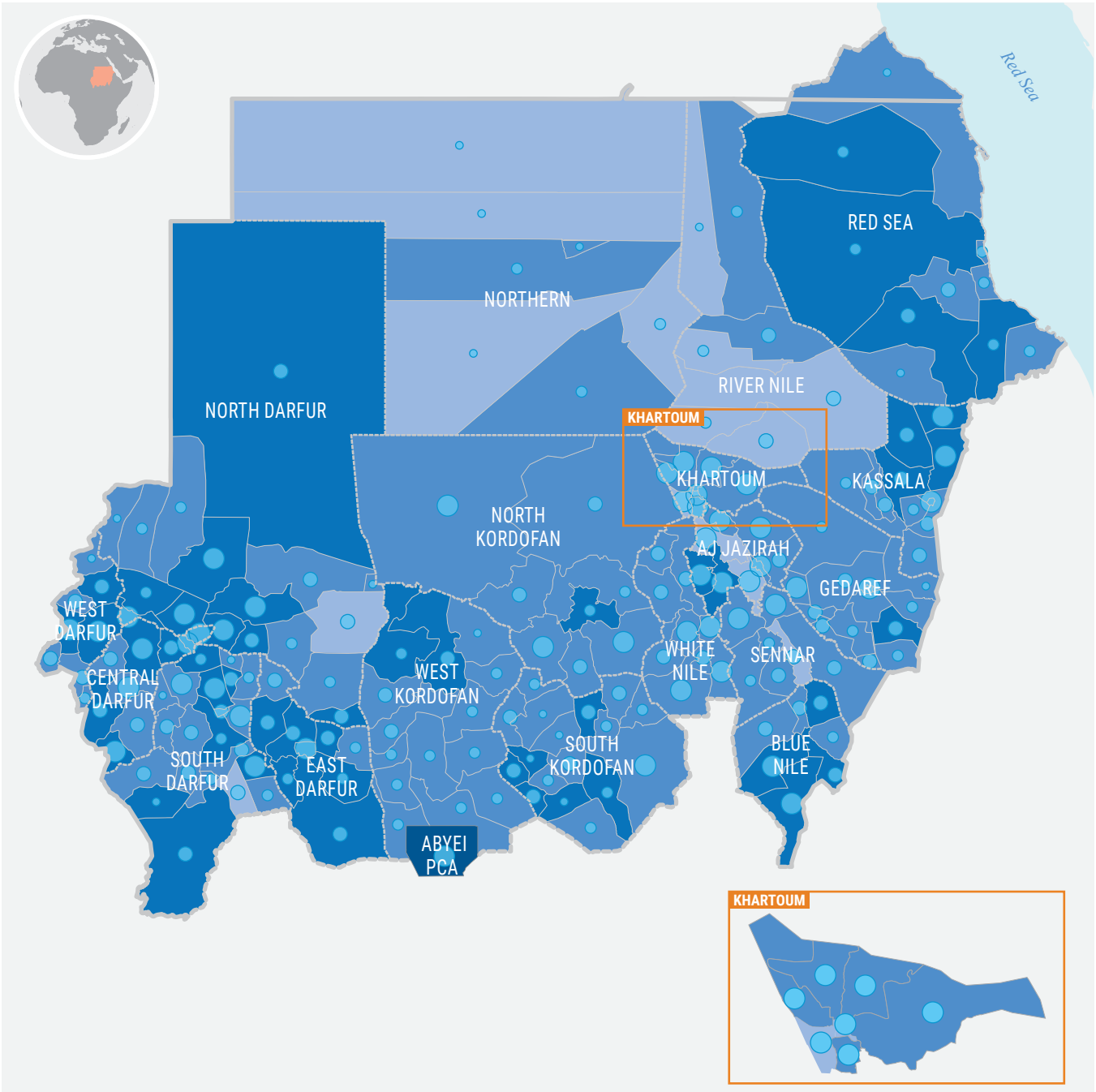
52 3.1 Education
55 3.2 Food Security and Livelihoods
59 3.3 Health
62 3.4 Nutrition
65 3.5.1 General Protection
68 3.5.2 Child Protection
71 3.5.3 Gender-Based Violence
74 3.5.4 Mine Action
76 3.6 Shelter and Non-Food Items
79 3.7 Water, Sanitation and Hygiene

82 Part 4 Annexes

83 4.1 Methodology and the Joint Inter-sectoral Analysis Framework (JIAF)
93 4.2 Information Gaps and Limitations
94 4.3 Sector Indicators Used for Needs Analysis
98 4.4 Sector Indicators for Monitoring Needs
101 4.5 Data Sources
102 4.5 Acronyms

Summary of Humanitarian Needs

PEOPLE IN NEED	TREND (2015-2025)	WOMEN	CHILDREN	WITH DISABILITY
15.8M		50%	53%	15%



Number of people in need

1 - 5,000 | 5,001 - 25,000 | 25,001 - 50,000 | 50,001 - 100,000 | > 100,000

Severity of needs

Minimal | Stress | Severe | Extreme | Catastrophic

Key Findings

Severity of needs

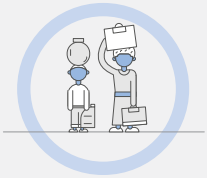
People in Need
of humanitarian assistance

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
20.5M	13.5M	10.2M	5.5M	0.1M

15.8M
Total people in need*

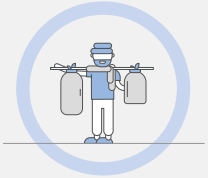
BY POPULATION GROUP

11.4M
Vulnerable residents



2.5M
Internally displaced people

0.9M
Refugees



0.9M
Returnees

WITH DISABILITY

2.4M
People with disabilities

*15,763,070

BY HUMANITARIAN CONDITION

11M
Life-threatening

15.0M
Life-sustaining

BY GENDER

3M
Men

3.9M
Women

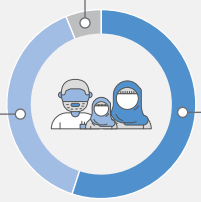
3.8M
Boys

5M
Girls

BY AGE

0.95M
Elderly (60+)

8.7M
Children (0-17)



6.1M
Adult (18-59)

Summary

Context and shocks/events

Humanitarian needs across Sudan are at record levels one year after a military coup, with unclear prospects of how the transition to a new Sudan that started three years ago will evolve.

Protracted and new displacement induced by inter-communal localised conflict often driven by political agendas, increasing protection of civilians risks and threats due to the rise in criminality and insecurity in parts of Darfur and other conflict-affected areas, unprecedented spikes in acute food insecurity due to dry spells and erratic rains, high inflation for food, fuel and other commodities, floods and persistent disease outbreaks have resulted in these record numbers of people in need of humanitarian assistance for the third year in a row.

For 2023, the four most significant risks identified are conflict, disasters associated with natural hazards, disease outbreaks, and economic deterioration.

The number of food-insecure people increased by about 2 million compared to last year. Humanitarian partners estimate that about 15.8 million people – about a third of the population – will need humanitarian assistance in 2023. This 1.5 million increase compared to 2022 is the highest since 2011.

Of the 15.8 million people in need, about 11 million need emergency assistance for life-threatening needs related to critical physical and mental well-being. This is a 21 per cent increase compared to the previous year. Meanwhile, all people require life-sustaining support to meet minimum living standards.

The Food Security and Livelihoods Cluster has the highest number of people in need – 11.7 million, followed by Water, Sanitation and Hygiene Cluster -11 million, and the Health Cluster –10.1 million people in need.

There are 3.7 million internally displaced people (IDPs) in Sudan after the International Organization for Migration (IOM) did the latest round of verification of mobility tracking across 801 locations in Sudan. Humanitarian partners estimate that with various challenges and factors that underpin conflict and displacement not resolved, there can be more civilian displacement in 2023 and the number of people who need assistance is likely to increase further.

Of the people in need, 50 per cent are concentrated in areas affected by conflict. The 50 per cent are in areas 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 the Blue Nile

Of the 926,000 refugees in Sudan, the majority (67 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. At the same time Khartoum has one of the highest food-insecure urban populations in the country, with refugees and the urban poor affected the most.

Impact of the crisis

The economic crisis and scarcity of resources have continued to affect public service delivery and heightened socio-economic vulnerability. The rule of law, access to justice, and government social protection networks were already weak across the country before 25 October 2021 military coup, after which the situation became more complex. The increase in criminality, armed attacks, and security risks to civilians in conflict-affected areas has been a significant concern. The number of acutely food-insecure people continued to increase for the third year, reaching a record 11.7 million people.

Access to basic services, including health, water, sanitation, and education, which already had a low coverage baseline, has been affected by diminishing government investment in those areas. Sudan cannot maintain an adequate supply of medicines and medical supplies because of the economic crisis and a lack of hard currency. Climate shocks, including dry spells/ drought, crop failure and floods, add layers of vulnerability among the Sudanese. The political uncertainty and the

unstable security environment (particularly in the Darfur region) are shaping the operating environment and humanitarian operations in Sudan. These factors, alone and in combination, create a variety of access challenges for humanitarian organisations.

Scope of the Analysis

The analysis covers all of Sudan, and focuses on four main population groups: IDPs, refugees, returnees and vulnerable residence. The analysis uses data from secondary and primary sources such as the multi-cluster needs assessment, which collected data from 25,000 households this year. The analysis is completed at the locality level. Vulnerable sub-groups, including the urban poor, female-headed households, and the disabled, are also included in the analysis. Several cluster-specific assessments, such as the Joint Education Needs Assessment (JENA), the Integrated Food Security Phase Classification (IPC) and Nutrition Simple Spatial Survey Method (S3M), are also included in the analysis. All the analysis, where possible, is disaggregated by age and gender. Needs and severity analysis is mainly based on the primary data collected during August and September 2022. The 2022 Sudan Humanitarian Needs Overview covers the period of January 2023 through December 2023.

Expected evolution of the situation over 2023

Over the next 12 months, the risks mentioned in the context section above will render vulnerable communities less resilient while generating new and more severe humanitarian needs. Flooding is anticipated to reoccur in areas that have already faced similar shocks over the past years. Combined with drought, this will further endanger agricultural productivity in 2023. Communal tensions will likely result in conflict, exacerbated by the political situation, scarcer natural resources, lack of livelihood opportunities, economic deterioration and land ownership disputes. The economy is not expected to improve and the most vulnerable will not be able to meet their basic needs as commodity prices and costs for basic services continue to rise. Disease outbreaks will continue to lead to additional health needs stretching the capacity of the available healthcare system.

ESTIMATED NUMBER OF PEOPLE IN NEED

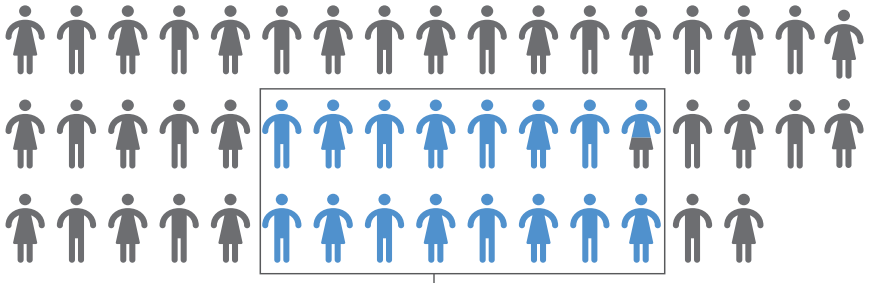
TOTAL POPULATION

49.7M

(includes 0.93M refugees)

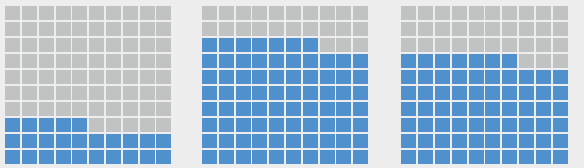
PEOPLE IN NEED

15.8M

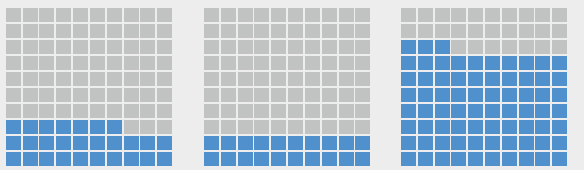


BY SECTOR

EDUCATION	FOOD SECURITY	HEALTH
3.7M	11.7M	10.1M

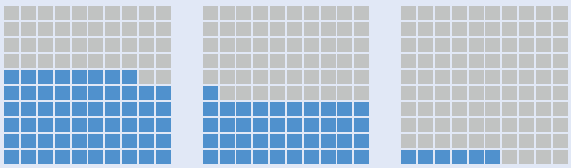


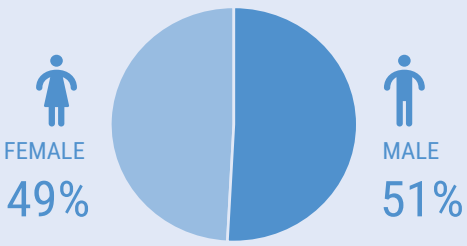
NUTRITION	SHELTER/NFI	WASH
4M	3M	11M



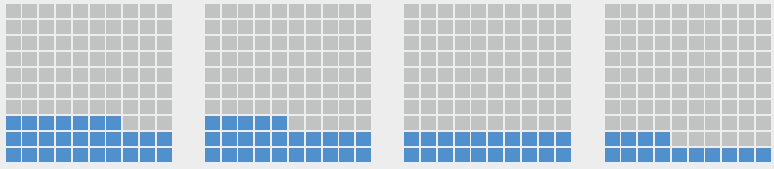
BY AGE & SEX

CHILDREN *<18 YEARS*	ADULTS *18-59 YEARS*	ELDERLY *>60 YEARS*
8.7M	6.1M	0.95M



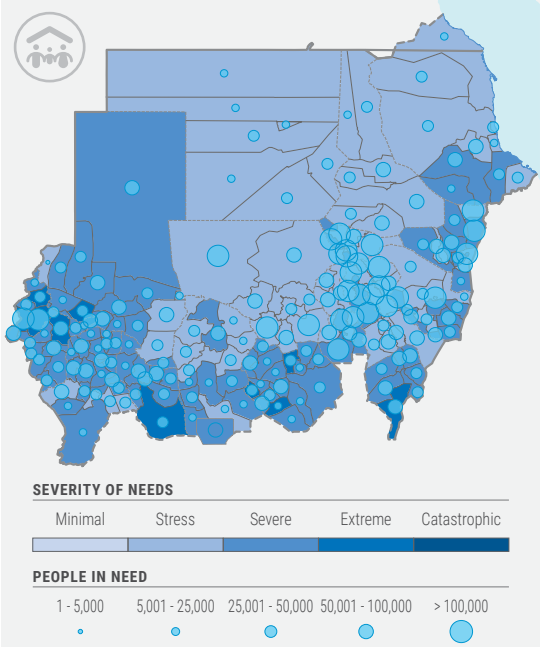
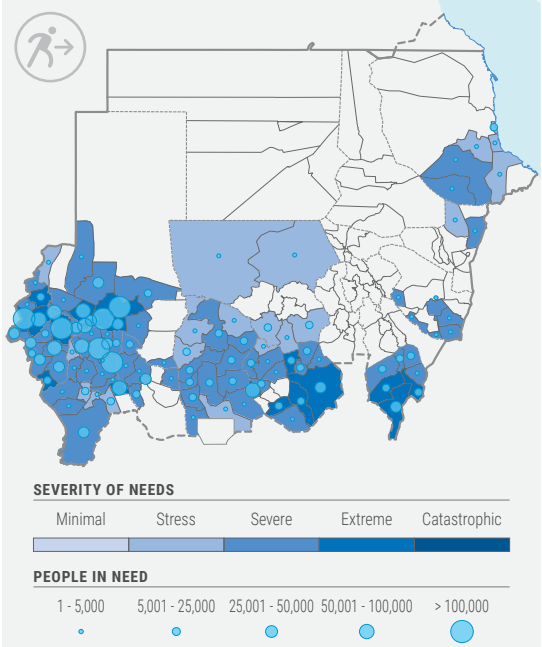
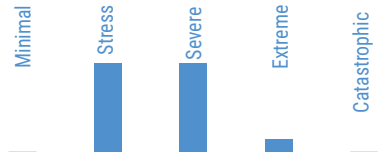
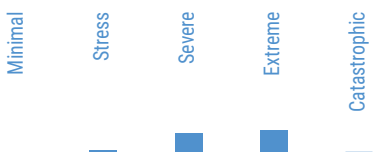


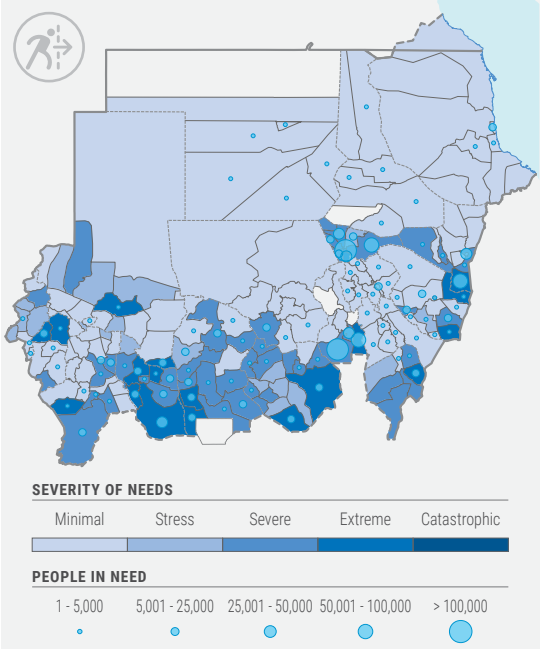
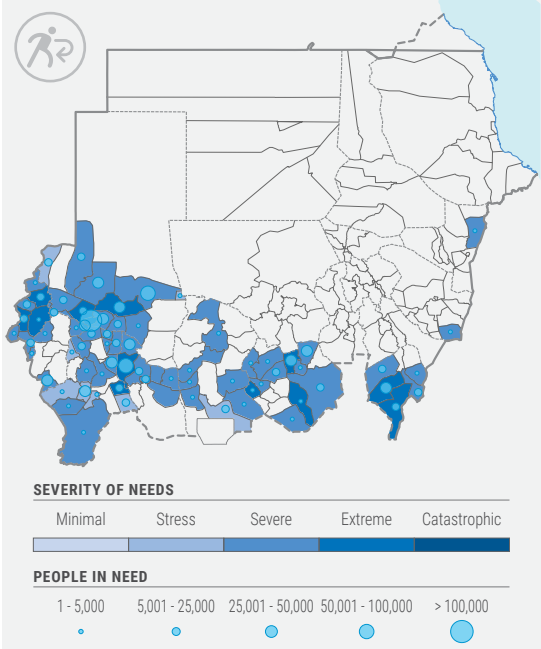
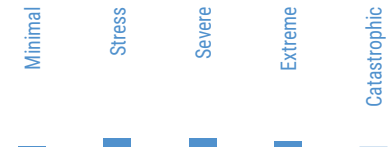
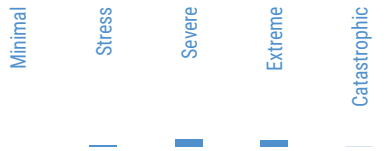
General Protection	Child Protection	Gender Based Violence	Mine Action
4.1M	3.8M	3M	2.1M



FORO BARANGA/WEST DARFUR
A man cleans up a land of sugar cane . Photo: UN

SEVERITY OF HUMANITARIAN CONDITIONS AND NUMBER OF PEOPLE IN NEED

	VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE
People in need	**11.4** Million	**2.5** Million
Locations *(per locality)*		
Severity of needs *(in millions)*		
Number by sex & age *(in millions)*	Male **5.82** Female **5.59** | Boys **2.39** Girls **2.29**	Male **1.23** Female **1.28** | Boys **0.67** Girls **0.70**
Per cent by sex & age	Male **49%** Female **51%** | Children **41%** Adults **52%** Elderly **7%**	Male **51%** Female **49%** | Children **55%** Adults **38%** Elderly **7%**
Associated 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

	REFUGEES	RETURNEES
People in need	**0.93** Million	**0.92** Million
Locations *(per locality)*		
Severity of needs *(in millions)*		
Number by sex & age *(in millions)*	Male **0.44** Female **0.48** | Boys **0.26** Girls **0.28**	Male **0.44** Female **0.48** | Boys **0.26** Girls **0.28**
Per cent by sex & age	Male **48%** Female **52%** | Children **58%** Adults **37%** Elderly **5%**	Male **48%** Female **52%** | Children **58%** Adults **35%** Elderly **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
A mother and daughter outside a World Vision supported facility. Photo: World Vision

1.1 Context of the Crisis

Following the Sudanese revolution of 2018 and the ousting of the former government, there was optimism that the country was on a path to democratic transition, an end to its international isolation and economic growth with a tangible impact on the life of millions of Sudanese, including IDPs and vulnerable resident communities. The military coup of 25 October 2021, which removed the transitional civilian government and began reversing many of its achievements, put the country back on an uncertain path. Nearly a year after the coup, the situation in the country remains precarious. Despite several domestic and international initiatives, an agreement among the military and civilians to restore a credible civilian-led transitional government and constitutional order which enjoys public legitimacy has not been reached. That, coupled with the growing economic pressures, is affecting millions. The spillover impact of the political crisis at the subnational level, the absence of state authority in the periphery and unresolved local conflict disputes have resulted in an increase in the number and intensity of violent incidents throughout the country; with Darfur and the Two Areas becoming more and more prone to conflict – leading to increased casualties and displacement of civilians as well as competition over resources. Humanitarian access is becoming progressively more challenging. In addition to physical access challenges due to floods and poor infrastructure, bureaucratic and security-related impediments continue to hinder humanitarian operations.

About 15.8 million people across the country – about a third of the population – are estimated to need humanitarian assistance in 2023. This is about 1.5 million people more compared to 2022. This includes 2.5 million IDPs, 0.9 million refugees, 0.9 million returnees and 11.4 million vulnerable residents. Of the 15.8 million people in need, 11 million need emergency assistance for life-threatening needs related to critical physical and mental well-being. This is an eight per cent increase compared to the previous year, highlighting the increasing hardship many people face. Meanwhile, 15 million people – nearly all those in need – will require life-sustaining support to meet minimum living standards.

Political Context[1]

In 2022, efforts to resolve the political crisis resulting from the military coup of 25 October 2021 continued in Sudan. Tensions persisted, between the civilian and military components, while civilian actors remained divided. National actors have not yet agreed on the way forward in the political process.

Prime Minister Abdalla Hamdok's resignation on 3 January 2022 ended the civilian-military partnership established by the 2019 Constitutional Document and deepened the political crisis. Neighbourhood Resistance Committees across the country continued to organise mass protests against the military's rule.

Meanwhile, General Abdel-Fattah Al-Burhan made several decisions, including appointing and dismissing government officials, members of the Sovereignty Council, Ambassadors, and other high-level public servants. Various national actors - from religious leaders, professional associations, civil society figures, political coalitions, and Juba Peace Agreement (JPA) armed movement signatories - launched initiatives to overcome the political impasse. These efforts have yet to yield the expected results.

International actors also deployed efforts to facilitate a viable political process. In January, the United Nations

1 *This text was written on 11 September 2022 taking into consideration the politically fluid situation at the time of writing*

TUNAYBAH CAMP/GEDAREF
Medair teams raising the roof and building tukels.
Photo: Medair

Integrated Transition Mission in Sudan (UNITAMS) conducted one month of consultations with the participation of over 110 different groups across the country. Subsequently, the Intergovernmental Authority on Development (IGAD) and the African Union (AU) also conducted separate high-level visits to Khartoum. In April, the three organisations established a Trilateral Mechanism and continued to engage with national actors to facilitate a political settlement jointly.

On 30 May 2022, the President of the Transitional Sovereignty Council, General Burhan issued a decree, lifting the state of emergency in place since the military coup of 25 October 2021 releasing several detainees, including former government officials. In early July, General Burhan further announced the withdrawal of the military component from the political process, committing that if civilian actors agree to form a civilian government, the military will step back from governance and focus on defence and security tasks. Since this announcement, there have been renewed efforts among civilian blocs to find a consensus to restore the transition process.

There been limited progress in implementing the JPA since the coup. More generally, outbreaks of violence and conflicts, especially in some parts of Darfur and Blue Nile, have undermined efforts to protect civilians and enhance social cohesion.

In Darfur, the Permanent Ceasefire Committee chaired by UNITAMS became operational. It continued to conduct its activities supporting the JPA, including ceasefire monitoring, diffusing tensions, and preventing an escalation of violence between signatory parties. In June, the first batch of armed movement members to be integrated into the Joint Security-Keeping Force graduated after several months of training. Regional and state governors appointed through the JPA remained in office. Still, they had

a limited capacity due to the non-completion of governance structures and commissions to address the root causes of the Darfur conflict.

The Eastern Track of the JPA remained suspended amid a growing dispute over the Track among the communities in eastern Sudan. The situation in the east continued to be fragile, with deep divisions among key actors, including within the Beja High Council, on the peace process and ways to address eastern issues.

There was no progress in advancing efforts to bring non-signatory armed movements to the peace process, particularly the Sudan People's Liberation Movement–North (SPLM-N) Abdelaziz al-Hilu faction and the Sudan Liberation Army (SLA) Abdul Wahid al-Nur faction.

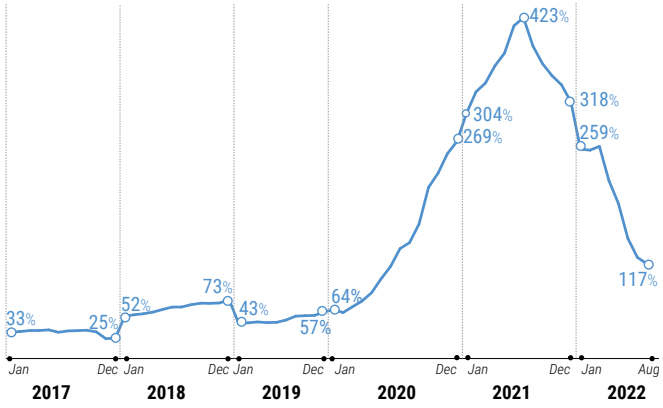
Economic profile

Sudan has undergone an economic contraction of more than eight per cent during the 2018-2020 period. The modest estimated economic growth rates of 0.5 per cent and 0.3 per cent in 2021 and 2022, respectively, have been too low to have a real impact. Projections for near-term economic growth remain subdued, with disrupted economic activity and investment and low consumption due to limited purchasing power, high inflation and chronic unemployment. Given the pause in donor financing, Sudan's macroeconomic situation and external position will remain challenging. Sudan reached the Heavily Indebted Poor Countries decision point in 2021, enabling Sudan to clear about US$50 billion in external debt. However, the stalled transition process has put this on hold. External financial support, which is currently low, is crucial to bring stability to the Sudanese economy, suffering from hyperinflation and unsustainable foreign debt.

Structural economic deficiencies, such as the low-value-added undiversified economic activities and the large trade and current account deficits, coupled with the delayed political and economic transition, constitute a severe downside risk to the economy. Political uncertainty and civil unrest continue to disrupt economic activity and deter domestic and foreign investments. Similarly, high inflation and persistent unemployment will further strain consumption.

Sudan's economy is highly dependent on agriculture (including livestock and fishing), the most important economic sector, contributing to about a third of the country's gross domestic product (GDP) and providing livelihoods to about two-thirds of the population. An essential part of the economy is exports of agricultural products and minerals (mainly gold), which accounted for 82 per cent of Sudanese exports in 2021. The low productive sophistication of the economy is further exemplified by Sudan's heavy reliance on imports of machinery, equipment and appliances, as well as the dependency on international food and fuel supplies.

INFLATION RATE 2017 - 2022



Source: Central Bureau of Statistics

The below-average 2021/2022 agricultural season has led to a 2.5-million-tonne cereal deficit for 2022 and an early onset of the lean season. Total cereal production for the 2021/22 season is 35 per cent below the previous year and 30 per cent less than the five-year average. The rising cost of fuel and fertilizers has been heavily affected by the reduction in planted areas and lower yields.

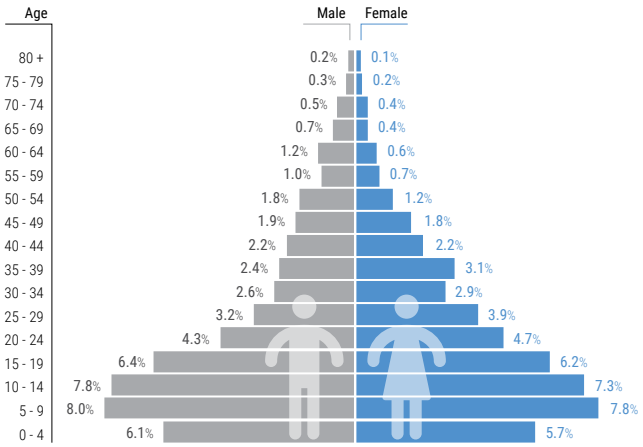
Sudan has some of Africa's largest reserves of metals and minerals, especially gold. The importance of gold in Sudanese exports has increased recently. Gold constituted 48 per cent of the value of Sudanese exports in 2021, up from 39 per cent in 2020. In the first quarter of 2022, 52 per cent of the value of exports came from gold.

Inflation is expected to remain very high (estimated at around 245 per cent in 2022[2]), given the pressure on the currency, heavy reliance on food and fuel imports, domestic conflicts, disruption in supply chains, and environmental shocks. This will continue to erode the purchasing power of the Sudanese population and the ability to meet their basic needs, especially for the most vulnerable segments of society.

After maintaining a stable exchange rate against the United States dollar (US$) since mid-2021, pressure on the Sudanese pound (SDG) increased in the first quarter of 2022, as demand for US$ rose amid political uncertainty and declining exports. In March 2022, the Central Bank of Sudan (CBoS) announced the floating of the currency, following which the Sudanese pound exchange rate against the US$ plunged by more than 35 per cent for two weeks. Since then, the exchange rate has stabilised at around under 600 SDG for the US$.

Demographic profile

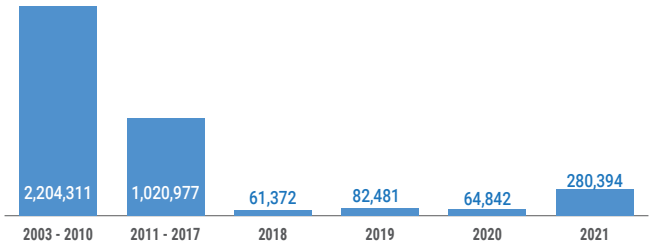
Sudan has a population of 48.8 million (49.7 million, including refugees) and is projected to be more than 81 million people by 2050[3]. While metropolitan areas – particularly Khartoum – are expanding rapidly, two-thirds of Sudan's population live in rural areas. Sudan has one of the youngest demographics 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.



Internally Displaced Persons

Sudan has been grappling with protracted civilian displacement since 2003 when the Darfur crisis started. Almost 20 years on, millions of IDPs are yet to find durable solutions. As of August 2022, there were more than 3.7 million IDPs across Sudan, of whom about 2.2 million were displaced between 2003 and 2011. During the first 9 months of 2022 about 211,000 people were newly displaced in Sudan. At least 2 million IDPs are under 18 and have been displaced for most of their lives. About 52 per cent of IDPs are female.

IDPs 2003 - 2021



Source: International Organization for Migration (IOM)

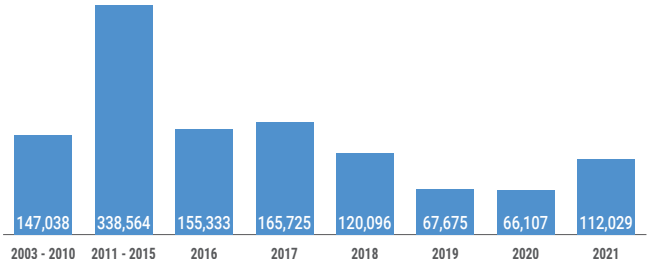
About 3.1 million IDPs are living in camps in Darfur. Most of them have had access to food, water, sanitation, health (WASH) and other services, as the majority of humanitarian needs and the response was centred in Darfur since 2003.

About 619,000 people live in displacement settlements in the Kordofans, Red Sea, Gedaref, Kassala and Blue Nile states after the conflict between government security forces and the SPLM-N re-ignited in parts of South Kordofan and the Blue Nile in 2011.

Since 2003, about 1.2 million IDPs have returned to their areas of origin. For the 2023 Humanitarian Needs Overview (HNO), the 68,000 who returned since 2019 are prioritised for returnee assistance, the remainder are considered to be reintegrated and their needs are assessed along with the needs of the Sudanese population.

2 *Sudan and the IMF*
3 *https://www.ined.fr/en/everything_about_population/data/world-projections/projections-by-countries/*

RETURNEES PER YEAR 2003 - 2021



Source: International Organization for Migration (IOM)

Refugees

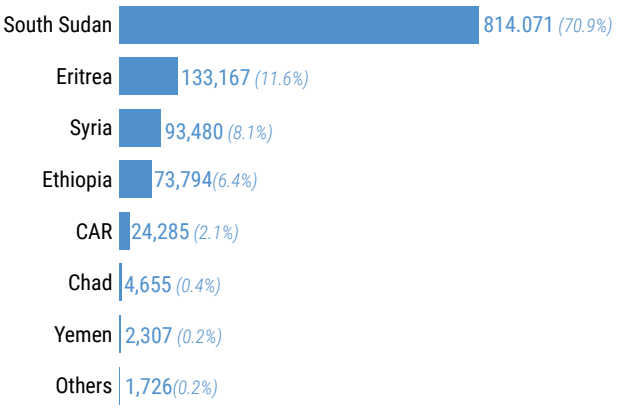
In September 2022, the UN Refugee Agency (UNHCR) estimated that Sudan hosts about 1.14 million refugees, of whom 43 per cent are children, 52 per cent are adults and five per cent elderly. Due to an ongoing verification process, UNHCR estimates that this number will be reduced to 926,000 refugees in 2023. This is still Africa's second largest refugee population. The largest group of refugees is from South Sudan, with an estimated 811,000 South Sudanese refugees in the country by September 2022, of whom 52 per cent are female. From January to August 2022, more than 36,000 South Sudanese crossed into Sudan, mainly into White Nile State, East Darfur, West Kordofan and South Kordofan. Ethiopian refugees also continued to arrive, but to a lesser extent in eastern Sudan and Blue Nile State. As of September 2022, almost 58,000 Ethiopian refugees have crossed into Sudan since the start of the crisis in northern Ethiopia in November 2020. Approximately 38 per cent of refugees in Sudan live in camps, while about 50 per cent of the refugees live in Khartoum and White Nile states. 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.

Before the influx of Ethiopian refugees in 2020, most new arrivals to camps in eastern Sudan were from Eritrea, with about 133,000 Eritreans registered (September 2022). The majority arrived decades ago and represented one of the most protracted refugee situations in the world. Sudan receives, on average, 6,000 additional Eritrean refugees every year.

Sudan hosts about 24,300 refugees from the Central African Republic (CAR), most of whom arrived in 2019 and mostly lived in remote areas in South and Central Darfur. Over 4,500 Chadian refugees live in Central Darfur after conflict broke out in Chad between 2005-2007.

Refugees from Arab nations are considered “brothers and sisters” by the Government of Sudan under the Arab/Islamic notion of asylum. Upon arrival, they are not required to register with UNHCR or the Commissioner for Refugees (COR). However, recent political changes have cast uncertainty regarding their rights in Sudan. UNHCR and COR estimate that about 95,500 Syrian and Yemeni refugees live in Khartoum.

REFUGEES BY ORIGIN



Source: UNHCR, as of 31 Aug 2022

Due to severe funding shortfalls, Sudan's World Food Programme (WFP) was forced to cut refugee rations in 2022. WFP regularly assists over 550,000 refugees in Sudan. In July 2022, refugees received only half of a standard food basket, in-kind, or cash-based assistance.

Voluntary return is not an option for most refugees due to the situation in their countries of origin, and third-country resettlement options remain limited. This situation disproportionately affects women, girls, and other vulnerable individuals who bear the brunt of adverse coping strategies.

Migrants

Sudan remains an important transit point in the migration route from East Africa to North Africa and Europe. International migrants, especially those from Eritrea, Ethiopia and Somalia, often rely on the services of brokers, exposing them to the risk of human trafficking, abuse and exploitation, particularly among women and youth. The 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 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. Sudan remains the origin, transit and destination country for victims of trafficking. The country is increasingly becoming a transit point for traffickers who smuggle young Ethiopian female migrants who are either trafficked or smuggled via Sudan en route to the Middle East.

In 2022, an increasing number of migrants have been reportedly detained for being irregular (including those who illegally entered the country, overstayed their visa, or have expired travel documents) or are suspected victims of trafficking who need support while in administrative detention.

Security environment

Almost 20 years after the conflict between government security forces and armed movements erupted in Darfur and three years since the signing of the JPA, the region is fraught with conflict and other security incidents posing risks and threats to civilians. During the first nine months of 2022 (to 12 September 2022), the UN Department of Safety and Security (UNDSS) reported 931 security incidents affecting civilians and humanitarian partners across Sudan, a slight decrease compared to the 1,012 incidents reported during the same period in 2021. About 54 per cent of all reported security incidents in 2022 were in Darfur.

Within the larger Darfur region, West Darfur and North Darfur states accounted for most of all security incidents reported, and West Darfur accounted for most of the inter-communal conflict incidents (72 per cent) in the region this year.

As a direct impact of localised conflict and insecurity, West Darfur accounted for 50 per cent of all new IDPs in Sudan from January-August 2022. Since 2020, more than half of all new IDPs in Darfur have come from West Darfur. This is against the backdrop of delays and gaps, especially in funding, in implementing key provisions of the JPA on the protection of civilians and security.

In the Blue Nile, inter-communal violence in July 2022 displaced over 64,800 people and left dozens killed and hundreds injured.

Road blockages in eastern Sudan have disrupted the movement of people and supplies; however, protesters and their leaders have committed to facilitating the movement of humanitarian staff and supplies. Furthermore, if proper protection mechanisms are not implemented, women could be exposed to safety and security threats by security forces and armed movements.

Environmental profile

According to Sudan's Third National Communication (TNC)[4] under the United Nations Framework Convention on Climate Change (UNFCCC), which is under government approval, trends of a lower level and higher variability in rainfall, steadily increasing temperatures, and more frequent extreme events, such as flooding, desertification and drought are evident across the country.

Climate change[5] has led to serious and notable impacts on Sudan's natural resources, economic

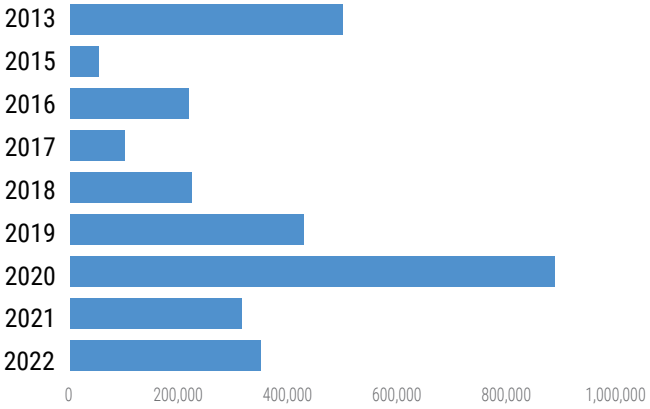
4 A National Communication is a report that each Party to the UNFCCC Convention prepares periodically in accordance with the guidelines developed and adopted by the Conference of the Parties (COP).

5 The First State of Environment and Outlook report 2020.

development, and human vulnerability. Average temperatures are projected to increase by up to 3°C by 2050, and Sudan will experience an increased frequency of droughts and floods. The highest floods recorded over the past 100 years were in 2020 (17.65 meters on 6 September), affecting over 800,000 people across the country. Riverine and flash floods are recurrent seasonal natural disasters in Sudan occurring every year between June and September. From 2001 to 2021, Sudan lost 1.14kha of tree coverage, equivalent to a 1.6 per cent decrease in tree coverage since 2000, and 288kt of CO_2 emissions[6].

The scarcity of natural resources brought about by the climate crisis is also the cause and consequence of conflict. Sudan's rapid population growth, coupled with recurrent conflicts, exert additional pressure on the country's natural resources in the face of high demand for food, water, housing, and other services. The climate crisis also increases the vulnerability of rural communities, such as poor farmers, pastoralists and those depending on natural resources for their livelihoods.

FLOOD AFFECTED PEOPLE 2013 - 2022



Source: Humanitarian Aid Commission (HAC)

6 *https://gfw.global/3dqH8Kp*

ROSEIRES/BLUE NILE
Beneficiaries receiving food assistance from World Vision.
Photo: World Vision

1.2 Shocks and Impact of the Crisis

Impact on services and systems

With the optimism of a smooth transition to a new Sudan largely gone and international development support suspended, political and economic crises continued to aggravate the hardship experienced by people affected by conflict, displacement, and resident communities who have not experienced the direct impact of conflict-related challenges.

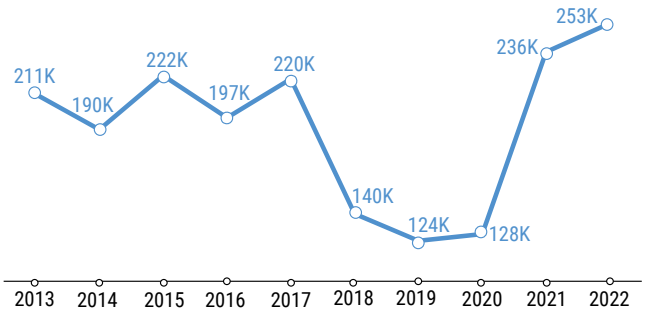
The number of acutely food insecure people continued to increase for the third year in a row, reaching a record 11.7 million people in the Integrated Food Security Phase Classification (IPC) Phase 3 and above between June-September 2022 due to dry spells, reduced grain production, high prices and eroding livelihoods due to the multi-year economic crisis.

Access to basic services, including health, nutrition, water, sanitation, education, and other services, which already had a low coverage baseline, has been affected by diminishing government investment in those areas.

Sudan has faced difficulties ensuring an adequate supply of medicines and medical items due to the economic crisis and hard currency shortages starting in 2018.

Over the past few years, Sudan has lost almost two-thirds of the local production capacity of essential medicines, increasing the need for imported medicine. However, the accessibility to significant emergency medicines remains limited due to various logistical, distribution and other challenges (including security concerns, lack of cold chain systems, as well as lack of the capacity of local health institutions to distribute the medicines effectively and on time due to various logistical challenges).

IMPORT OF MEDICINE (FIRST OF THE YEAR)



Source: Foreign Trade Statistical Digest 2013 - 2022, Central Bank of Sudan (CBoS)

The rule of law, access to justice, and government social protection networks were already weak across the country before October 2021, and the situation became more complex after the military coup. The increase in criminality, armed attacks, and security risks to civilians in conflict-affected areas has been a major concern. The economic crisis and scarcity of resources have continued to affect public service delivery and heightened socio-economic vulnerability. 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 regional locations. The suspension of donor funding for programmes that involve government entities has affected the ability of agencies to reach people with critical aspects of the response.

The declining economic performance for the third year has curtailed the government's capacity to maintain basic social services. Access to social services and social protection networks remains widely uneven. Social services are primarily concentrated in urban areas, while rural locations lack the implementation of these key plans and programmes.

Impact on people

As mentioned in the earlier chapter on displaced people, more than 211,000 people were displaced in Sudan in 2022 due to conflicts and insecurity. Villages/homes were torched, and local markets, household assets and livestock were looted. The past two years have seen a sharp increase in armed attacks, physical assaults, inter-communal violence, and other security risks/threats to civilians in the region. At the same time, an ongoing conflict in neighbouring countries, including South Sudan and Ethiopia, continues to force people to flee to Sudan.

Conflict, internal displacement, dry spells, and soaring commodity, food, and energy prices have exacerbated food insecurity across Sudan, affecting the most vulnerable strata of Sudan, including IDPs, refugees, and vulnerable resident communities, especially in Darfur.

The economic crisis continued to erode people's ability to buy food and other necessities. 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 (53 per cent) are in central, eastern and northern Sudan. While food insecurity has continued to deteriorate in areas not usually targeted for humanitarian assistance, the ability of humanitarian partners to respond was restricted by a lack of funds for these specific areas and, in some cases, for eastern Sudan.

The conflict in Ukraine is exacerbating food insecurity as Sudan has been relying on imports from Russia and Ukraine for its wheat consumption over the past few years, according to the Central Bank of Sudan (CBoS). During 2018-2020, wheat supplies from Russia and Ukraine accounted for 73-80 per cent of all wheat imports of Sudan. The Food and Agriculture Organization (FAO) says that an interruption in grain

flow into Sudan will raise prices and make wheat imports more challenging to procure.

The economic crisis and lack of funding continued to affect the provision of healthcare and nutrition services across the country. The current level of health personnel staffing (doctors, nurses, and midwives) can only cater to 17 per cent of Sudan's population as many trained and qualified health staff leave the country in search of better income opportunities. Moreover, global acute malnutrition (GAM) prevalence among children under five remained at 13.6 per cent. According to the World Health Organization (WHO), 64 localities have GAM emergency levels of 15 per cent and above, of which five have catastrophic levels of 30 per cent and above. Despite the high prevalence of acute malnutrition, geographical and treatment coverage for nutrition services is still below 60 per cent.

Climate shocks, including dry spells/drought, crop failure and floods, add layers of vulnerability among the Sudanese. Sudan is also prone to desert locusts following heavy rainfall. In 2022, more than 348,000 people across the country were affected by floods, and 48,250 houses were damaged. Heavy rains and flooding have affected 16 of Sudan's 18 states, with Kassala, Gedaref, White Nile, and East and Central Darfur states being the worst. Over12,100 feddans (about 5,100 hectares) of agricultural land have been affected by floods, which will exacerbate the already alarming levels of food insecurity people across the country face. Increased water levels in major rivers, heavy rains in Sudan and neighbouring countries along the Nile River, and fragile infrastructure conditions, including lack of maintenance of flood mitigation structures, increased flooding in 2022.

FOOD SECURITY IPC 3+ COMPARISON 2021-2022

STATE	2021	2022	CHANGE	% CHANGE
Aj Jazirah	903,122	940,034	36,912	4%
Blue Nile	345,554	502,692	157,138	45%
Central Darfur	422,060	618,804	196,744	47%
East Darfur	314,385	316,539	2,154	1%
Gedaref	567,513	675,147	107,634	19%
Kassala	581,014	773,232	192,218	33%
Khartoum	1,670,174	1,714,906	44,732	3%
North Darfur	712,069	883,125	171,056	24%
North Kordofan	526,239	667,620	141,381	27%
Northern	143,445	153,472	10,027	7%
Red Sea	364,775	431,163	66,388	18%
River Nile	192,517	213,493	20,976	11%
Sennar	307,618	436,558	128,940	42%
South Darfur	847,126	861,986	14,860	2%
South Kordofan	505,362	620,994	115,632	23%
West Darfur	572,261	816,334	244,073	43%
West Kordofan	304,867	424,144	119,277	39%
White Nile	489,520	602,700	113,180	23%

Impact on humanitarian access

The political uncertainty and the unstable security environment (particularly in the Darfur region) are shaping the operating environment and creating a variety of access challenges for humanitarian organisations in Sudan.

Local-level conflicts involving inter-tribal disputes and non-state armed groups continue to affect the delivery of humanitarian operations. Darfur remains

the principal area of concern, in particular West Darfur, North Darfur and the Jabal Marrah area; however, recent violence has also occurred in Blue Nile State.

Conflict, violence and associated insecurity impact the safety of humanitarian staff and their resources. In addition, general crime (e.g., robbery, looting, and carjacking) is common. Collectively, these dynamics impede humanitarian access and require costly security mitigation measures that can compromise humanitarian principles. The availability and reliability of armed escorts remain variable across the Darfur and Kordofan states, and requests to increase incentive rates for escort services by state providers are becoming increasingly frequent. Outbreaks of localised conflict often result in affected communities having restricted access to humanitarian assistance due to deliberate obstruction by conflict parties or fears for personal safety.

The regulatory framework of humanitarian work in Sudan remained unchanged. Sudan lacks new comprehensive directives that would provide clarity on obligations and rights. Lacking clear guidance from the government enhances different interpretations and encourages implementation inconsistencies across the country.

International humanitarian staff must obtain Travel Notifications (TNs) approval from authorities via the Humanitarian Aid Commission (HAC) before travelling beyond where they are based. HAC Offices only approve travel notification requests in some states. In contrast, other states apply for multiple approvals, requiring specific locations and timeframes that limit the ability to react quickly to frequently changing circumstances. These TNs have become more restrictive in the most recent quarters of 2022.

There are bureaucratic delays in approvals of NGOs' Technical Agreements (TAs), impeding programme delivery. TAs are linked with issuing NGO international staff visas and work permits. This affects the quick deployment of staff, particularly during an emergency.

Importing humanitarian supplies and equipment can be complicated, lengthy, and subject to extraneous charges that delay the delivery of humanitarian assistance.

Other access difficulties include incentives for government counterparts who demand participation in organisations' activities, increasing the burden on humanitarian budgets and responsiveness. Government counterparts remain accessible for engagement with humanitarian partners.

The primary road network within the country is accessible all year round. However, during the rainy season, some major roads are affected by floods cutting areas off and affecting communities' access to the villages where basic services are available. Flooded valleys (wadis) may interrupt movement on secondary and tertiary roads during the rainy season from June to September. In addition, causeways and culverts may be submerged and rivers and wadis in sections of routes may be eroded during the rains.

Accountability to Affected Populations

It is essential to systematically engage with communities to understand people's needs and preferences. During the 2022 Multi-Sector Needs Assessment (MSNA), enumerators interviewed over 24,000 households from the refugee, displaced, returnee and non-displaced communities, reaching 156 of the 189 localities and covering all 18 states in the country. The MSNA dataset, which informed the HNO analysis, helps humanitarian organisations to understand people's priority needs.

Healthcare, water and education are the top priorities mentioned by households. Debt, psycho-social support and electricity were the least prioritised needs. There are notable variations between the states; livelihood is a top priority for households in Aj Jazirah, North Kordofan, Northern, Red Sea, River Nile and White Nile states.

For female-headed households, the top three priorities are healthcare, water and food, while for male-headed households, it is healthcare, water and education.

The top three priorities for IDPs and returnees communities are water, food and healthcare. For host communities, it is healthcare, water and education. For refugees, priorities are food, shelter and water, with food selected by three out of every five households as a top priority. In Blue Nile, 85 per cent of refugee households put food as a top priority.

SARAF OMRA/NORTH DARFUR
Distribution of hygiene kits for children and adults and the women privacy kits. Photo: UN

1.3 Scope of Analysis

The analysis for the HNO covers all of Sudan and identifies the humanitarian needs of IDPs, refugees, returnees and vulnerable people in Sudan. Vulnerable sub-groups, including the urban poor, female-headed households, and the disabled, are also included in the analysis.

In 2022, a nationwide multi-sectoral needs assessment (MSNA) was completed for the third consecutive year. Its results were one of the main sources of inter-cluster primary data and were used to complement data from inter-cluster and cluster-specific assessments. Household interviews were conducted in all 18 states, and the data was shared with clusters for in-depth analysis in September 2022. Refugees were included in the MSNA, unlike in previous years when The Basic Needs and Vulnerability Assessment (BaNVA) and other assessments were used to determine the needs of refugees*. In addition, the Integrated Food Security Phase Classification (IPC) was used as one of the critical baseline datasets. The IPC data also plays a key role in estimating the baseline for vulnerable residents used by all clusters.

Several other vital sources of information are used for the HNO analysis. The 33rd round of the Food Security Monitoring System (FSMS) was conducted between January and March 2022. The FSMS assessment analyses food availability, access and utilisation; ascertains the food security situation of IDP and refugee households and highlights vulnerable geographical areas. The Joint Education Needs Assessments (JENA) of Sudan was conducted in 2021 and is a country-wide education-specific need assessment. The national Simple Spatial Survey Method (S3M II) assessment, updated in 2020, complemented data for several clusters, including health, nutrition, WASH, gender-based violence (GBV), shelter and non-food items (S/NFI). The S3M results were complemented with the recent eight SMART surveys conducted in 2022 that replaced the 2018/19 S3M results.

The long-standing presence of partners and humanitarian operations in Darfur, Kordofan, and Blue Nile resulted in more secondary data availability than in other geographical areas. Clusters undertook consultations at the state level to complement the findings of the nationwide assessments. Operational partners validated needs' severity maps at national and state levels through the Inter-Cluster Coordination Group (ICCG) and the Humanitarian Programme Cycle (HPC) consultation workshops, where UN organisations, NGOs, and donors participated.

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	Yes	Yes	Yes
Kassala	Yes	Yes	Yes	Yes
Khartoum	Yes	No	Yes	No
N. Darfur	Yes	Yes	Yes	Yes
N. Kordofan	Yes	Yes	Yes	No
Northern	Yes	No	Yes	No
Red Sea	Yes	Yes	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

** For a complete list of primary data collection assessments, please see the data sources table in annex 4.5*

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 Eduction JENA - a country-wide education-specific needs assessment data	Whole country
Food Security	Integrated Food Security Phase Classification - IPC (2022)	IPC - food security and nutrition analysis data	Whole country
Health	FMoH/WHO, EPI Program, HIS, SMoH, RH directorate, MSNA (2022)	HIS – Health Information System	Whole country
Nutrition	Simple Spatial Survey Method S3MII (2018/2020), Nutrition Reports, MSNA (2022) and SMART surveys (2022)	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan.	Whole country
Child Protection	Service mapping, Child Protection Needs Assessment, MRM IMS+, CPIMS+, MoSA, UNICEF		Whole country
GBV	MSNA (2022), GBV Sub-Sector Service Mapping, Voices from Sudan Assessment	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan	Whole country
General Protection	Report/Protection Sector Intercommunal Conflicts Incidence Tracker/Protection Monitoring Reports (2021), Hazard Rankings, Protection Sector IDP Settlement Risk Level Analysis		Whole country
Mine Action	MSNA (2022), 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, MSNA (2022)	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), MSNA (2022)	S3M II is a survey covering a range of themes including WASH, education, nutrition and health for all Sudan.	Whole country

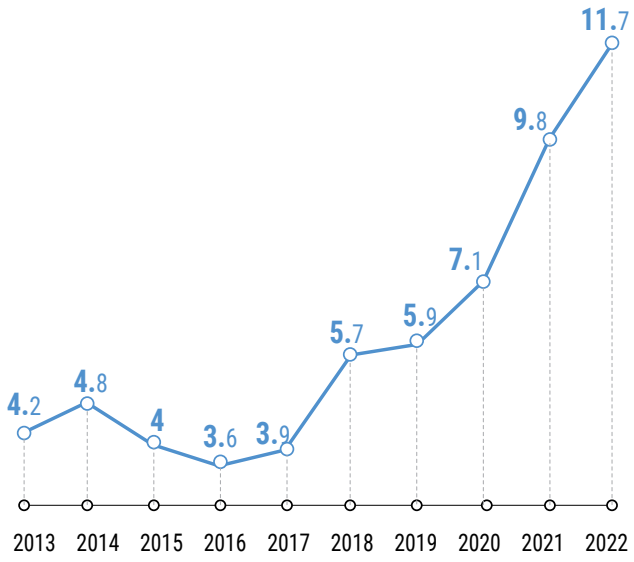
1.4 Humanitarian Conditions and Severity of Needs

About 15.8 million people are expected to require humanitarian assistance across Sudan in 2023, of whom 8.9 million are women and girls. Vulnerable residents are the largest population group - some 11.4 million people - accounting for 72 per cent of the overall number. There are also 2.5 million IDPs, 0.9 million refugees and 0.9 million returnees.

In 2023, 11 million people are estimated to be affected by life-threatening conditions, an increase of about a fifth compared to the 9.1 million people in the same category one year ago. About 15 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.

IPC FOOD INSECURE PEOPLE (MILLIONS)



Source: Integrated Food Security Phase Classification (IPC)

Food security and nutrition

Acute food insecurity has reached higher than usual levels due to the combined effects of economic crisis, conflict and low agriculture production. Flooding and dry spells in successive years have affected property, infrastructure, and crops, forced people to displace and resulted in livestock losses. Intensified fighting during the year disrupted livelihoods, lost assets (particularly livestock), and disrupted the provision of humanitarian aid and other essential services. The ongoing and protracted macroeconomic crisis—along with currency depreciation—has also led to rising food prices, diminished household purchasing power, and made food unaffordable for a sizable percentage of the population.

Up to 11.7 million people are acutely food insecure during the lean season, an increase of 2 million from earlier estimates, according to the most recent IPC analysis (IPC Phase 3 or worse). There are 3.1 million people in IPC Phase 4 (Emergency) and 8.6 million in IPC Phase 3 (Crisis).

The localities of Baw in Blue Nile and Dar As Salam, and Al Malha in North Darfur are the places with the most significant percentage of residents in need, with 55 per cent of their population suffering from severe food insecurity. Al Kurmuk in Blue Nile, Bendasi in Central Darfur, Tawila in North Darfur and Jebel Moon, and Kereneik in West Darfur are the areas where half of the population is food insecure. Additionally, between 40 and 45 per cent of residents in these localities experience food insecurity: Blue Nile's Geisan; Central Darfur's Wadi Salih; Kassala's Reifi Hamashkureib; North Darfur's Al Lait, Kelemando, and Um Kedadah; North Kordofan's Soudari; the Red Sea's Hala'ib; South

Darfur's Mershing and Shattaya; South Kordofan's Al Buram; and Ag Geneina and Beida in West Darfur.

With GAM prevalence of 13.6 per cent Sudan is among the countries with the highest levels in the world[7] and has remained at elevated levels for the last decade. The recent 2022 SMART surveys conducted in eight[8] localities depicted mixed results, with half recording significant deterioration compared to the 2018 S3M results. Overall, 64 localities in nine[9] states have GAM prevalence equal to and above WHO's very high prevalence of 15 per cent. The malnutrition situation is exacerbated by multiple factors, including inadequate dietary intake, high prevalence of diseases and inadequate caring and feeding practices and sub-optimal health and WASH services. The deteriorating economy, inflation, high food prices (see food security section above), and displacement contributed to the worsening of the nutrition situation in 2022 and are likely to continue into 2023. For example, during the 2022 dry spell that affected food security in 115 localities, the nutrition cluster estimated about 153,000 additional cases[10] of severe and moderately malnourished children. During the same period, routine monthly program monitoring data indicated an early increase in admissions of severe acute malnutrition (SAM) with and without medical complications in Stabilization Centres (SC) and Outpatient Therapeutic Programmes (OTPs), reported in over 33 and 77 OTP sites respectively before the peak hunger period. As a result, some nutrition sites were overwhelmed with increased admissions triggering a surge in capacity arrangements. Admissions in TSFP also increased by over 37 per cent during the first half of the year compared to the same period in 2021.

Even though severe and moderate acute malnutrition are life-threatening humanitarian conditions among under-five children, treatment and preventive interventions coverage targets in 2022 were below 60 per cent and below 50 per cent for severe and moderately malnourished children, respectively. Even for those low targets, critical life-saving interventions, such as management of moderate acute malnutrition, faced funding shortfalls threatened to the suspension of 783 TSFP sites (about 53 per cent of the national TSFP programme) in over 100 localities between October-December 2022. Given that TSFP has two main functions (i.e., treatment of MAM and preventing children from becoming SAM). Low treatment coverage in 2023 and disruption of the continuum of care and treatment cycles will likely lead to increased SAM and MAM cases that might surpass the current 2023 estimates.

About 4 million cases of under-five children and pregnant and lactating women (PLW) are estimated to be acutely malnourished and need humanitarian lifesaving nutrition services in 2023. Over 50 per cent of these malnourished under-five children and PLW live in five states, including Khartoum accounting for 16 per cent, Aj Jazirah 9.7 per cent; South Darfur 9.2 per cent; North Darfur 8.6 per cent and Kassala 6.6 per cent of the total people in need at the national level.

Gender-based violence

GBV remains a grave concern in Sudan. The MSNA shows that more than half of the respondents are not aware of support services for women and almost 80 per cent have heard about cases of violence against women or girls. This is also confirmed in the findings from "The Voices from Sudan" report[11], where 19 per cent of respondents in the study perceived domestic violence and sexual violence as the most common GBV incident in their community.

Victim blaming is commonly observed. Survivors and their families are blamed for the violence. They are very vulnerable to repeated violence, particularly forced marriage, and sexual and verbal abuse. Survivors of violence who report are particularly vulnerable to verbal, sexual, and physical abuse.

7 UNICEF nutrition Strategy 2020-2030, published in Dec 2020.

8 Tadmon, Gadeer, Sinkat, Aroma, Kassala, Jebel Mara, Zalingei and Wadi Salih.

9 Northern State, River Nile, Khartoum, Al Gezira, Read Sea, West Kordofan, North Darfur, East Darfur and Central Darfur.

10 On top of the 2022 initial caseload.

11 https://sudan.unfpa.org/en/publications/voices-sudan-2020-qualitative-assessment-gender-based-violence-sudan

Most violence goes unreported. Reporting domestic violence by members of the community is particularly challenging. Sexual violence goes unreported unless it results in pregnancy.

Negative social norms and the collapse of traditional community support structures have increased the vulnerability of affected people, particularly persons with specific needs, including persons with a disability.

GBV risks among IDPs and vulnerable host communities 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. Encampment policies and movement restrictions force refugees and asylum-seekers to resort to smuggling to facilitate their internal and onward movements, often exposing them to human trafficking and grave protection risks, including GBV. GBV also impacts livelihood and economic activities.

Women cope and try to protect themselves from violence by dressing conservatively and avoiding suspicious places, going out in groups, or 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.

Specialised GBV services, such as the clinical management of rape (CMR), psycho-social support (PSS), legal aid, case management, and referral mechanisms, are unavailable in over 61 per cent of localities in Sudan[12].

Weak health and WASH systems

To reach the nearest medical institution, 30 per cent of the population must walk for more than an hour. Sudan cannot maintain an adequate supply of medicines and medical supplies because of the economic crisis and a lack of hard currency. A survey to evaluate the availability of medications in 2022 found that, on average, only 31 per cent of critical medications were available in public facilities and 30 per cent in the private sector. This is a significant decline from the previous year (43 per cent availability in 2021). That number rose to 51 per cent in facilities supported by humanitarian actors. As of 2021[13], only 5,457 doctors, 12,601 nurses, and 17,343 midwives are working in the public health system[14] in Sudan. The lowest ratios of medical professionals per 1,000 people were reported in White Nile, West Kordofan, East Darfur, Northern, and Central Darfur states. Service delivery by the private sector usually disregards national standards and guidelines because the sector is only loosely controlled.

Although healthcare is supposed to be free, people nevertheless rely on the private sector (accounting for 69.3 per cent of all current health spending), which adds to the burden on people in need by raising their out-of-pocket (OOP) expenditure. Current health spending accounts for 66.2 per cent of OOP payments, with any OOP above 40 per cent being deemed catastrophic expenditure. Inefficiencies in the healthcare system are increased by poorly managed referral processes.

Sudan has a high maternal mortality rate (295 per 100,000 life births as per 2017 UN estimates). The most prevalent causes were obstetric haemorrhage (33.1 per cent), followed by hypertensive disorders (13.1 per cent), then sepsis (12.8 per cent). The majority of reported deaths were from states with higher humanitarian needs. Significant gaps in the coverage of lifesaving services include emergency obstetric and neonatal care with only 32 per cent coverage.

Sudan is endemic for malaria and is the leading contributor of malaria cases in the Eastern Mediterranean Region, accounting for about 56 per

12 GBV SS Service Mapping 2021.

13 0.76 doctors + nurses + midwives per 1,000 population, against the 4.45 per one thousand population WHO target as recommended in the WHO Health workforce requirements for universal health coverage.

cent of cases in 2020[15]. The country is also endemic for arboviruses, including dengue fever, chikungunya, and yellow fever and there is evidence of the circulation of other vector-borne viral hemorrhagic fevers[16]. Sudan's 18 states have at least two or more vector-borne diseases[17].

About 25.3 per cent of households in Sudan reported that water points were not functioning in their location. Another 28.4 per cent of the population reported that the water quantity is insufficient to meet their basic needs, and approximately 26 per cent of the people reported that it takes more than 50 minutes to fetch water, exposing them to security risks, especially for women and girls.

Moreover, 46 per cent of schools do not have access to sufficient drinking water services[18] and 71 per cent of schools reported not having any handwashing facilities. In addition, 72 per cent of the population does not have access to basic sanitation facilities which are not shared with other households. Sudan has the highest ratio of people practising 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-cluster deprivations, be it poverty, malnutrition, or education and affects women and 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 cluster stakeholders, characterised by the breakdown of dilapidated water supply systems[19], resulting in poor revenue collection. Fuel-reliant water supply systems have been severely affected by the increase in fuel prices, and public-private partnerships are on the verge of collapse, increasing the reliance on humanitarian partners. Sanitation continues to be a low national political and budgetary priority. The socio-economic deterioration is affecting access to water, with nearly 30 per cent of people reporting that water was too expensive, and 36 per cent of the displaced people said they could not afford water.

Limited access to education

As of the end of the 2021-2022 academic year, it is estimated that 6.9 million children 6-18 years old are out of school, which is 35 per cent of the total school-aged population. Of the 12.4 million children who can attend school, their learning is severely hampered by poor school infrastructure, teacher strikes, and a lack of teaching and learning materials. As indicated in the Sudan Education Cluster's 2021JENA, 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 transportation options or without fuel for transport and 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. 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

As mentioned in chapter 1.1. Sudan's economy is highly dependent on agriculture, as nearly 65 per cent of its population is engaged in it[20]. Similarly, the seasonality of the climate and crop and livestock production play vital roles in livelihoods and food security in Sudan. Agriculture is the main livelihood source in Sudan, with fuel, fertiliser, agricultural tools/inputs, electricity price hikes having a knock-on inflationary effect on most basic commodities, such as transportation and other services, and raising the

15 *WMR 2020.*
16 *EMR Regional plan of action 2019–2023 for implementation of the Global vector control response 2017–2030.*
17 *Sudan VCNA 2020.*
18 *2021 JENA.*
19 *Estimated to be more than 25 per cent as per MSNA 2021 and 2022.*
20 *CFSAM 2022.*

cost of inputs for overall local production, while further eroding the already degraded purchasing power of the vulnerable people. This economic crisis is increasing the vulnerability of deprived people to various climate shocks and eroding their coping capacity.

The exposed vulnerable people is adopting negative livelihood coping strategies, such as selling household goods, spending savings, and depleting their assets. Around eight per cent of households resort to emergency coping strategies, such as begging and selling the last of their female animals, and 19 per cent of the households resort to crisis coping strategies, such as selling productive assets[21].

Inter-communal clashes continue to have an impact on livelihoods and food security. Such conflicts result in fatalities, the burning of villages, and the loss of livelihood assets such as farm equipment, seeds, food stocks, and livestock. Conflict also continues to limit households' access to their main livelihood activities. This is on top of existing limited, scarce and stretched livelihood sources and opportunities.

Protection services

Approximately 4.1 million people need better access to protection services. People affected by conflict, vulnerable residents, IDPs, returnees, and refugees are highly vulnerable and face various challenges. For example, during the first two quarters of 2022, IDPs and residents were displaced multiple times; they were traumatised, physically abused, injured; or lost family members, personal belongings, shelters, villages and access to land, water points and firewood collection. The majority of them reside in temporary gathering sites. Due to security concerns they cannot return to their places of origin or previous displacement.

Almost 40 per cent of households have one or more members who do not possess critical civil documentation, such as national ID cards, and birth certificates. Further, when interviewed about protection risk mitigation measures, 84 per cent of people referenced the absence of lit or lockable community toilets/latrines, as a key protection safeguard against GBV. They also raised their concerns about the lack or limited access to their land, firewood and water collection points and their physical security when they did access these locations.

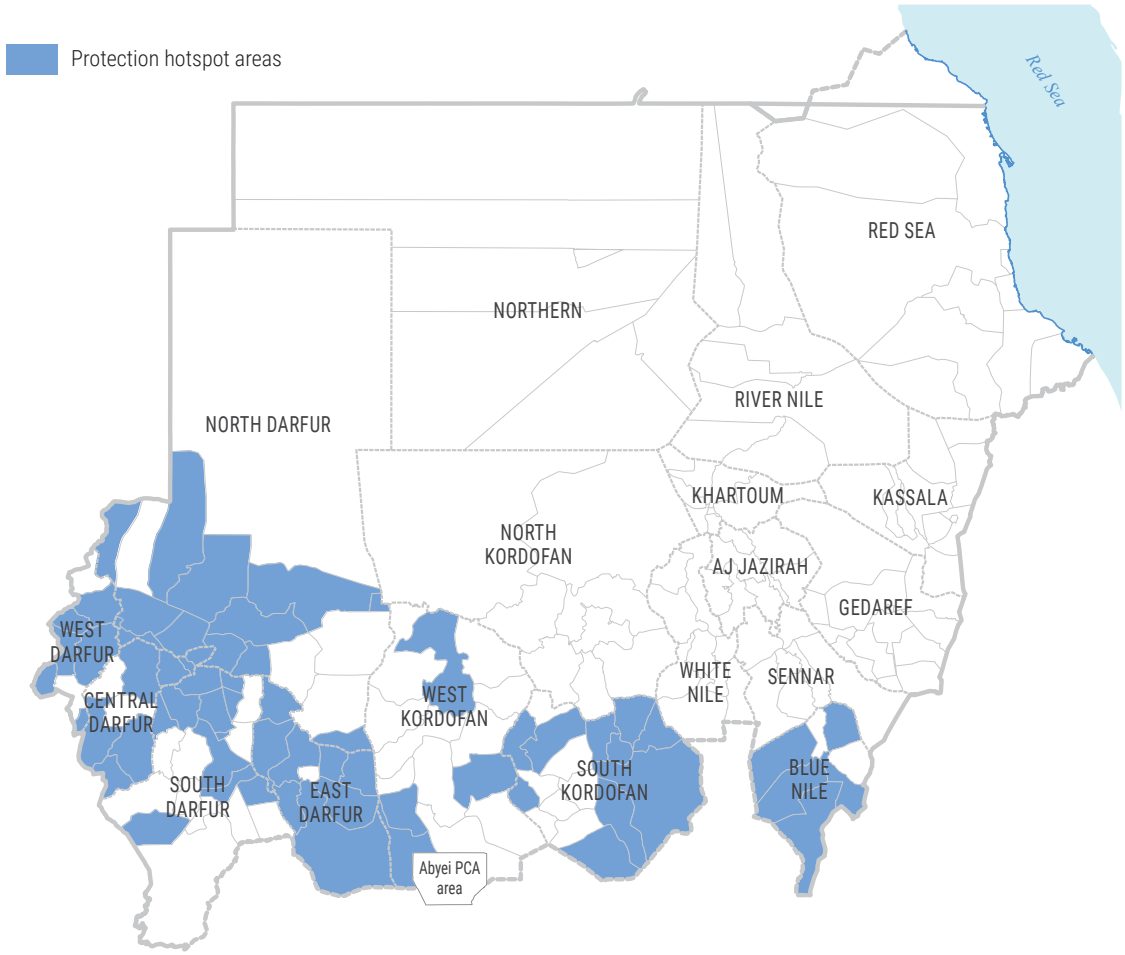
Community support networks have weakened and are not sufficient. Established networks are also not sustainable due to recurrent inter-communal violence and conflict. Lack of and/or weakened formal dispute resolution mechanisms contribute to the escalation of localised clashes into larger localised conflicts.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

Particular attention and support are required for activating and capacity-building the national and state-level protection of civilian committees, building early warning systems, collecting data on the protection of civilians, and analyzing collected data to guide programmatic and advocacy interventions.

21 CFSVA and IPC 2022.

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

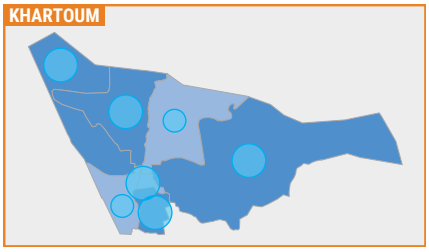
STATE	LOCALITIES AND MAJOR HOTSPOTS	NO. OF HOTSPOT LOCALITIES
West Darfur	Ag Geneina town; Ag Geneina; Beida; Jabel Moon; Kereneik and Sirba localities;	7
Central Darfur	Central; West; and North Jebel Marra and Zalingi town (Hasahisa, Khamsa Daqaeq and Hamidiya IDP camps); Mukjar, Um Dukhun	8
North Darfur	Kebkabiya (town, surrounding villages and Sortony); Kutum; Tawila; Dar As Salam (Shangil Tobay); Saraf omra localities, As Serief, Al Fasher, Al Lait, Al Koma, At Tina, Melit, Um Baru	12
South Darfur	Mershing (Manawashi); Gereida; Kass; Nitega (Khor Abeche); East Jebel Marra; Beliel (Kalma camp); As Salam-SD; Um Dafoug; Nyala Shimal; Al Wihda localities	13
East Darfur	Yassin; Assalaya; Abu Karinka; Shia'ria; Ad Du'ayn; Adila and Bahr al Arab localities	9
Subtotal for Darfur		
South Kordofan	Al Buram; Umm Durein; Heiban; Ar Reif Ash Shargi; Delami; Kadugli; Habila; Dilling; Abu Jubayhah; Talawdi; Abu Kershola; Ar Rashad; Al Leri; Ghadeer; Abassiya; localities	17
West Kordofan	Alrif Agarbi; Al Lagowa; Al Meiram; Abyei	4
Subtotal for Kordofan states		
Blue Nile state	Al Kurmuk (Yabus and surrounding villages); Geisan; Baw (Ullu and surrounding villages) and At Tadamon localities	5
Grand Total		75

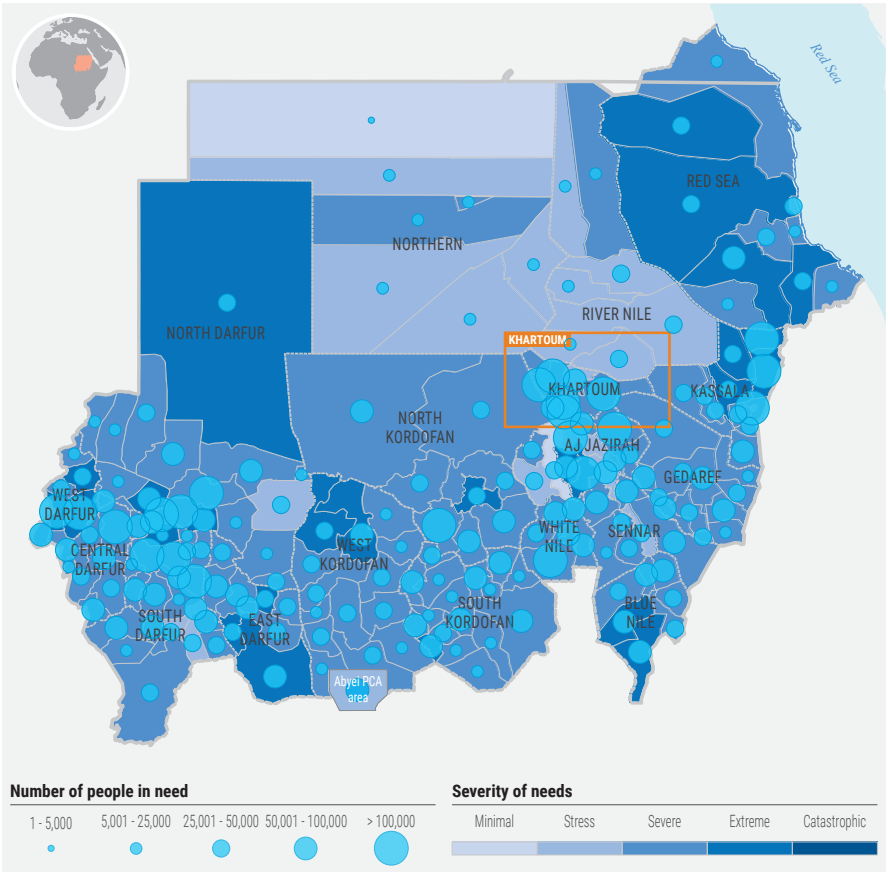


Humanitarian conditions

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

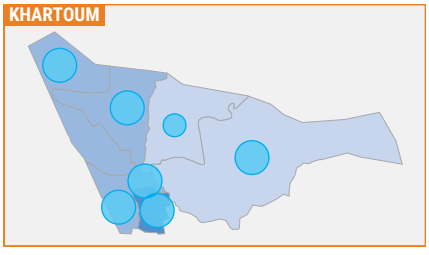
Life-threatening conditions can cause loss of life, physical and psychological harm, or threats to a population and their dignity. Excess morbidity or mortality, malnutrition, psycho-social trauma, and grave human rights violations such as killing, maiming, and rape drive life-threatening conditions.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

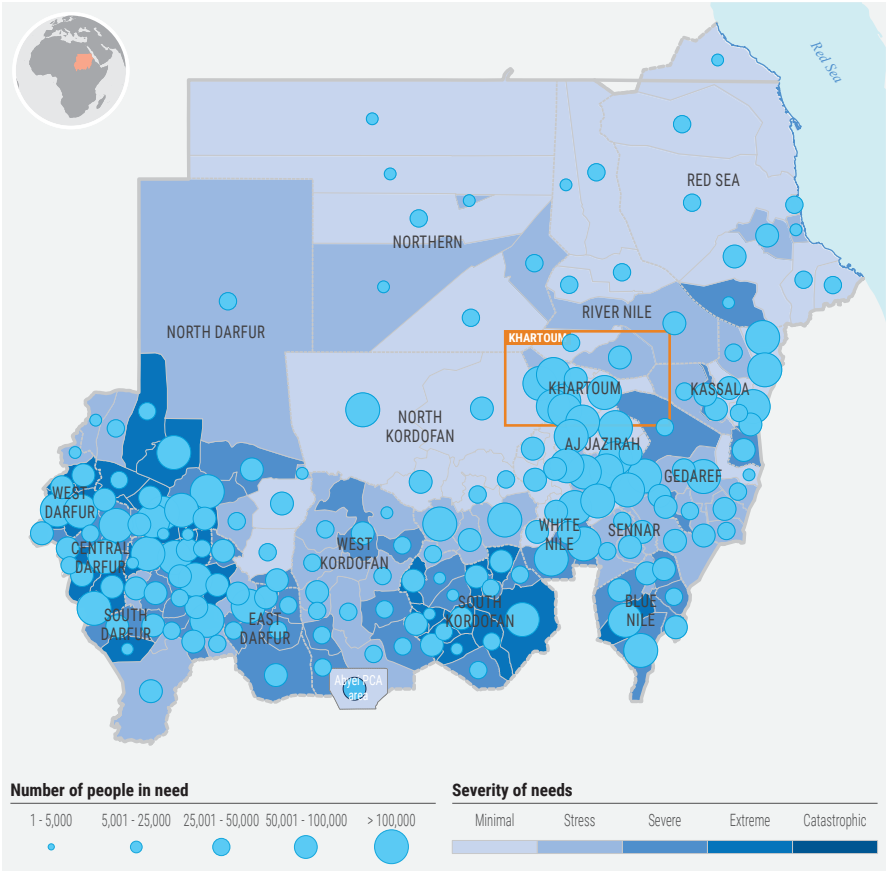




Life-Sustaining (critical living standards)

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.





1.5
Severity of Needs by Vulnerable Group

Severity of needs		People in Need of humanitarian assistance.		
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
20.5M	13.5M	10.2M	5.5M	0.1M

Needs are identified as life-threatening (needs related to critical physical and mental well-being) and life-sustaining (needs to meet minimum living standards). Further, needs are classified into five categories from minimal to catastrophic. For example, having enough clean water is a life-threatening need; a source of clean water within a reasonable walking distance is a life-sustaining need. There is a 20 per cent increase in life-threatening needs in 2022 compared to the previous year. Meanwhile, 15 million people require life-sustaining support.

Of the 15.8 million people in need: The lives of 11 million 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. There is a high degree of overlap between these two groups. Nearly all the 11 million people in the life-threatening category are also in the life-sustaining category.

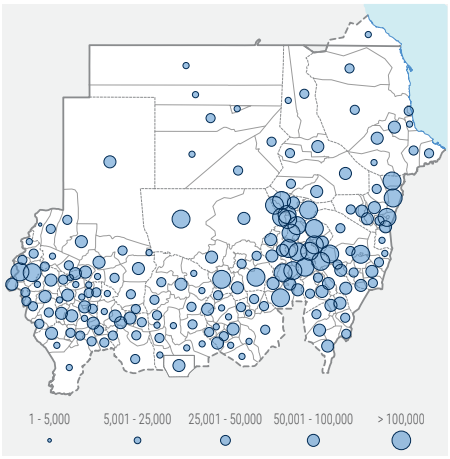
The largest population in need is vulnerable residents - Sudanese people who need humanitarian assistance. They are spread throughout the country, with the highest increase in the central and eastern compared to 2021.

Forced displacements due to the conflict are concentrated in Darfur's States, which host 85 per cent of the total displaced. Most refugees are in Khartoum and White Nile, with significant groups in need of aid around metropolitan Khartoum. The majority of refugees from Ethiopia's Tigray region arrived in Sudan in 2020 and by July 2022 their number stood at 60,000 people, but their needs and vulnerability remain high. Partners are developing contingency plans for additional influxes to address instability in neighbouring countries and raise preparedness levels.

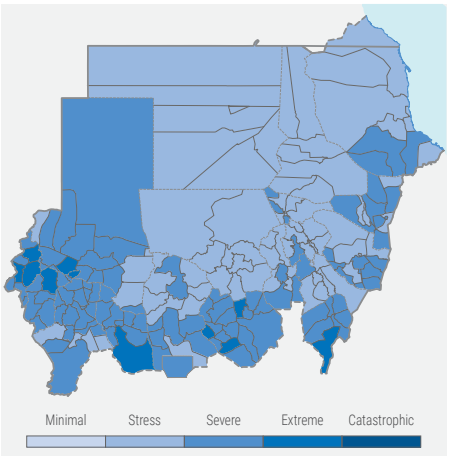
PEOPLE IN NEED PER STATE BY SEVERITY, AGE, GENDER AND POPULATION GROUP (MILLIONS)

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	0.09	-	-	0.09	57/43	55/39/6	-	-	0.09	-
Aj Jazirah	1.07	0.51	0.27	-	52/48	50/43/7	-	0.01	1.05	-
Blue Nile	0.56	0.20	0.36	-	49/51	57/38/5	0.11	0.01	0.37	0.06
Central Darfur	1.04	0.25	0.79	-	51/49	58/37/5	0.47	0.01	0.41	0.18
East Darfur	0.61	0.10	0.51	-	48/52	57/39/4	0.06	0.08	0.33	0.14
Gedaref	0.77	0.54	0.09	-	50/50	56/38/6	0.01	0.06	0.70	-
Kassala	0.92	0.50	0.42	-	45/55	50/45/5	-	0.10	0.82	-
Khartoum	2.12	1.67	-	-	47/53	45/50/5	-	0.25	1.87	-
North Darfur	1.49	0.26	1.18	-	49/51	55/40/5	0.60	0.02	0.73	0.21
North Kordofan	0.73	0.68	0.05	-	52/48	56/38/6	0.03	0.01	0.69	
Northern	0.15	0.09	-	-	49/51	45/47/8	-	-	0.15	-
Red Sea	0.44	0.21	0.23	-	43/57	47/48/5	0.01	0.01	0.42	-
River Nile	0.28	0.08	-	-	49/51	46/46/8	-	-	0.27	-
Sennar	0.50	0.45	-	-	51/49	54/41/5	-	0.01	0.50	-
South Darfur	1.60	1.07	0.48	-	48/52	57/39/4	0.59	0.04	0.82	0.16
South Kordofan	0.95	0.60	0.35	-	51/49	59/36/5	0.21	0.03	0.60	0.11
West Darfur	0.90	0.30	0.61	-	51/49	59/36/5	0.29	-	0.57	0.04
West Kordofan	0.61	0.47	0.14	-	51/49	59/36/5	0.12	0.06	0.42	0.02
White Nile	0.93	0.93	-	-	51/49	53/41/6	-	0.22	0.71	-
Grand Total	**15.76**	**8.90**	**5.46**	**0.09**	**-**	**-**	**2.50**	**0.93**	**11.4**	**0.92**

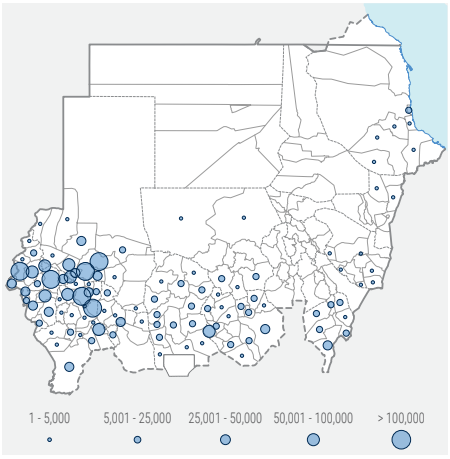
VULNERABLE RESIDENTS IN NEED



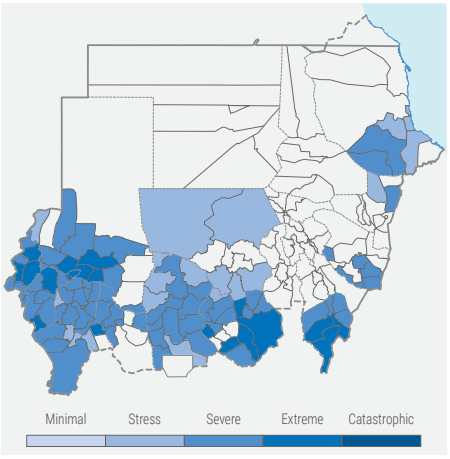
VULNERABLE RESIDENTS SEVERITY OF NEED



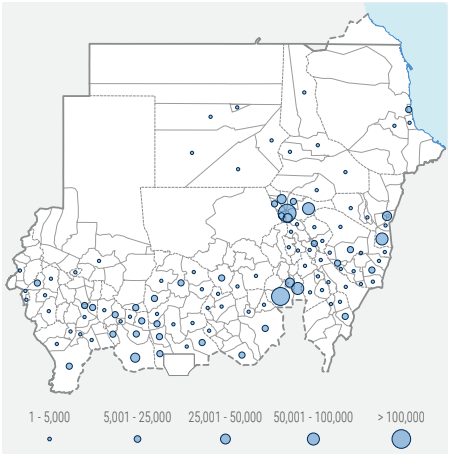
INTERNALLY DISPLACED PEOPLE IN NEED



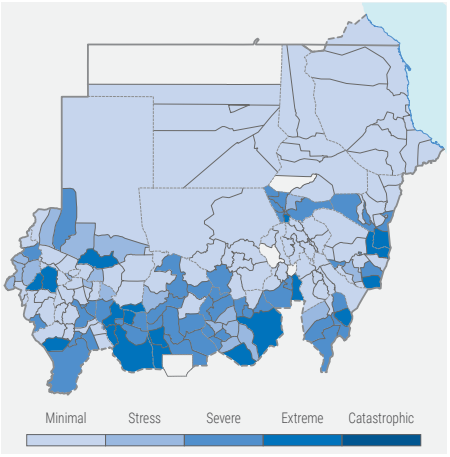
INTERNALLY DISPLACED PEOPLE SEVERITY OF NEED



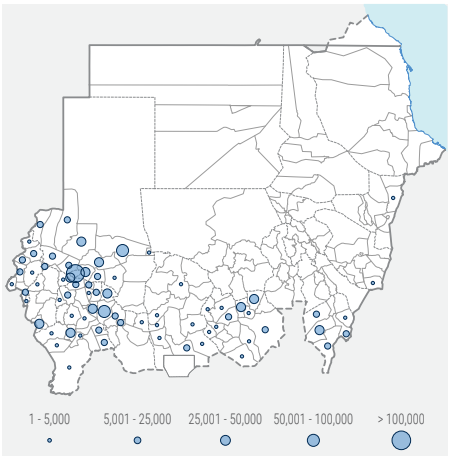
REFUGEES IN NEED



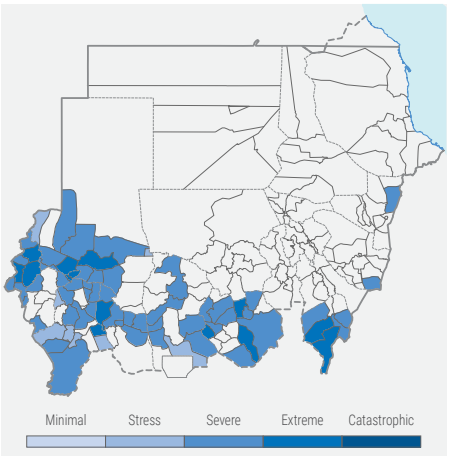
REFUGEES SEVERITY OF NEED



RETURNEES IN NEED



RETURNEES SEVERITY OF NEED



Part 2:

Risk Analysis and Monitoring of Situation and Needs

BLUE NILE
Women being trained on producing reusable sanitary towels. Photo: World Vision

2.1 Risk Analysis and Projection of Needs

Risk Analysis

This section examines the potential drivers of humanitarian needs of the most vulnerable communities in Sudan and outlines a most likely scenario for 2023[22].

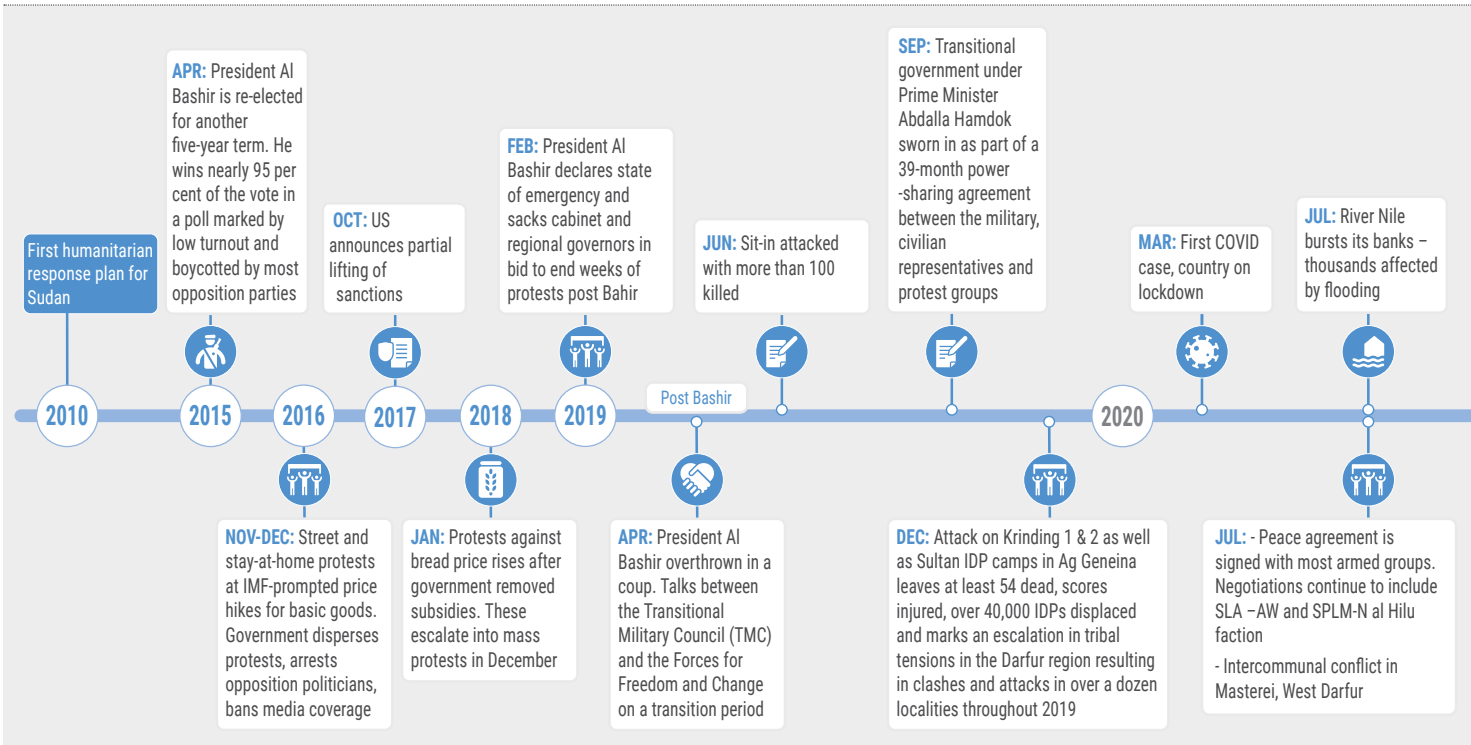
Against an uncertain political situation, humanitarian needs have continued to increase in 2022. In parallel with conflict and climate-related-internal population displacement, deep-rooted poverty and economic crisis have led to high needs.

Sudan is very vulnerable to shocks and emerging risks. The INFORM Risk Index (see table) assesses Sudan as the tenth most at-risk of humanitarian crisis and disasters globally, a five-point increase from last year's fifteenth place[23]. With socio-economic vulnerability, Sudan ranks 172 out of 189 on the Human Development Index[24], high levels of poverty (0.279 on the Multi-dimensional Poverty Index in 2021)[25], and a high dependency on humanitarian and development aid. Sudan ranks 26 in the lack of coping capacity due to weak infrastructure and institutional capacity.

Main Risks

For 2023, the four most significant risks identified are conflict, disasters associated with natural hazards, disease outbreaks, and economic deterioration.

TIMELINE OF EVENTS

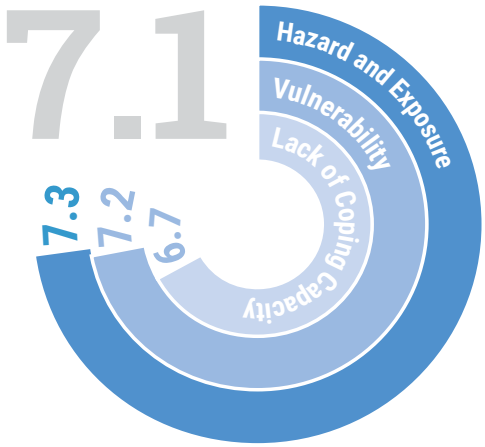


22 The analysis was developed with the support of United Nations Disaster Risk Reduction (UNDRR). A review of secondary data was conducted using open-source data, assessment findings and reports on past and emerging risks. A workshop with the Inter-Cluster Coordination Group (ICGG) was organised mid-September 2022 to validate the main findings and agree on a most-likely scenario.

23 INFORM Index 2023.

24 UNDP 2022.

25 Oxford Poverty and Human Development Index 2021.



Conflict

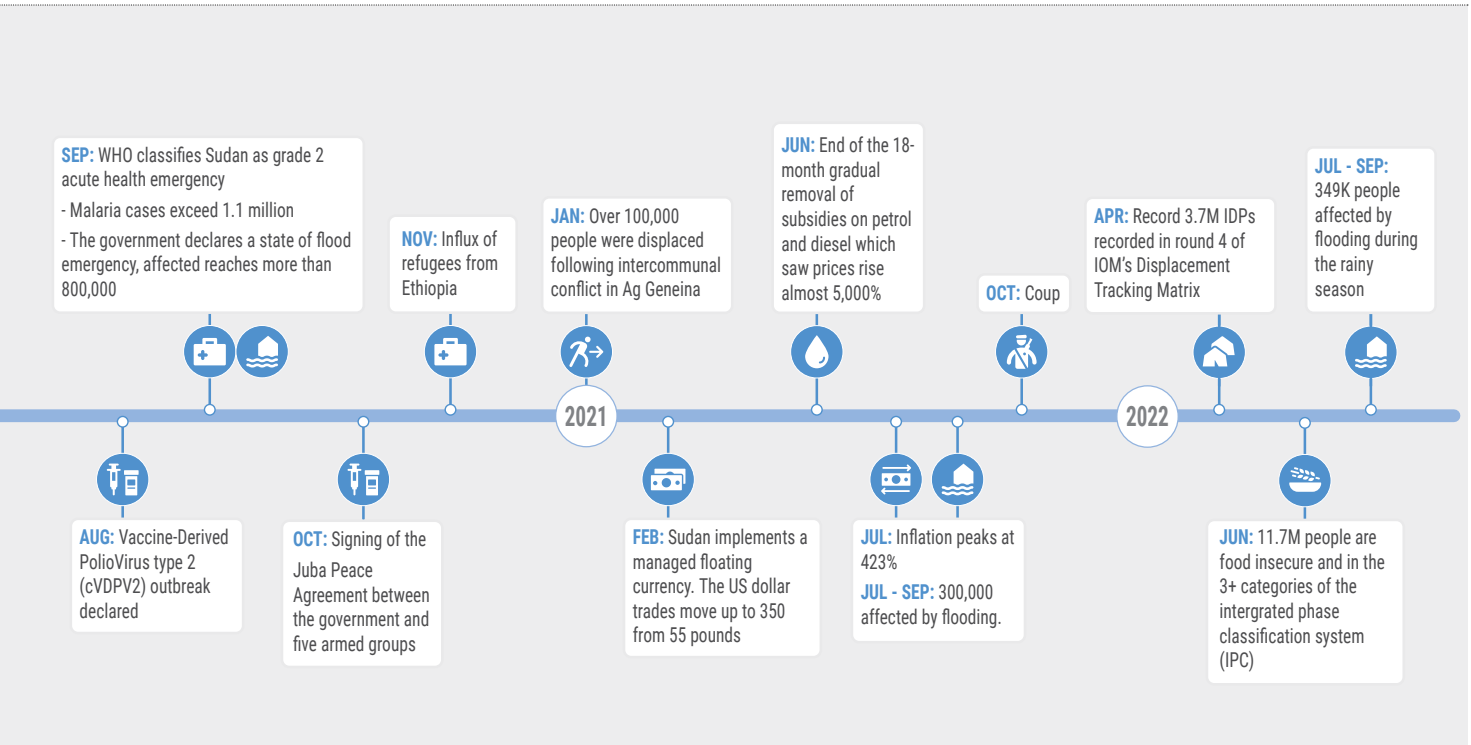
Violence and conflict are expected to worsen with rising tensions, a more intense and volatile security situation, and increasing crime. Dissension within the military could further increase the risk of a violent fallout between different factions.

Disasters associated with natural hazards

Mainly driven by global warming, extreme climate events such as floods and droughts are expected to increase in frequency and severity over the next few years.

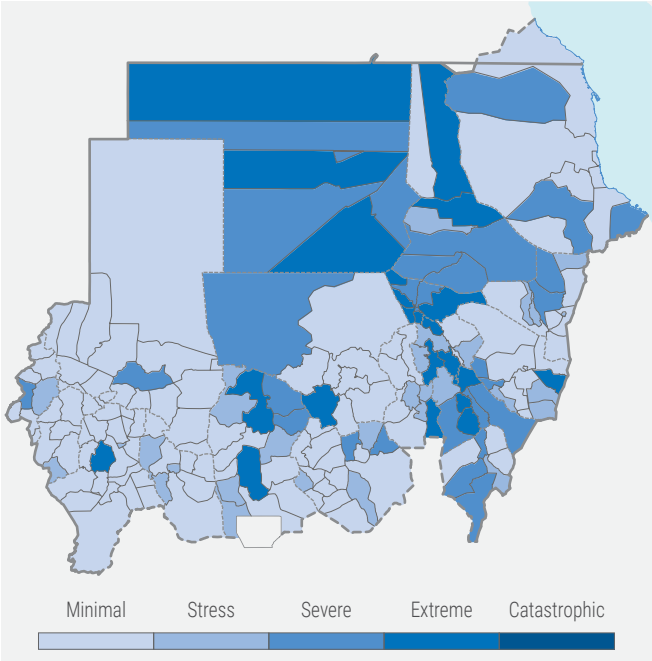
The country is already experiencing substantially warmer and drier weather. The projected increase of average temperatures of 3°C by 2050[26] will result in even more frequent and more prolonged dry spells. Half of the Sudanese population live in localities affected by dry spells[27].

Based on historical records and high levels of continuous flooding over the past years, it is very likely that further fluvial and flash floods will occur in the next 12 months, mainly in areas already significantly affected by previous floods. In parallel, erratic rainfall is leading to a higher frequency and severity of flooding. Inadequate prevention and mitigation measures, and reduced development programming, including poor drainage systems, will further exacerbate the situation.

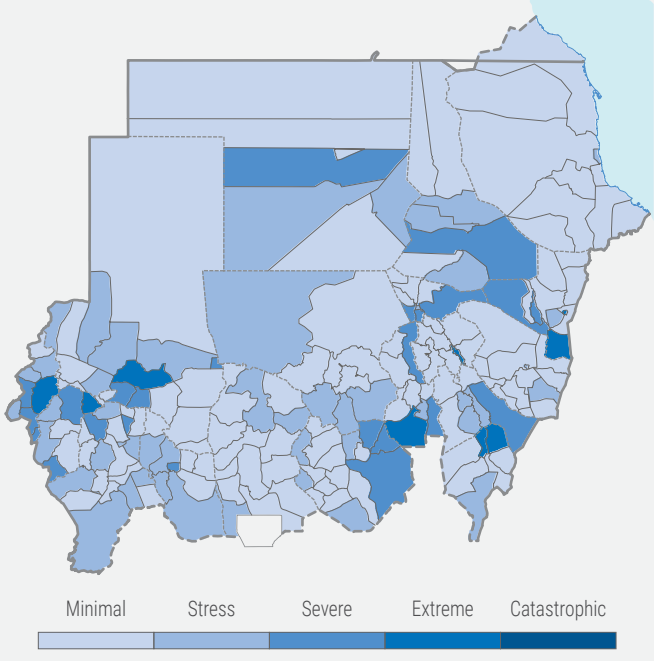


26 UNEP 2022
27 OCHA 03/2022

FLOOD RISKS



DISEASE OUTBREAK



Disease outbreaks

Malaria is expected to be an acute and widespread risk in the context of recurring floods and limited prevention and control measures over the past years. Between 2015 and 2020, the country registered an increase of more than 40 per cent in malaria incidences[28]. Compounded by high rates of malnutrition (GAM at 13.6 per cent, with rates above 15 per cent reported in 64 localities and rates above 30 per cent reported in five localities[29]) and limited access to healthcare (81 per cent of the population do not have access to a health service within a two hour walk[30]), the projected case fatality rate is likely to be severe over the next 12 months.

Economic deterioration

As outlined in Chapter 1.1, the Sudanese economy fluctuates between stagnation and contraction. Deteriorating economic conditions, the depreciation of the Sudanese Pound and high inflation will continue to affect a large part of the population. Considering 95 per cent of households spend more than 65 per cent of their total expenditure on food[31], even a slight increase in food prices will have a significant impact.

While limited trade and the continuation of humanitarian aid will help prevent economic collapse, the government's and private sector's ability to import goods and offer basic services will be further limited.

Most Likely Scenario

Over the next 12 months, the abovementioned risks will make vulnerable communities less resilient while generating new and more severe humanitarian needs.

Flooding is anticipated to reoccur in areas that have already faced similar shocks over the past years.

28 WHO 25/04/2022.
29 S3M 2018 revised results in 2020.
30 HNO 2022.
31 WFP CFSVA 16/06/2022.

Households' coping capacities in these areas are exhausted, especially vulnerable farmers, pastoralists, and those who rely on rain-fed agriculture.

Cereal production is estimated to be 35 per cent below the previous year's output and 30 per cent below the five-year average[32]. Combined with drought, this will further endanger agricultural productivity in 2023. Subsequent crop failure will further increase communal tensions, as pastoral communities will have to migrate earlier.

Communal tensions will likely result in conflict, fighting and violence, exacerbated by the political situation, scarcer natural resources, lack of livelihood opportunities, economic deterioration and land ownership disputes. Tensions are expected to heighten during the post-rainy and harvest season, between November 2022 and January 2023.

The population will be affected by local currency depreciation, inflation, and high import and fuel costs. The most vulnerable will not be able to meet their basic needs as commodity prices and costs for basic services continue to rise.

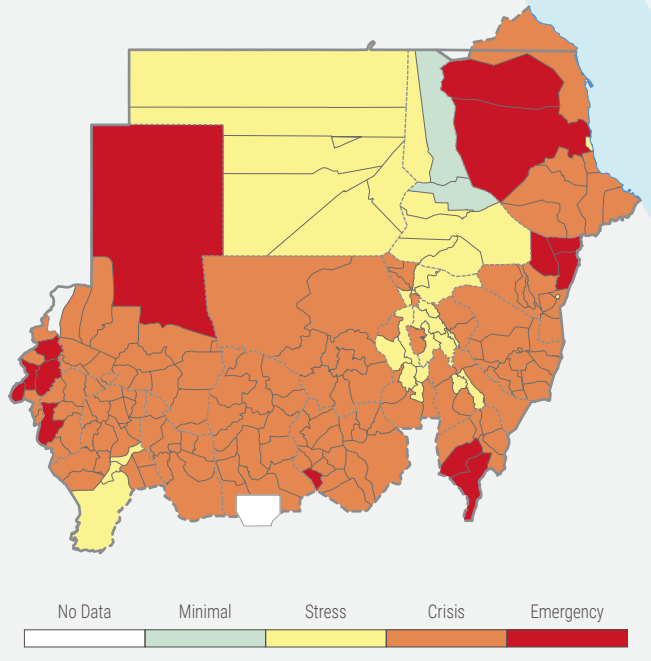
Disease outbreaks, such as cholera and measles, and high levels of endemic diseases, such as malaria, driven by limited WASH and health coverage, low immunisation rates and unaffordability, will lead to additional health needs that will contribute to increased cases of acute malnutrition and associated morbidity and mortality risks.

Societal

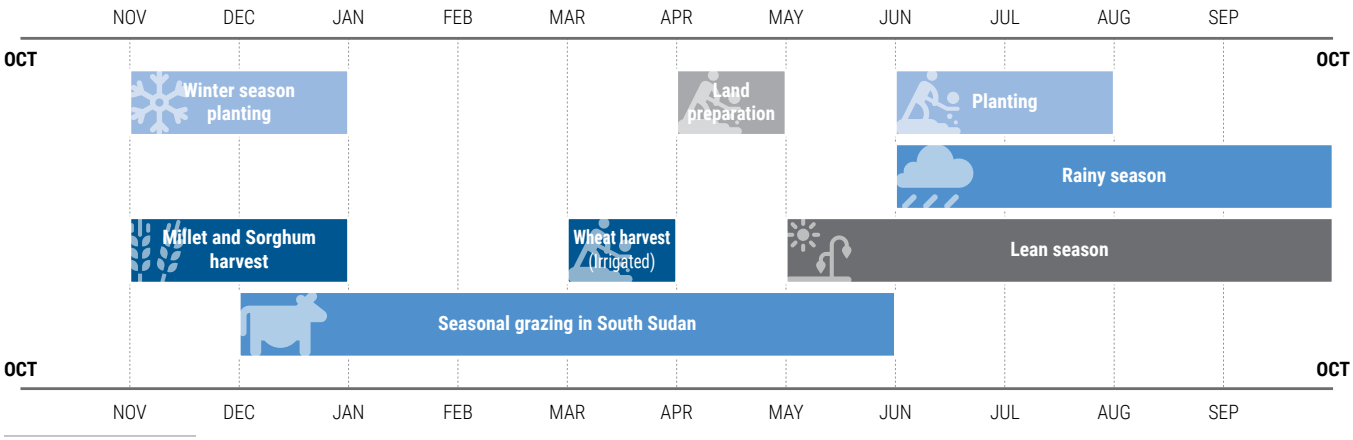
Conflict and violence are anticipated to continue, leading to widespread human rights abuses, protection issues and GBV, as well as damage to infrastructure and housing. As a result, additional displacements are expected, exacerbated by food insecurity and flooding.

Food insecurity, an outcome of the analysed risk and a driver of humanitarian needs, is expected to worsen. The number of people in IPC Phases 3 and above and malnutrition rates will increase in flood and conflict-affected areas and eventually expand to areas with many IDPs, returnees and refugee populations. The high number of refugees in the country (926,000 expected in 2023) will put further pressure on host communities.

IPC MAPPING JUNE - SEPTEMBER 2022



SEASONAL CALENDAR



32 *FAO CFSAM 03/2022.*

Health needs are likely to remain high, exacerbated by insufficient access to safe drinking water and sanitation, inadequate environmental sanitation and low vaccination coverage (measles immunisation coverage dropped to 67 per cent in 2020[33]). Poor WASH infrastructure - less than 25 per cent of the water source is safe[34] - will lead to high cases of water-borne diseases, with diarrheal diseases being one of the main causes of mortality among children in the country.

Community

Communities will struggle to access basic health, nutrition, WASH and education services. Safe drinking water will become even scarcer, contaminated by floods and the disruption of key pipelines. The most vulnerable communities will suffer from further loss of pastures, food reserves, farmed land, livestock, and crops and from destroyed grain storages. The destruction of infrastructures, such as roads, electricity and housing will force communities to seek livelihood opportunities elsewhere. Many displaced communities will live in overcrowded and poorly serviced settlements or flood-risk areas.

Households

Poor living conditions in flood-affected areas and displacement settings, combined with restricted access to healthcare and WASH services, will lead to higher caseloads of malnutrition and communicable diseases such as measles, malaria and cholera, especially affecting children under-five. High inflation, driving soaring prices of food and non-food items, will continue to erode people's ability to buy food and other necessities. Households facing multiple shocks, sometimes simultaneously over the past decades, will become even less resilient. Debt, early marriage, child labour, displacement and negative livelihood coping strategies will increase.

Individuals

Vulnerable individuals will have less access to food, water, adequate housing, agricultural land and other livelihoods. People will more likely fall sick from diseases and malnutrition. Children under-five will be at higher risk of illness and death. Following the dry spells in February 2022, the nutrition cluster projected a 10 per cent increase in acute malnutrition cases[35]. Also, more young girls will be married, more young boys will be recruited into some form of armed activity, and both women and girls will be at higher risk of sexual exploitation and abuse (SEA). Many more children will drop-out of school. Mental health needs will also increase due to repeated shocks and lack of access to healthcare.

Humanitarian access

Bureaucratic constraints will continue to hamper the delivery of aid. Physical constraints, driven by poor, damaged and unmaintained infrastructure and floods, will further restrict humanitarian access. Insecurity, violence and criminality will also limit the reach of humanitarian actors. Politicisation of aid by political and ethnic leaders and community perceptions of unequal distribution of assistance favouring some populations could continue to fuel grievances and restrict access to vulnerable areas and groups, such as nomads and IDPs living in camps.

33 HNO 2022.
34 Risk workshop 2022.
35 OCHA - Nutrition Cluster 06/2022.

DRIVER OF NEEDS

DRIVERS OF NEED	CURRENT (2022)	MOST LIKELY	TREND (2019 - 2022)	PROJECTED 2022 TREND
Economy	• Since January 2018, double crisis of • recession and high inflation. • The modest estimated economic growth rates of 0.5 per cent and 0.3 per cent in 2021 and 2022, respectively, have been too low to have a real impact. • Inflation is expected to remain very high (estimated at around 245 per cent in 2022).	• Sudan will continue to experience poor macroeconomic conditions due to the persistent shortages of hard currency reserves, the depreciation of the SDG, and high inflation. Limited trade and the continuation of some developmental aid will prevent economic collapse.	Inflation rate 	
Flood affected	• Close to 349,000 people affected in 16 out of 18 states in 2022. • Significant damage to infrastructure. At least 24,860 homes have been destroyed and 48,250 homes have been damaged.	• Based on historical records, and high levels of continuous flooding over the past years, it is very likely that further fluvial and flash floods will occur in the next 12 months, in areas already significantly affected by previous floods. • 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 2023.	Flood affected people 	
Conflicts	• About 211,000 people displaced as • a result of inter-communal conflict between January-September 2022. • More than 3.7 million people remain internally displaced. • 926,000 refugees hosted by the Government of Sudan. • Renewed conflict in Blue Nile and Kordofan.	• Inter-communal conflict is likely to increase. • Tensions remain high with clashes over land and livestock. • Protracted displacement likely to remain high but steady, with limited returns.	IDPs Returnees Refugees 	
Disease Outbreaks	• Multiple disease outbreaks, including, dengue fever, chikungunya, malaria • About 11 million people are residing in high-risk areas for vector-borne diseases, specifically malaria • As of mid-September 2022, a total of 63,280 confirmed cases of COVID-19 were reported across Sudan with 4,961 associated deaths. The case fatality ratio CFR of 7.7 is one of the highest globally and has been so throughout the pandemic. • At least 2,676 suspected Hepatitis E Virus cases, including 24 associated deaths, were reported across Sudan.	• Healthcare needs are expected to remain high in 2023. • The country continues to witness outbreaks of endemic water-borne and vector-borne diseases such as hemorrhagic fever and malaria. • Vaccine-preventable diseases may recur in some regions due to weakened children's immunity and lack of immunizations. This may be exacerbated by continued shortages of essential medical supplies and medicines.	Malaria 	

2.2 Monitoring of Situation and Needs

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

Learning from 2022, partners will continue to review and improve on existing data collection systems and processes and seek better integration and multi-cluster action.

Clusters have identified a set of indicators that will be monitored regularly (see annex). A summary of the inter-cluster indicators, data and processes that will be used to monitor the situation in 2023 are listed below:

A nationwide humanitarian needs assessment will be conducted, building on the 2022 MSNA to help monitor the situation.

Humanitarian partners will conduct multi-cluster humanitarian needs assessments, particularly in areas that have not been assessed for long periods.

IOM's displacement tracking matrix will monitor population movements producing reports every four months. The DTM Emergency Event Tracker will be used to collect information about new displacements, usually within 24 hours of an emergency event.

The Food security situation will be reviewed for the second projection (October 2022 -February 2023) of IPC if there is a significant change.

Food Security and Livelihood needs will be monitored regularly through WFP's Comprehensive Food Security Assessment (CFSA) and the Food Security Monitoring System (FSMS).

Nutrition situation will be monitored and assessed through monthly treatment and supplementation programmes and SMART surveys implemented in prioritized localities.

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 implementing the participatory assessment, which gathers information on the protection concerns of refugees and asylum-seekers in Sudan.

Building on the work done in 2022, humanitarian partners will continue establishing a coherent and more systematic method for country-wide needs monitoring, including reviewing and identifying common indicators to monitor the situation through regular cluster and inter-cluster assessments.

AL MALHA LOCALITY/CENTRAL DARFUR
CMAM training for community volunteer workers. Photo: OCHA

Part 3:
Sectoral Analysis

The general analysis about the situation in Sudan covered in chapters 1-2 are relevant for all the clusters and have informed their analysis. To avoid repetition, the analysis of humanitarian needs sections in the proceeding cluster chapters includes issues that are cluster specific.

KADUGLI/SOUTH KORDOFAN
Distribution of RUSF and RUFT to CU5 through their parents caregivers. Photo: PHC

POPULATION GROUPS BY SECTOR

* FSL sector deals with PiN and targets as one population group

3.1 EDUCATION

PEOPLE IN NEED

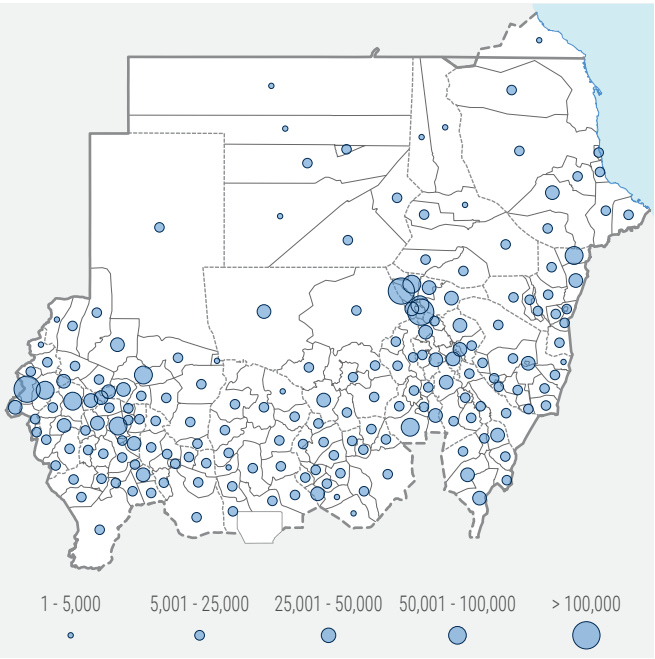
3.7M

TREND (2015-2022)

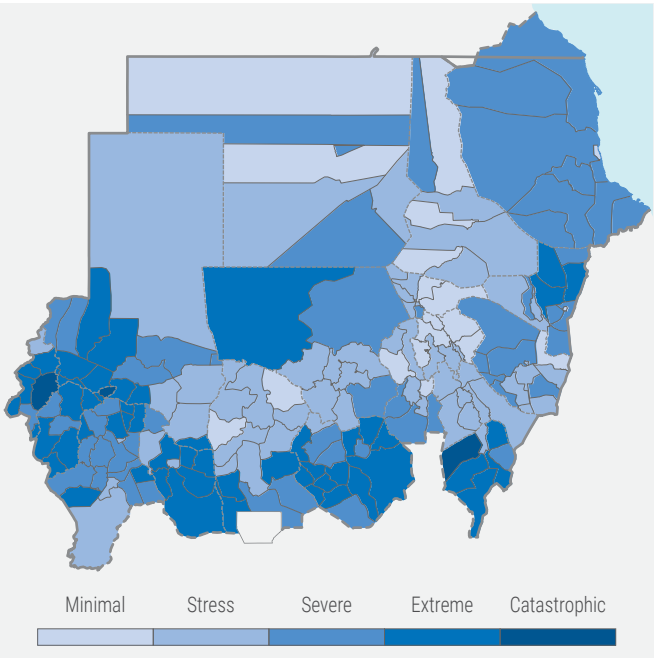
SEVERITY OF NEEDS

8%	26%	28%	34%	4%
None/Minimal	Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.2 FOOD SECURITY AND LIVELIHOODS

PEOPLE IN NEED

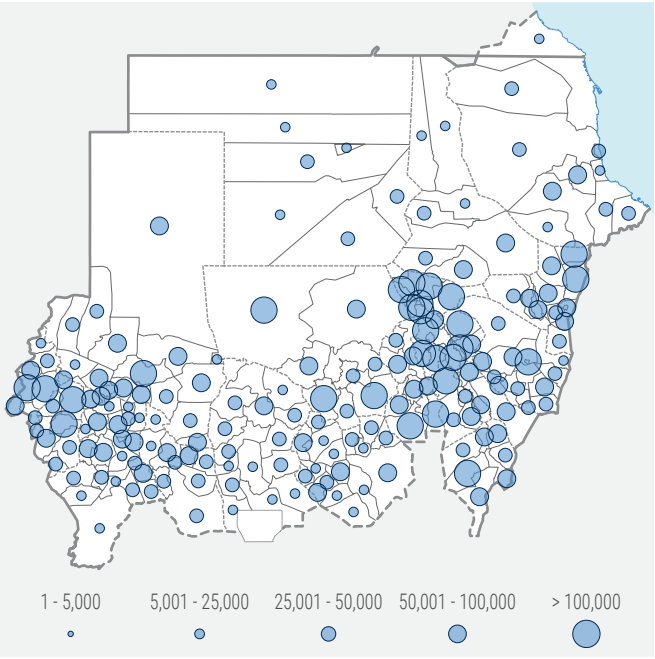
11.7M

TREND (2015-2022)

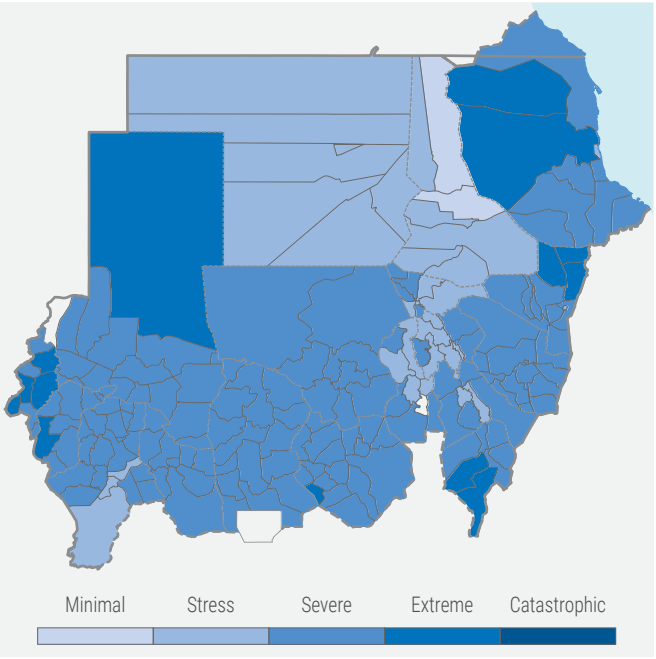
SEVERITY OF NEEDS

17%	70%	13%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.3 HEALTH

PEOPLE IN NEED

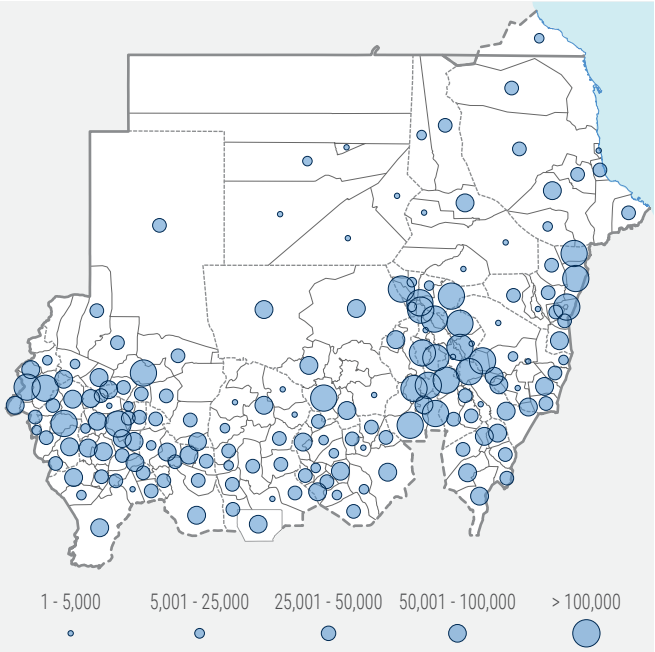
10.1M

TREND (2015-2022)

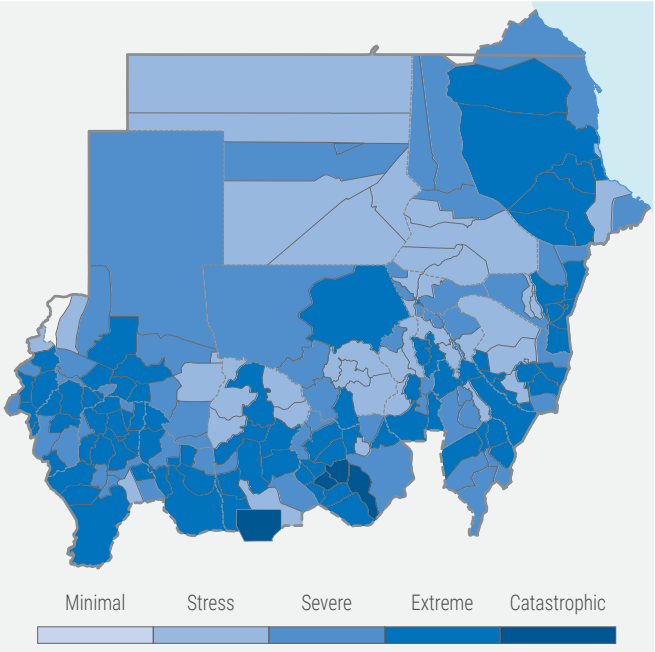
SEVERITY OF NEEDS

1%	40%	57%	2%
Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 NUTRITION

PEOPLE IN NEED

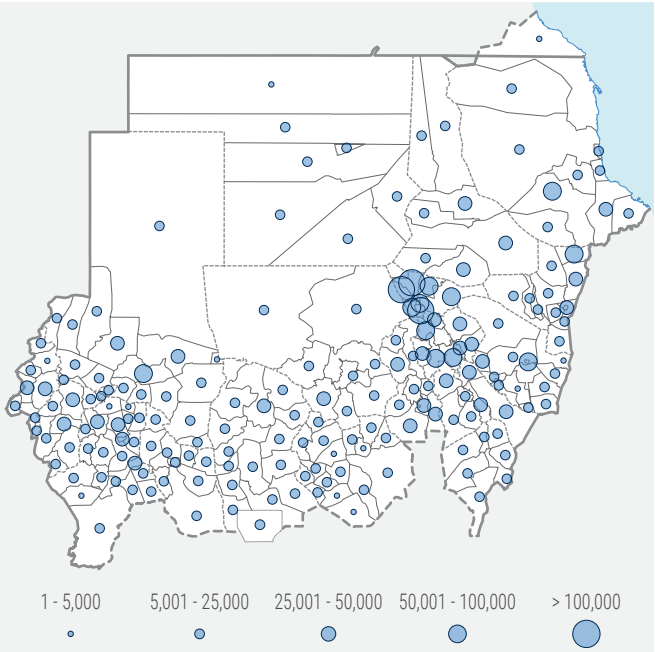
4M

TREND (2015-2022)

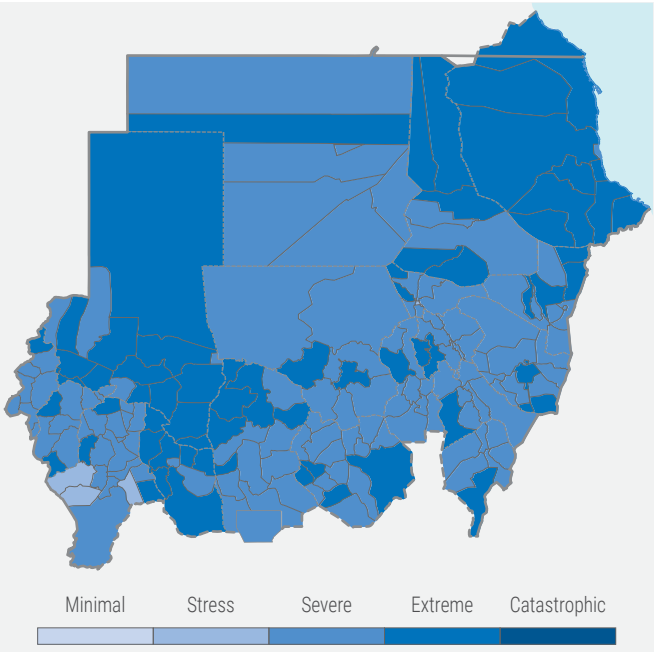
SEVERITY OF NEEDS

2%	60%	38%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.5.1 GENERAL PROTECTION

PEOPLE IN NEED

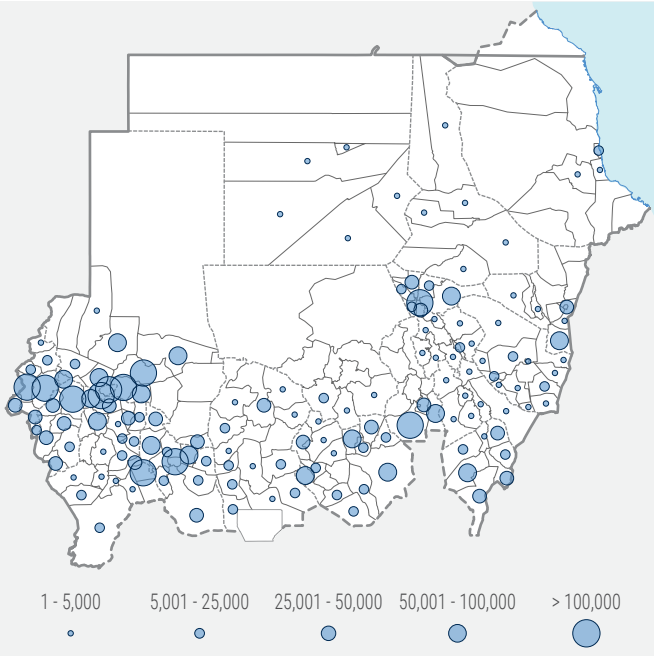
4.1M

TREND (2015-2022)

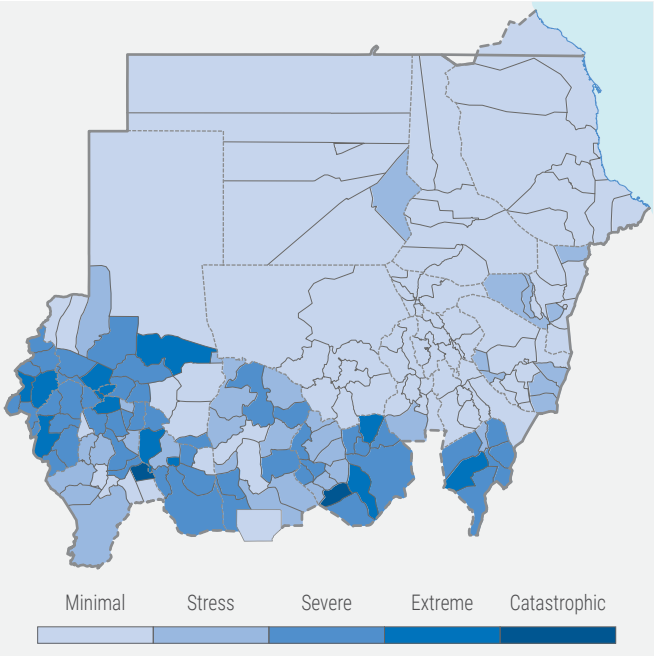
SEVERITY OF NEEDS

13%	6%	50%	28%	3%
None/Minimal	Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS

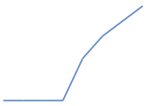


3.5.2 CHILD PROTECTION

PEOPLE IN NEED

3.8M

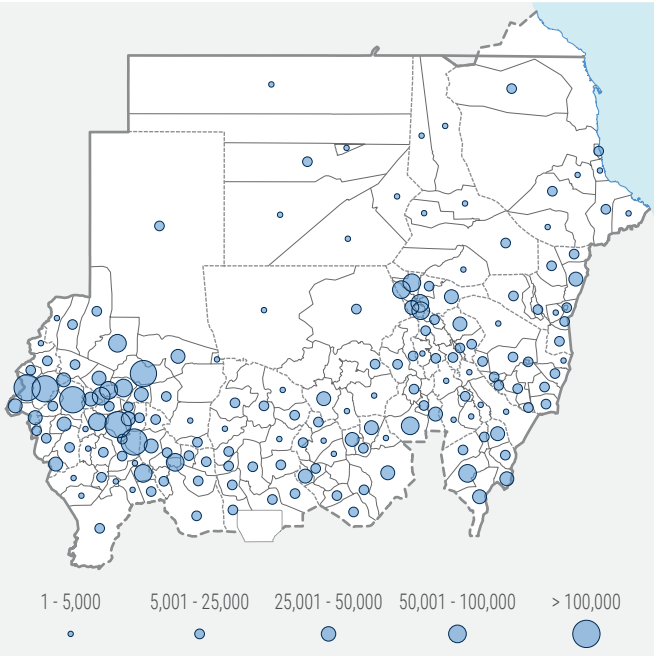
TREND (2015-2022)



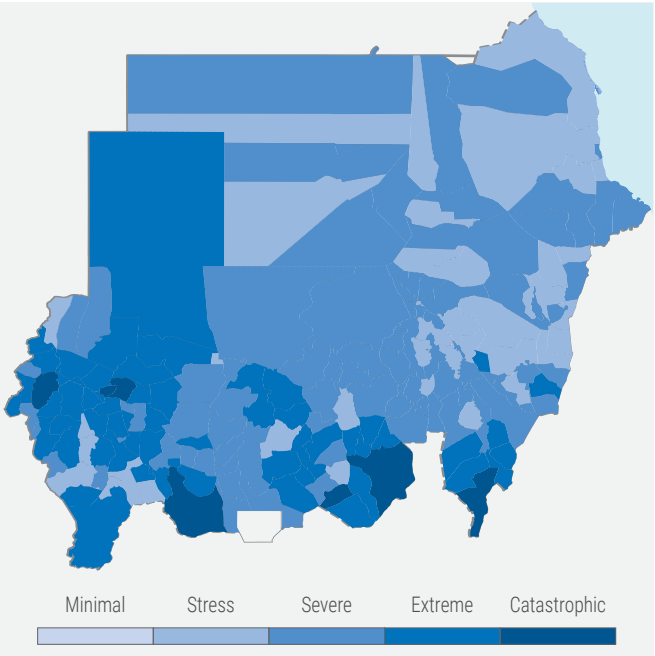
SEVERITY OF NEEDS

6%	29%	55%	10%
Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS

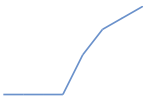


3.5.3 GENDER-BASED VIOLENCE

PEOPLE IN NEED

3.1M

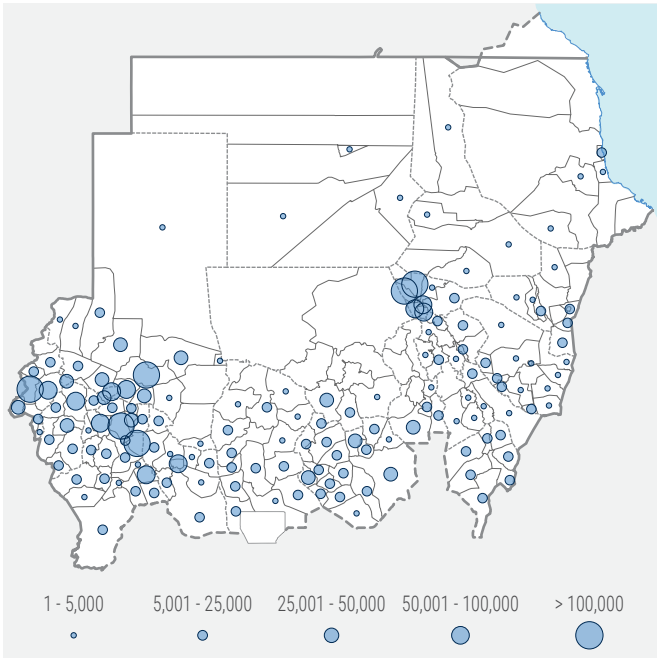
TREND (2015-2022)



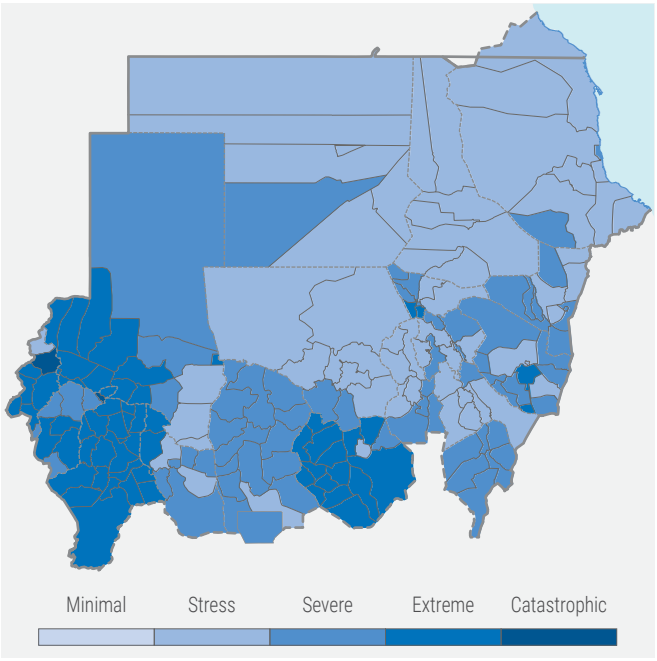
SEVERITY OF NEEDS

1%	33%	64%	2%
Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.5.4 MINE ACTION

PEOPLE IN NEED

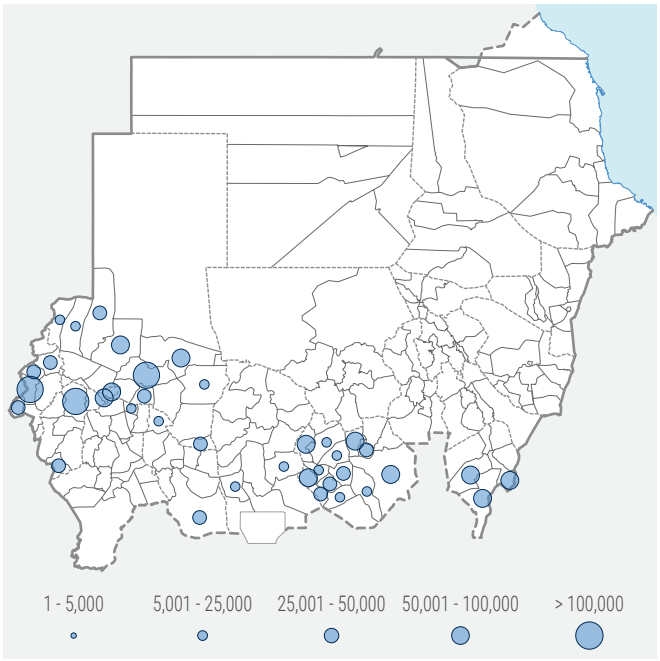
2.1M

TREND (2015-2022)

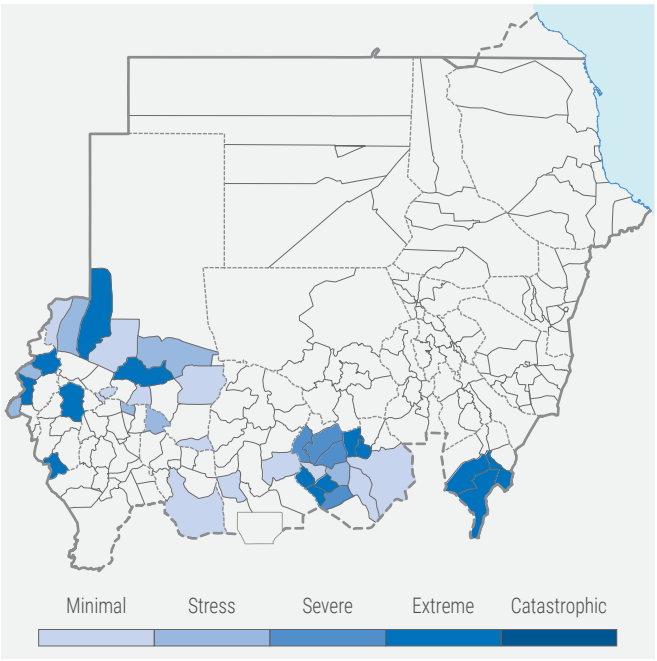
SEVERITY OF NEEDS

23%	11%	7%	59%
None/Minimal	Severe	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.6. SHELTER AND NON-FOODS ITEMS

PEOPLE IN NEED

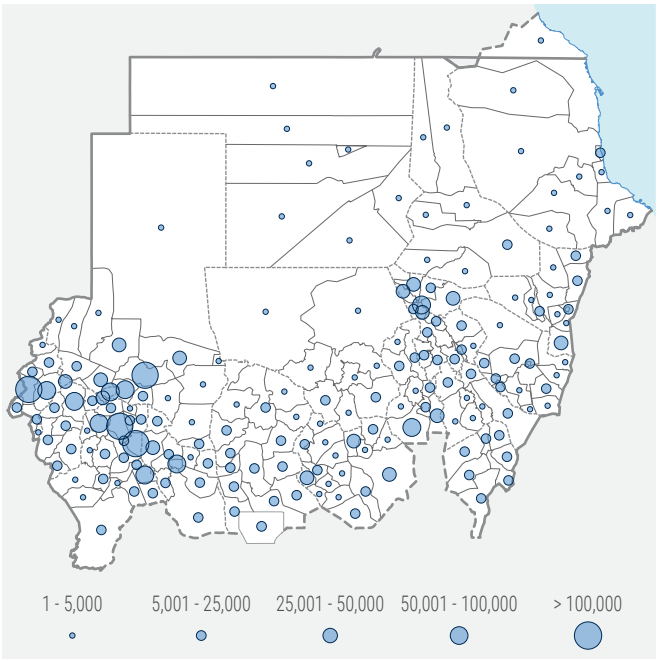
3M

TREND (2015-2022)

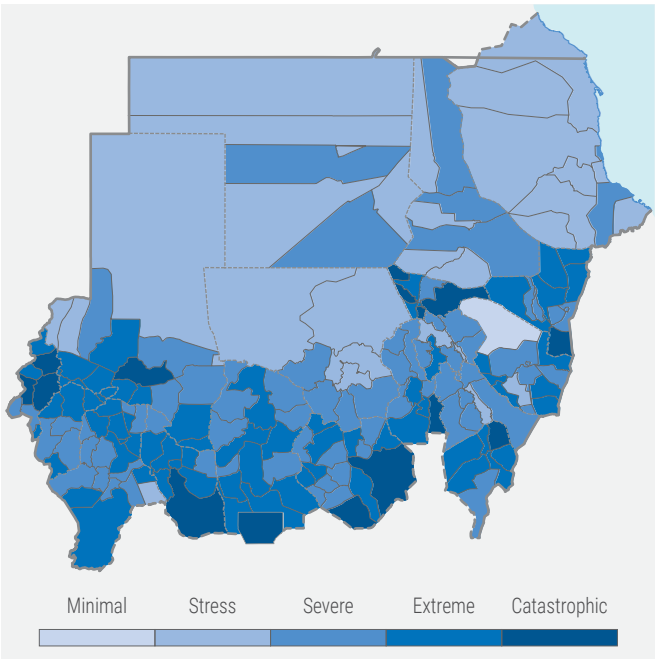
SEVERITY OF NEEDS

2%	18%	54%	26%
Stress	Severe	Extreme	Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7 WATER, SANITATION AND HYGIENE

PEOPLE IN NEED

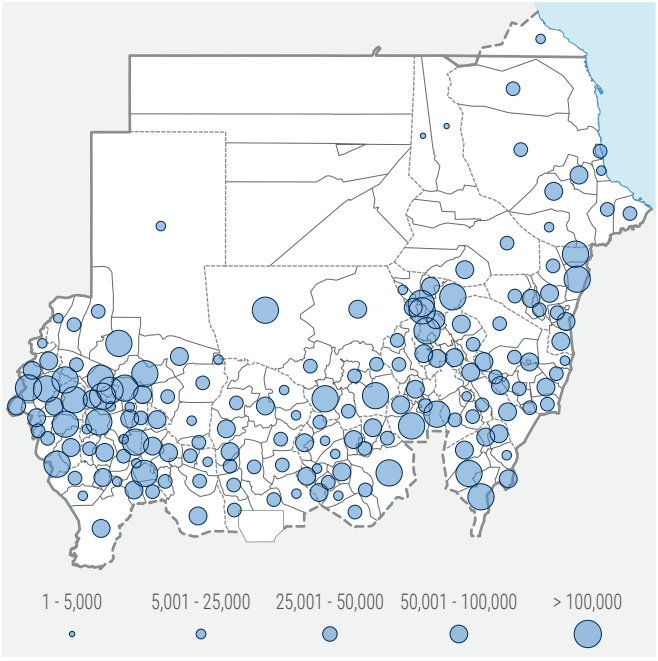
11M

TREND (2015-2022)

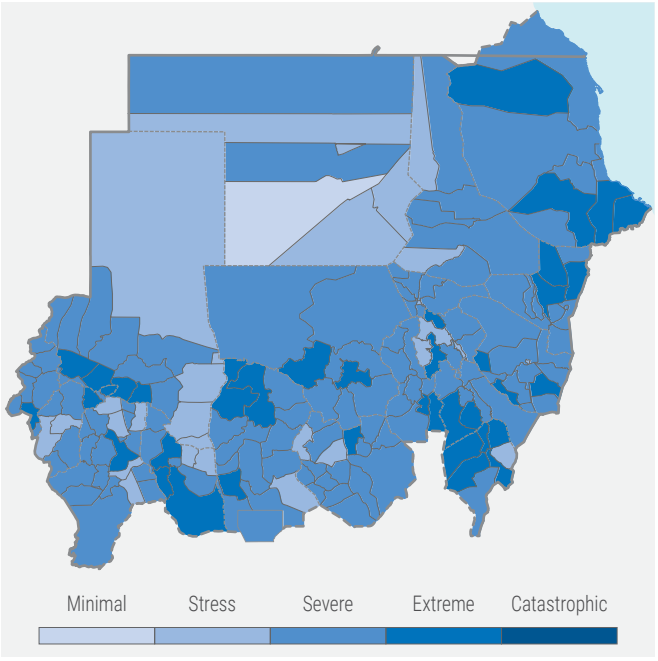
SEVERITY OF NEEDS

8%	66%	26%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Education

PEOPLE IN NEED	GIRLS	CHILDREN	WITH DISABILITY
3.7M*	55%	100%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
2.6M	665K	209K	207K

*3.5M, 0.2M refugees

Analysis of humanitarian needs

Nearly 3.7 million children require humanitarian support to continue or resume their formal education. By the end of the 2021-2022 academic year, 6.9 million school-aged children (6-18 years of age) were out of school, many of whom live in the most vulnerable or conflict-affected communities. This means that about 35 per cent of all school-aged children – more than 1 in 3 children – in Sudan are not attending school.

Of the children attending school, literacy and numeracy skills remain extremely poor. In a 2022 assessment of third grade learners, Save the Children found that 80 per cent of the sampled children could not read a simple text, 70 per cent could not even read a single word, while 79 per cent could not write a single word in a familiar language. Similar gaps were noted in numeracy skills, where 37 per cent of the sampled learners could not count or do simple addition and subtraction at their grade level. As a result, the majority of students progress through the school system without the requisite basic skills to comprehend increasingly more complex subject matter and effectively participate in learning.

Additionally, education infrastructure is in serious disrepair, which compromises children's access to education and safety while attending school. The Sudan Education Cluster's Joint Education Needs Assessment (JENA, 2021) found that 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, there's an average of 132 students per latrine. While lack of adequate school infrastructure is a long-standing issue in Sudan, the situation is exacerbated due to conflict in some areas, compounded by the impact of climatic shocks and annual floods. These regular shocks result in increased damage to school infrastructure, rendering more children out of school and most often without access to any alternative learning modalities (98 per cent of schools surveyed in the JENA were not able to offer meaningful distance learning options). In 2022, nearly 400 schools across Sudan were confirmed as having sustained significant damage due to the floods, affecting access to education for more than 138,000 schoolchildren and delaying the start of the new academic year.

However, despite these high needs, government investment in education remains extremely low, ranging from 0.6 to 2.3 per cent of GDP committed between 2017-2021, with a fall to 0.1 per cent of GDP in 2022. In addition to affecting the quantity and quality of school facilities, and availability of quality teaching and learning materials, this long-standing

underinvestment in education is also a key driver of teachers' strikes, resulting in fewer school days for children and accompanying learning losses.

To ensure the most vulnerable children in Sudan have access to quality education, there is an urgent need for emergency interventions such as temporary learning spaces to accommodate displaced, nomadic, and previously out-of-school children and to reduce class sizes, as well as interventions that provide children with access to nutritious food and safe drinking water at school. These emergency interventions should be complemented by longer-term demand and supply interventions, such as the construction of new classrooms, investments in teacher training and strengthening of the education system, and alternative learning modalities including e-learning and distance learning to support the hardest-to-reach and most vulnerable girls and boys to fulfil their potential in an increasingly complex and digital world.

Affected people

The Education Cluster's 2023 PiN is 3.7 million. The population groups most in need of humanitarian assistance to continue or resume their education include IDPs, refugees and returnees, host community members facing severe food insecurity, nomadic populations, adolescents and youth, children with disabilities, and, in some communities, girls. Many of the IDP children have endured protracted conflict, multiple displacements and continue to be exposed to ongoing clashes. Conflict-affected girls and boys need psycho-social 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 overcrowded and are not adequately functioning. Children in these areas also have reduced access to learning supplies, seating, and latrines, and 100 pupils per teacher.

Meanwhile, within refugee populations, parents and caregivers are often forced to decide between meeting the very basic needs of the family or sending their children to school. Almost 70 per cent of primary (basic) school-age and over 90 per cent of secondary school-age refugee children are out of school across Sudan. Refugees from South Sudan are the worst affected as they mostly live outside of camps in already disadvantaged locations without access to basic services. Education related fees differ by state resulting in challenges in standardising aid packages that effectively support refugee children.

Nomadic and pastoral children in Sudan face significant challenges accessing education as they are unable to attend a static school during the usual daytime hours of a conventional school year. 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 COVID-19 school closures (compared to 35 per cent of children out of school across all population groups). There is a need to ensure that existing accelerated learning programmes and other alternative learning modalities including e-learning and distance learning programmes can adequately accommodate nomadic children, many of whom have never attended school.

Adolescents and youth remain a mostly invisible target group across Sudan, and require specialised interventions to provide protection, improve their well-being, and ensure they are included in formal education system. Without adequate adolescent and youth education initiatives, which offer critical goods and services, young people are exposed to a myriad of risks, including recruitment into armed forces or groups, gender-based violence, sexual exploitation and abuse, abduction, and child labour, with girls facing the additional risks of early marriage and pregnancy. Structural gender inequality and insubstantial social protection measures have exacerbated disparities between young men and young women/young mothers, making adolescent girls particularly vulnerable if not provided with safe environments such as learning spaces. Additionally, when out of school, adolescents and youth in emergencies are often faced with forced maturity, disrupting their gradual transitioning from

childhood to adulthood, which is critical for healthy development and overall well-being.

Although there is limited data available on children with disabilities in Sudan, it is estimated that 15 per cent of children have at least one disability, which translates to approximately 2.9 million school-aged children (ages 6-18) living with disability. Children with disabilities are often out of school and require specialised support to access, and then remain, in education. For these children, school environments can offer an additional layer of protection and help them access specialised community support services. To ensure children with disabilities receive the required support and are included in all aspects of the education programme design, the Sudan Education Cluster has activated a disability inclusion working group.

As a national average, there is a high degree of gender parity across Sudan in terms of access to education. However, in some specific states girls' primary (basic) school enrolment is significantly lower than boys', most notably in Central Darfur, South Darfur, Kassala, and West Kordofan. 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, compared to an average Gross Enrolment Rate (GER) for secondary school-aged children of 38 per cent (as of 2017). In some states, such as South Kordofan, where male child labour (including mining) is prevalent, boys are at particularly high risk of dropping out of school..

Projection of needs

Educational needs are projected to remain high throughout all of 2023, with a slight peak in September-October due to the annual floods which directly impact schools and schoolchildren at the beginning of the new academic year.

Monitoring

Quarterly reporting through the Who, What, Where, When and for Whom (5Ws) tool monitors the progress of the Education Cluster and its partners to achieve the objectives defined in the response plan. Data is disaggregated by sex, age, and disability to ensure the most vulnerable children are reached with targeted Education in Emergencies (EiE) support.

Education needs are also monitored annually using the Secondary Data Review (SDR), MSNA and the JENA. The Education Cluster monitors the humanitarian situation and effectiveness of response through several feedback mechanisms and post-distribution surveys. These enable children, parents, and teachers to tell the cluster if they are satisfied with the humanitarian education 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 cluster 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 Cluster and are included in reporting frameworks.

3.2 Food Security and Livelihoods

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
11.7M	49%	48%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
7.3M	2.5M	926K	921K

Analysis of humanitarian needs

As mentioned in section 1.4, acute food insecurity in Sudan is escalating rapidly as a result of sharp rises in the cost of food and other commodities, low harvest, and ongoing conflict crises. According to the latest IPC analysis, up to 11.7 million people (an additional 2 million compared to previous figures) will be in a crisis (IPC Phase 3 or worse) levels of food insecurity. This number includes 8.6 million people in IPC Phase 3 (Crisis) and 3.1 million in IPC Phase 4 (Emergency). Particularly in the states of Darfur and Kordofan and in eastern Sudan, a spike in localised conflicts caused displacements, which, when combined with the economy's decline, increased levels of acute food insecurity. The states with the highest anticipated percentage of residents in need of immediate assistance are West Darfur (42 per cent), Blue Nile (37 per cent), North Darfur (36 per cent) and Central Darfur (35 per cent).

The deterioration in food security and nutrition conditions compared to prior years is caused by four main factors: (a) the economic crisis (as per section 1.1 “Economic Profile”), (b) the Ukraine crisis (as per section 1.2), (c) conflict-induced displacements (as per sections 1.1 and 1.2), (d), poor harvest (as per sections 1.1 and 1.2). More people are depleting their inventories and turning to the market to buy food at record-high prices as a result of the low crop in the 2021/22 production season and the anticipated early start of the lean season. The 2021 harvest was 35 per cent below average, according to CFSAM, resulting in a 2.5 million metric ton deficit in cereal production.

Gender inequality has further increased and impacs the overall food insecurity situation, as women and girls have significantly lost control of and access to vital productive resources (land, livestock, finances, farm inputs). It affected their participation in household decision making; and they also have sole responsibility for household chores (fetching water, collecting firewood for sale, taking care of children) besides maintaining the household budget.

Traditional sources of livelihoods for women, such as farming and animal husbandry, have been depleted as they have been forced to sell productive assets such as livestock, goats, sheep and farm tools, which has increased their vulnerability to recurrent shocks of floods, conflicts and dry spells. Cultivation is now at very low levels as hunger makes people weak and sick, leading to increased vulnerability and reliance on relief aid. Negative coping mechanisms for women and girls include reducing their food intake and selling productive household assets. The main positive mechanism is collecting firewood for sale. However, this has led to a double burden of work on women and girls, as they have become more engaged in tedious

and time-consuming household work (collecting firewood, fetching water, taking care of siblings and elderly family members), as well as farming and grazing livestock in order to support their families.

Affected people

The Food Security and Livelihoods Cluster's 2023 PiN is 11.7 million. IDPs; returnees; people stuck in conflict regions; refugees from South Sudan, Ethiopia, and other neighbouring countries; poor groups from agro-pastoral and pastoral communities in rural parts of western, eastern, and northern Sudan—whose livelihoods are directly impacted by the influence of lean season and macroeconomic crises—are the groups most in need of assistance.

The Cluster focuses on the needs of the most affected people, including those who had been internally displaced, who returned on their own, host community members, other non-displaced persons, and refugees. The FSL Cluster primarily focuses on the unique requirements and vulnerabilities of these groups in terms of their quality of life, coping methods, and physical and mental health. Men, women, children, and older adults identified food insecurity, or a shortage of food, as the main issue and priority need confronting affected people based on various surveys and observations. Both communities that had received aid and those that had not were equally affected.

The FSL analysis adhered to the approach outlined in the IPC, which states that the vital indicators and context-related factors in Sudan have an impact on the number of people in need. The FSL cluster implemented the following dual strategy for priority and targeting.

- Geographical targeting - based on access and vulnerability levels (highest levels of severity) in each locality and state. In an emergency, geographical targeting is informed mainly by the impacts of shocks on the food security situation in the affected areas.
- Household-level targeting - aimed to identify the most vulnerable people through assessment and analysis of food security and socio-economic status. Vulnerability and selection criteria for targeting households are defined by FSL cluster interventions (integrated approach).

To meet food security requirements for different population groups, FSL Cluster will provide in-kind, cash, and vouchers support. The response to the issue of food security will be supported with regular food and/or cash-based transfers (CBT), emergency agricultural and livestock interventions, and a group of vocational training activities and rehabilitation.

With about 11.7 million people in need, FSL cluster will focus on 10.3 million, with 6.8 million receiving SO1 (food) and 3.2 million receiving SO2 (livelihoods) assistance including:

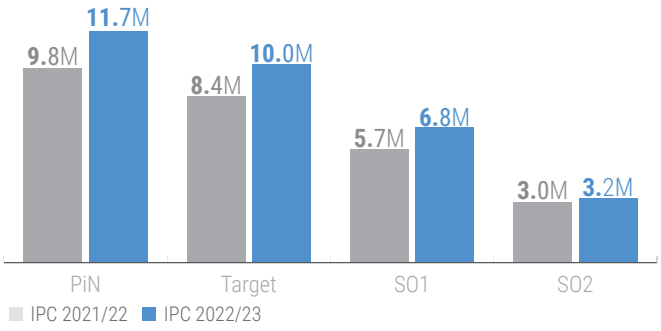
- Communities affected or living in high-risk regions that are vulnerable to natural or man-made catastrophes.
- Vulnerable people in the host, internally displaced, returnee, and refugee groups who experience degrees of food insecurity as a result of the limited accessibility and availability of enough, sufficient, and nourishing food.
- Small-scale farmers who struggle with farming due to high production costs, post-harvest losses, lack of access to fields, markets, and information.
- A 50 per cent of food security and nutrition funding should directly support women, with a specific focus on the most vulnerable (e.g. female-headed households), with clear communication in the community as to why this target group has been chosen and with risk analysis being conducted to ensure that a ‘do no harm’ approach is followed.

Projection of needs

It is expected that in 2023 compared to 2022, the scope and severity of food insecurity would grow and deteriorate. An increase in localised conflicts, particularly in Darfur and the Kordofan states; desert locust in the east of the country; recurrent flooding in places still recovering from the floods and dry spells; a protracted macro-economic crisis; rising food costs; and a depreciating local currency are all posing threats to people's food security. The seasonality of livelihoods, grain stockpiles, pricing, weather, animal migration, and human nutrition status are other factors that will affect the situation regarding food security.

Support opportunities for income-generating activities in a gender-sensitive way, targeting women while communicating with and sensitising men on the reasons for this targeting and ensuring a safe programming approach.

FSL FIGURES IN 2021/22 AND 2022/23

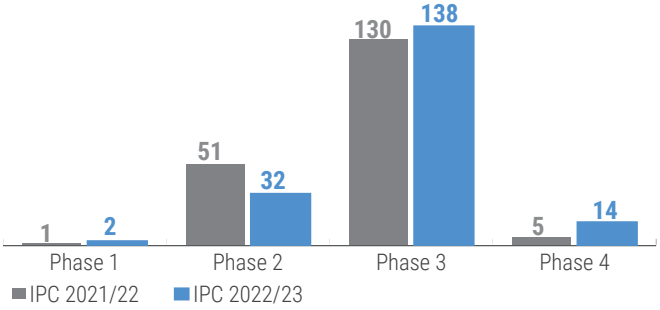


Support for local manufacturing of fuel-efficient as well as solar stoves by women to mitigate the risk of violence when collecting firewood. This could be an important alternative livelihood opportunity, alongside training and educating women on the development and management of wood lots.

Scale up gender-sensitive livestock health intervention programmes by training new community livestock health workers and expanding delivery of livestock health services.

Support the creation of women's CBOs particularly agricultural and roll out capacity-building programmes on empowerment and advocacy on economic inclusion, GBV and other women's rights themes. Ensure sensitization of men and boys at the same time.

NUMBER OF LOCALITIES PER IPC PHASES 2021/22 AND 2022/23



Monitoring

Ahead of the post-harvest and lean season, the FSL Cluster through partners will collect data and the requirements, which will be analysed through different assessment and monitoring missions. The FSL Cluster supports partners in data collection and assists the development of enumerators' capabilities. The FSL Cluster supports the primary outputs of the IPC analysis: key messages, population tables, and outcome indicators. The cluster holds periodic workshops that offer a situational analysis and scenario creation across Sudan, using the Need Analysis Working Group to keep up with context changes and new crises occurrences that affect food and nutrition security.

The FSL Cluster monitors the food security situation regularly through the following main areas;

- Assessments, Bulletins, Analysis - In addition to having a thorough annual IPC Analysis with various projection periods. The FSL Cluster will continue to regularly monitor needs through the WFP's Comprehensive Food Security Assessment (CFSVA), FAO's Crop and Food Supply Assessment Mission (CFSAM), market price bulletins from FAO, WFP, FEWS NET, and FSTS, and other sources.

- Information Collection through 4Ws/3Ws Matrix - The FSL Cluster offers a 5Ws/3Ws matrix to collect gender-disaggregated data that provides an insight of gender response analysis, partner physical/ programmatic presence in addition to operational response to effectively assist in programme planning to avoid duplication and efficient resource mobilisation towards complementarity of various funding streams and programs.

- PMRs, Gap Analysis, Dashboards and Bulletins - The FSL Cluster produces periodic monitoring reports/gap analyses, interactive dashboards, and bulletins to track progress toward achieving strategic and cluster goals based on the achievements of our partners.

The FSL Cluster will also continue working with the Protection Cluster besides collaborating with sub-clusters including Child Protection and GBV to strengthen Accountability to Affected Population (AAP) across FSL programming throughout the HPC.

SOUTH DARFUR
A farmer from Karbab village. Photo: UN

3.3 Health

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
10.1M*	65%	15%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
7.7M	1.2M	751K	387K

*9.3M 0.75M 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 multiple emergencies affecting the country. The annual cycles of floods, disease outbreaks, civil unrest, localised conflicts, and ongoing economic crisis affect accessibility to health services.

According to the 2022 MSNA, 62 per cent of the population had to pay in full for medical consultation, 63 per cent paid in full for laboratory diagnostics, and 94 per cent paid for medicines. As detailed in section 1.4 according to the "Measuring Availability, Affordability of Selected Medicines in Sudan" survey, the availability of essential medicines was 30 per cent in the private sector and 31 per cent in the public sector. The survey was conducted across all of Sudan involving 291 public and 186 private health facilities. As detailed in section 1.4 the decline in service provision by the public sector is forcing the population to seek health services at private sector facilities.

Deteriorating living conditions affect people's health, who become susceptible to epidemics and diseases, which could otherwise be avoided. The lack of knowledge around good hygienic, nutritional and sanitary practices contributes to worsening the already poor health conditions of the most vulnerable people.

In North Darfur, the maternal death surveillance system highlighted a three-fold increase in maternal deaths in areas affected by outbreaks of malaria. Concerns over maternal health issues remain high given limited access to essential obstetric and maternal care services. Access to lifesaving emergency obstetric and neonatal care (EmONC) remains challenging as the coverage is 32 per cent, while clinical management of rape (CMR) services coverage remained low, with less than 20 per cent of facilities having them.

As of mid-September 2022, a total of 63,280 confirmed cases of COVID-19 were reported across Sudan with 4,961 associated deaths. The case fatality ratio (CFR) of 7.7 is one of the highest globally and has been so throughout the pandemic. The COVID-19 vaccination coverage stands at around 10 per cent of the population, with continued effort to bridge the gap through national vaccination campaigns.

At least 2,676 suspected Hepatitis E Virus cases, including 24 associated deaths, were reported across Sudan, out of which 2,052 cases were reported from refugee camps in Gedaref State. While North Darfur State reported 95 cases it had the highest case fatality ratio CFR of 22.3 per cent. The level of reported cases of malaria in September 2022 crossed the epidemic threshold in 14 states, with a 2.2-fold increase compared to the same period of last year.

WHO estimates Sudan's Universal Health Coverage Index (UHCI) at 44 per cent. Lack of qualified health staff and unbalanced distribution between rural and urban areas (70 per cent in urban areas) is still a challenge to achieve equitable access to health services. Strikes by health workers in 2022 due to worsening working conditions affected nine states. As a result, reporting from the sentinel sites of the disease surveillance system dropped significantly during the first half of 2022, with no reports received from South Kordofan, 60 per cent reporting from North Darfur, and 51 per cent from West Darfur.

The public sector struggles to provide a complete basic healthcare package, i.e. comprising maternal and reproductive health care, nutrition services, immunisation, infection prevention and control, and free medicines. Socio-cultural barriers also create low demand and utilisation of reproductive health commodities. The coverage and quality of reproductive health services are insufficient, resulting in avoidable deaths, and contraceptive prevalence rate continues to be extremely low. The lack in provision of basic SRH services such as antenatal care (ANC), postnatal care (PNC) and family planning (FP) means a shortage of information for pregnant and lactating women across all stages and on all pivotal topics, including promoting a healthy lifestyle and good nutrition, detecting and preventing diseases during pregnancy, and counselling on contraceptive methods and birth control.

ANC services are extremely limited throughout the country, particularly for the most vulnerable people. In underserved areas where services are not readily available it is unlikely for women to complete the minimum of four antenatal visits the WHO recommends to reduce perinatal mortality and to improve women's experience of pregnancy. This entails that potentially dangerous conditions for the health of both mother and child - such as severe anaemia, hypertension, HIV and syphilis - risk going undetected and later becoming risk factors for delivery

Affected people

The Health Cluster's 2023 PiN is 10.1 million. Sudan has a high maternal mortality rate (295 per 100,000 life births as per 2017 UN estimates). The most prevalent cause was obstetric haemorrhage (33.1 per cent), followed by hypertensive disorders (13.1 per cent), and sepsis (12.8 per cent). Most reported deaths were from states with higher humanitarian needs. Only 13.4 per cent of women across the country had their deliveries in health facilities during 2021, with 40 per cent of home deliveries not attended by qualified health personnel. Significant gaps in coverage of lifesaving services include EmONC coverage (32 per cent); while clinical management of rape (CMR) services coverage is less than 20 per cent.

Children under five years of age are exposed to vaccine-preventable diseases due to reduced coverage of the expanded program of immunisation and a high prevalence of malnutrition. During 2022, the measles vaccine coverage dropped to 60 per cent nationwide. In Central Darfur the coverage was 50 per cent, East Darfur 46 per cent, South Darfur 56 per cent, South Kordofan 49 per cent, West Kordofan 54 per cent, and Red Sea 43 per cent. It is estimated that 3.7 million children under 15 years need to be vaccinated against measles. In addition, around 700,000 children missed their routine immunisation with the PENTA 3 vaccine. Ten states reported measles cases with a total of 886 cases by September 2022.

As a result of poor sanitation, weak water infrastructure, and compromised access to chlorinated drinking water, over 800,000 people will be at risk of water-related diseases, including cholera. About 11 million people are residing in high-risk areas for vector-borne diseases, specifically malaria (2022 National Multi-Hazard Health Emergency Preparedness Plan 2022).

It is estimated that 240,000 women and girls in reproductive age need health care services. Around 31,800 pregnant women require timely access to safe and clean deliveries, of whom some 19,000 are at risk of poor outcomes due to limited access to caesarean section, management of complication of abortion, prevalent pregnancy related complication due to anemia, malaria and other diseases.

Projection of needs

Healthcare needs are expected to remain high in 2023. The country continues to witness outbreaks of endemic water-borne and vector-borne diseases such as hemorrhagic fever and malaria. Vaccine-preventable diseases may recur in some regions due to weakened children's immunity and lack of immunizations. This may be exacerbated by continued shortages of essential medical supplies and medicines.

An estimated 31,865 live births are expected during 2023, which will require timely access to essential and lifesaving maternal and neonatal care services. Moreover, around 4800 survivors of sexual violence will require health care. Some 38,000 women in reproductive will require access to family planning services, around 14,600 people will seek care for sexually transmitted disease, and around 40,000 sexually active men will require timely access to condoms.

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 and gaps in the response. The Health Resources and Services Availability Monitoring System (HeRAMS) will assess the quality of services provided by partners across the country.

Health activities monitoring will be disaggregated and will take account of disability, gender and age. Through the ICCG, the Health Cluster will liaise regularly with the other humanitarian clusters and the Refugee Cosultation Forum (RCF) to ensure complementarity of services and a better holistic health response.

WEST DARFUR
A young participant of a workshop on healthcare and Yellow Fever prevention in community center. Photo: UN

3.4 Nutrition

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
4M*	23%	77%	10.3%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
3.5M	323K	67K	112K

*3.9M, 67K refugees

Analysis of Humanitarian Needs

Acute and chronic malnutrition have been public health problems for the past several decades. The drivers of malnutrition are multi-cluster, which include high levels of poverty, poor WASH conditions leading to epidemics, limited access to health services, illiteracy and high food prices contributing to inadequate food intake and dietary diversity at the household level. Inappropriate feeding practices and cultural norms affect children's growth and development from an early age. These factors tend to increase nutrition-related protections risks, especially, among young children that might engage in child labour and early child marriage that increase malnutrition risks. The above drivers coupled with declining economy, ongoing political uncertainty, and limitations of funding to government entities contribute to the sustained high prevalence of acute malnutrition and suboptimal quality of nutrition services.

Despite the ongoing scale up of treatment and preventive nutrition responses (in-patient, outpatient and targeted supplementary feeding programmes) the prevalence of risk factors (health, WASH, food security, and feeding practices) show no signs of significant improvements. For example, over one-third of acutely malnourished children live in extreme and catastrophic severity scale for WASH and health clusters exposing them to heightened morbidity and mortality risks. These needs have significant impact on physical, mental and wellbeing of children, pregnant and lactating women, and the community in general. The immediate life-saving nutrition needs include preventive and social protection nutrition services for children under-two, treatment of malnutrition for children under-five and PLWs and emergency supplementary feeding programme (e-BSFP) for under-fives and PLWs.

Affected people

The Nutrition Cluster's 2023 PiN is 4 million. It remains at the same elevated levels as in 2022. Children under-five years account for over 76 per cent and 23 per cent pregnant and lactating women (PLWs) need life-saving treatment and preventive nutrition responses. With respect to refugees, over 67,000 (of whom 66 per cent are under-five and 34 per cent are PLW) are in urgent need of life-saving nutrition support.

Children under-five especially children under the age of two and PLWs 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 (IDPs, returnees, refugees etc). Based on the 2022 MSNA results, displaced households reported more

severe and moderate malnourished cases than those who were not displaced. Children in such circumstances are likely to miss lifesaving nutrition services exposing them to increased malnutrition, morbidity, and mortality risks. The 2018 S3M II revised results and recent SMART surveys indicate that 64 localities have very high (15 per cent and above) prevalence of GAM, of which five localities have catastrophic levels (GAM 30 per cent and above). 39 per cent of all children under-five years in need of nutrition treatment live in 66 localities (in 16 States) are classified as extreme as per OCHA/Global Nutrition Cluster (GNC) classification.

Malnourished children face heightened mortality risk. In countries with relatively similar nutrition situations like Sudan, children under-five years with SAM and stunted are estimated to be 11 times more likely to die than their well-nourished peers, while for those with MAM the rate is four times higher. Among those severely malnourished, one in five children will die if not treated, and the risk increases to 9 out of 10 for SAM cases with complications.

Sub-optimal IYCF practices continue to remain low. While exclusive breast-feeding prevalence among children under-six months in Sudan is over 62 per cent age-appropriate dietary diversity is very low at 25.4 per cent. Anaemia prevalence in children aged 6-59 months estimated at 48 per cent is among the highest falling into severe levels as per WHO classification.

Children living in refugee camps, IDPs in and outside hosting sites, orphans, abandoned children, single-parents mostly below the age of 18 years, 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 elevated levels or deteriorate further given the projected worsening in the prevalence of risk factors for malnutrition. Malnutrition and risk of mortality and morbidity among under five especially among the under two is likely to worsen further among 27 per cent of acutely malnourished children living in 52 localities classified as severe to catastrophic on health, WASH and FSL severity scales. The 2022 MSNA results indicate that households with water problems, female-headed households, and households with food insecurity reported high cases of severe and moderately malnourished children than those that were better off.

The Nutrition Cluster estimates that over 4 million children under-five years and PLWs will need humanitarian assistance to meet their nutritional needs. This includes about 3 million children under-five years that need treatment and prevention for acute malnutrition and just over 936,000 PLW. Of the 3 million children under-five (51 per cent boys and 49 per cent girls) estimated to be malnourished, 2.44 million are moderately and over 611,000 are severely malnourished. Of these over 91,000 are severely malnourished with complications that need in-patient treatment services. In addition, over 67,000 refugees (66 per cent children under-five and 34 per cent PLW) will need life-saving nutrition assistance. This is a 50 per cent drop compared to 2022 needs - linked with aligning to the national and global methodology for estimating needs and does not necessarily imply an improvement in the nutrition situation of refugees. Given that there is no categorization of children under-five years and PLWs in the 2022 MSNA report, the cluster used the global estimates on disability among children under-five and PLW at 10 per cent and 15 per cent respectively. Thus, the cluster estimates that over 300,000 children under-five and about 140,000 PLW have one of the three forms of disabilities (physical, mental/psychological or sensory) that might result in environmental, attitude and institutional barriers to accessing nutrition services. The affected population at the national level (Federal Ministry of Health) and at the community level through the MSNA highlighted the disparities in nutrition across different risk factors including gender.

Monitoring

The Nutrition Cluster will use several approaches to strengthen and improve the monitoring of the evolving nutrition situation in Sudan. First, the cluster will

conduct SMART surveys in prioritized localities to provide updated data on the nutrition situation that will guide decision-making and planning, including revision of the PiN by mid-June 2023. The Multi-Indicator Cluster Survey (MICS) planned to be conducted in 2022 by the Federal Ministry of Health (FMoH) in collaboration with UNICEF will complement the SMART survey findings.

Second, it will entail collecting and analysing selected new admissions in treatment feeding programmes on monthly basis mechanisms with more emphasis on timely and completeness of the quarterly reports.

Third, the nutrition surveillance system implemented by the FMoH in collaboration with WHO in health facilities 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/programmes and engage the community and stakeholders to understand the evolving needs and response implementation challenges. The following indicators are proposed to be used in the monitoring of nutrition responses.

3.5.1 General Protection

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.2M*	22%	56%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
413K	2.1M	926K	666K

2.3M, 0.9M refugees

Analysis of humanitarian needs

The Sudanese population face a confluence of challenges.These include limited government capacity to protect civilians, recurrent inter-communal conflict, factional fighting between armed groups and security forces, flooding, dry spells, climate change, hyperinflation, economic degradation and a lack of durable solutions. This environment creates the following protection risks: threats to the right to life, attacks on civilians and civilian infrastructure; conflict and climate-induced displacement; and impediments and restrictions to access resources, opportunities, services, documentation and justice.

General protection needs are most severe in the 75 hotspot localities of Darfur, Kordofan, and Blue Nile, where incidents of localised conflict and armed attacks, landmines and unexploded ordnances have been documented. Localised conflict is exacerbated by politics at the national level; the proliferation of firearms; competition over land, water and other resources between farmers, herders and armed groups; unregulated migratory routes of nomads; and weak land administration systems.

In 2022, hundreds of civilians were killed or wounded with their property damaged, looted, destroyed, or occupied. Motivated by a combination of political and economic interests exacerbated by deep mistrust developed over years, different armed groups benefit

from a limited presence of the judiciary and police system in the peripheries of Sudan (attacks against civilians also tend to be cyclical, with many coinciding with the end of Ramadan and the agricultural season). This protection landscape creates urgent needs for the physical protection of IDPs, refugees, returnees and other civilian populations.

As a consequence of violent localised conflict, Sudan is experiencing an increased number of displacements. Damage caused by annual flooding leaves large numbers of families, including those already forcibly displaced by conflict, without access to appropriate shelter and livelihoods, heightening their vulnerability to protection risks. Climate change continue to push nomadic pastoralists towards more fertile areas leading to disputes related to the destruction of crops by livestock, and tensions over natural resources. An emerging pattern of 'settled nomads' who require land for livelihood collides with the customary land tenure system, which prioritises land ownership and usage based on tribal affiliations. These tensions erupt into conflict leading to attacks on civilians and forced displacement.

Often in both conflict and climate-induced displacement, civilian infrastructures such as schools and hospitals, have become IDP sites. Humanitarian access to displaced communities in sites or within the host communities is challenged due to insecurity, conflict and flooding.

The rule of law, access to justice and government social protection programmes weakened since the military coup of October 2021. Housing needs for displaced people remain dire. The majority of displaced families continue to live in make-shift shelters, collective centres, and in gathering sites for prolonged periods, making them vulnerable to protection threats. The prolonged stay of IDPs in these makeshift buildings has also seen increased pressure to push for unsafe relocation to areas where their physical safety would be at risk.

IDPs and IDP returnees have limited access to and need civil, housing, land and property (HLP) documentation. On average 40 per cent of IDPs indicated during the MSNA that members of their household do not have access to civil documentation, because they never had them or they lost them. HLP rights are central to the causes and resolution of the conflicts. Land records in Darfur, South Kordofan and Blue Nile are limited. Most disputes over these lands are resolved through customary structures and the native administration. Although the native administration plays a crucial role in local conflict resolution, their effectiveness has significantly reduced due to concerns over their credibility and ability to handle large-scale inter-ethnic land disputes. Secondary occupation in the place of origin is the most widely reported HLP issue and many IDPs state this as the main reason they cannot return.

Affected people

The Protection Cluster's 2023 PiN is 3.2 million, of whom 56 per cent are children, and 22 per cent are women. In Sudan, there are 3.7 million IDPs, of whom 2.1 million need assistance, about 666,000 of the 1.2 million returnees need assistance, and there are also 413,000 vulnerable Sudanese represented within the country's PiN. About 83 per cent of the 3.2 million PiN reside in Darfur, while the remaining people in need are mostly in South Kordofan, Blue Nile and West Kordofan states.

Vulnerable groups–including women, children, the elderly, persons with disabilities, the 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 from various protection risks, including violence, sexual and other forms of exploitation and abuse, and human rights violations, they require specialized protection services. For women and girls, risks of GBV remain significant. Within the MSNA, 25.4 per cent of IDP households have at least one member who has experienced signs of psychological distress.

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. Youth are reported to have resorted to violence to resolve disagreements with community leaders. Persons with disabilities, who make up 15 per cent of the PiN, continue to be marginalised, with few governments or humanitarian services targeted to meet their needs.

Access to birth registration continues to be a challenge raising the risk of statelessness and not being able to access basic services. As of 2019, Civil Registry records showed that the birth registration percentage in the country was 77.4 per cent, but IDPs indicated that 40 per cent of households have a member who does not have at least one type of civil documentation. IDPs and vulnerable residents living outside of areas under government control often do not have access to birth registration. Their lack of birth registration also affects freedom of movement and access to basic services.

Unable to meet their basic needs, many vulnerable people have been compelled to adopt negative coping strategies. These include engagement in unsafe or exploitative labour, begging, and committing crimes of opportunity, such as theft and robbery. Others migrate or flee to North Africa and Europe through irregular

means, exposing themselves to abuse and exploitation by smugglers, traffickers and physical danger. Those who choose not to leave Sudan, often migrate internally to work in various mines or engage in child labour, child marriage and survival sex as negative coping mechanisms.

Lack of individual refugee registration and documentation remains a key driver of refugee vulnerability in Sudan, especially for refugees living in out-of-camp settlements, as those without documentation cannot access socio-economic and protection (including legal) services. Only 71 per cent of all population groups are currently individually registered.

Refugees face protection risk such as arbitrary arrest and detention if found without proper documentation, as well as forced eviction from private or government-owned land plots within host communities that they have settled on. For unregistered refugees, access to protection and basic services is limited.

Projection of needs

Current political developments, continued economic degradation, and new and recurring conflict indicate that protection needs will continue to increase in 2023. The lack of implemention of the JPA has been accompanied by increased displacement and conflict. Accountability of armed actors for violations of international humanitarian and human rights law remains elusive. In the context of Darfur, the withdrawal of the United Nations - African Union Mission in Darfur (UNAMID) created space for more localised and cyclical conflict to occur, increasing violence in Darfur to levels unseen since the mid-2000. There is also an increase in violence in South Kordofan, West Kordofan and Blue Nile states with reports of IDPs fleeing to surrounding states and Khartoum. The Sudanese security apparatus has been unable to sufficiently respond to the increasing violence and protect civilians. Durable solutions for IDPs and returnees remain largely unachieved. The sustainability of projects implemented through the UN Peace Building Fund by UN agencies in several localities are affected by recurrent inter-communal violence and conflict.

The Protection Cluster foresees that the need for physical protection, strong community-based structures, case management, HLP rights, site management, services to vulnerable persons such as those with disabilities, and psycho-social assistance, among others will increase. Additionally, the cluster anticipates that civilians, especially in the periphery, will not have fair, equitable and consistent access to justice and rights.

Monitoring

Conflict and climate-affected populations will be monitored directly and remotely in 2023 through the Protection Cluster, CBPNs, Protection Cluster partners, the Protection of Civilians Incident Tracking tool, and multi-cluster rapid assessments during new emergencies. Information generated through protection monitoring, as well as through the Protection Cluster's service mapping and response monitoring (5Ws), will be systematically used for needs, gaps and trends analysis to enable evidencebased response planning and advocacy. The cluster will use available data from thematic research and durable solutions, projects, assessments, MSNA findings, as well as proxy indicators from other cluster needs assessments, to better understand the needs to plan and respond. The Protection Cluster will work closely with other clusters in mainstreaming protection to both mitigate and respond to protection risks and concerns, and to generate protection data using an inter-cluster approach.

3.5.2 Child Protection

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.8M*	0%	100%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
1.6M	1.5M	278K	460K

3.5M, 0.28M refugees

Analysis of humanitarian needs

Children throughout Sudan continue to face violence and a range of protection risks. Grave child rights violations remain a significant concern with children at risk of killing and injury, recruitment and use in hostilities, torture, detention, abduction, sexual violence, attacks on schools and hospitals and denial of humanitarian access by parties to conflict. From January 2021 to June 2022, the UN verified 349 grave violations against 326 children (228 boys, 93 girls, 5 sex unknown) in Sudan. The most prevalent violations, killing and maiming, continue to remain concerning, and children represent 31.8 per cent of total casualties from landmines or ERW. Access to conflict-affected children in Jabal Marrah, Jebel Moon, and SPLM-N controlled areas in Blue Nile, South Kordofan and Abyei administrative locations remains a challenge.

The compound effects of conflict, continuous displacement, economic situation and extended dry spells has deepened poverty, fueled negative coping mechanisms, and increased the risks of child protection concerns, such as child labour and child marriage, putting adolescent boys and girls at particular risk. For example, about 25 per cent of children aged 5-17 years are involved in child labor, while the ratio of those working in hazardous conditions is higher among the 15-17 years age group (28.5 per cent), with clear differentials among children working under hazardous conditions who live in urban areas (8.2 per cent) compared to those lives in rural areas (21.8 per cent). The ways in which boys and girls experience violence and are exposed to certain risks are intrinsically tied to gender roles and community expectations. These risks are additionally tied to the age of the child. For example, about 38 per cent of girls were married before the age of 18, and 11 per cent of them were married before the age of 15, depriving many of their childhood and basic rights, including the right to an education.

Family separation continues to be a persistent child protection issue. A total of 4,761 children unaccompanied or separated (UASC) were reunified with families/caregivers. Separation from one's primary caregivers exposes children to greater risks of exploitation, abuse, neglect, and psycho-social distress.

MSNA data shows that out of the total assessed localities, 152 localities indicated that girls / boys live without access to core child protection (CP) services due to a lack of information about the services and a lack of transport. Quality and access to specialized services continue to pose a systematic challenge due to high staff turnover among social workers, a lack of case management systems, poorly maintained social service facilities, and a lack of capacity of child protection workers. Access to basic rights and

services are further jeopardized for children with disabilities and children that cannot access official birth certificates. Disruptions in accessing assistance 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.

The MSNA, through active CBPNs in affected communities in Darfur states, indicated the prevalence of child protection issues in the assessed areas, which includes unusual behavior such as stress, trauma sleep disorders and loss of appetite among a high number of children. Children's experiences of violence in their daily lives within their community, schools and homes, along with repeated displacements, the loss of or separation from family members and friends, the dramatic deterioration in living conditions, divisions in their community, and lack of basic social services, have had damaging physical, social and psychological consequences, with profound effects on their well-being and development.

Affected people

The Child Protection Cluster's 2023 PiN is 3.8 million. Up to 60 per cent of the people 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 3.5 million children (51 per cent female, 49 per cent male), including 15 per cent of children with disabilities, need immediate child protection services. In 2023, 361,000 children are in extreme need (10 per cent), about 2,061,920 in severe need (58 per cent), and about 939,650 are in stress need (27 per cent) and require humanitarian child protection assistance. Children with disabilities are among the most vulnerable.

Children suffer countless consequences as a result of their alleged association with armed groups, including family separation, psycho-social difficulties and challenges to their reintegration. The release of children and provision of services, interim care, family tracing, reunification and community-based sustainable reintegration of children remains extremely important.

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 negative coping mechanisms to overcome structural deprivations.

Some 43 per cent of the registered refugees in Sudan are under 18 years old and a significant number are UASC. Limited livelihood opportunities coupled with high levels of poverty are also linked to the large number of out-of-school refugee children.

Projection of needs

Multiple and complex child protection risks will continue to shape the lives of girls and boys throughout Sudan due to the ongoing conflict, constraints on humanitarian access to insecure areas, civil unrest, the devaluation of currency and extended dry spells of weather. Ongoing hostilities, economic hardships, the breakdown of community support structure and lack of services will continue to take a huge toll on children. These factors limit the ability to build on past investments of duty bearers, child protection actors, caregivers, and most of all children. Child well-being and welfare are a long-term investment that necessitates a systematic approach that supports child welfare across the whole socio-ecological system, the children themselves, their caregivers, their community, and the larger society.

Needs will continue to outweigh the capacity of services due to poor social policies, disrupted systems, high staff turnover among social workers, lack of case management systems, poorly maintained social service facilities, and a lack of capacity of key child protection workers. Sustaining a holistic case-management approach can be costly.

The severe needs and disrupted systems are undermining the resilience of children, their caregivers and communities, which is further exacerbated by the lack of access to safe spaces, including education

and child friend spaces. Children show symptoms of mental health and psycho-social distress and are often involved in harmful coping mechanisms. The longer the access to education is disrupted, the more likely it is that children and young people will face irreversible, long-term negative coping mechanisms. This includes, but is not limited to, higher levels of mental and emotional distress, reduced earning potential, additional risks of child labour and early marriage.

Displacement and family separation impact upon children's connectedness, leaving them with few safe adults and supportive social networks, and hence they rarely feel loved or valued. Families themselves are not always safe havens for children, while caregivers themselves are distressed as they struggle and compete over scarce resources, which eventually increases chances for domestic violence to occur against children. Increased psycho-social pressure among caregivers, alongside the lack of support, can result in the deterioration of their coping mechanisms and ultimately the relationship between themselves and children. This heightens the risk of domestic violence and corporal punishment. Scaling-up of more structured, focused and quality psycho-social 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 to be much higher than current figures suggest, as these types of cases are frequently underreported due to societal norms, combined with limited trained staff and a lack of community-based child protection networks.

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, and to identify and provide individualized support for children based on their specific needs.

Monitoring

Throughout 2023, 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.

The Child Protection Cluster, together with UNICEF, the National Council for Child Welfare (NCCW) and partners, launched Primero, a mobile application for case management. The launch represents another key milestone in the efforts to provide accountable and professional case management and social services, and it will help to ensure no child, even in the most challenging circumstances, is left behind.

The Child Protectoin Cluster in consultation with the Protection and GBV, have included a safety audit indicator in the 2023 Sudan Humanitarian Response Plan (HRP) process under the Strategic Objective (SO) and used the results of the safety audit to inform the Humanitarian Country Team (HCT) Centrality of Protection Strategy.

3.5.3 Gender-Based Violence

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
3.1M*	92.9%	49.2%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
1.1M	1.5M	139K	300K

2.9M, 0.14M refugees

Analysis of humanitarian needs

Across Sudan, GBV continues to be a life-threatening concern, exacerbated by a variety of factors including conflicts and recurring disasters.

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. Sexual violence is more pervasive in rural and conflict-affected communities including refugee camps. Intimate Partner Violence is not considered a crime in Sudan, and laws such as the Personal Status Law (1991) mean that incidents that occur in the home are viewed as private issues, thus women tend not to seek legal redress.

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

People with disabilities are disproportionately affected by violence including that 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, West Kordofan, White Nile, Blue Nile, as well as states in eastern Sudan. Refugees continue to be hosted in many states including Khartoum, where women and girls 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 a union before the age of 18, and 87 per cent of women aged 15–49 years have been subjected to FGM.

The farming season which coincides with the migration of armed nomadic herders from the north registers high attacks on IDPs, including including sexual violence, 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 GBV needs is very critical in 131 localities across all states in Sudan. GBV survivors have inadequate access to services and reporting mechanisms. As outlined in section 1.4, specialized

life-saving GBV services, are unavailable in over 61 per cent of the localities in Sudan.[36]

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 Clinical Management of Rape (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 (CBPNs) and women centres offering GBV services. Awareness on the available GBV services and prevention mechanisms in communities is limited, and it is crucial to strengthen community-based interventions. Women centres act as an entry point for women and girls to access available services, mainly psychological first aid and referral to health facilities and/or the police. Thus when women centres are not functioning, 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/judicial avenues, lack of legal aid, shortage of female police officers, and community distrust of formal legal mechanisms. Some communities resort to traditional justice mechanisms. Centralised handling of cases at state capitals, 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 GBV IMS+ is being used only for selected locations in the refugee settings. It is not advisable to roll-out population-based prevalence data collection mechanisms in ongoing humanitarian crises.

Affected people

The Gender-Based Violence Cluster's 2023 PiN is 3.1 million. These are mainly women and girls from localities that are prone to conflict and tribal clashes, hosting refugees as well as disasters, and with a high percentage of households engaged in negative coping mechanisms. These factors have a negative effect on the wellbeing and living standards of the affected people, 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 girls movements, curtailing their access to livelihood options and exposing those most vulnerable to continued violence.

The MSNA shows that more than half of the respondents are not aware of support services for women and almost 80 per cent have heard about cases of violence against women or girls. About 51 per cent of refugee households are female-headed.

Many refugees and asylum-seekers 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 kidnaping.

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

Womens and girls' financial status forces them to work in unfavourable and insecure environments that

36 Service Mapping conducted by GBV Sub-Cluster in August 2022.

expose them to risks. Limited access to livelihood opportunities in the face of the 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 settings, domestic workers, people with 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 people exposing them to GBV risks. Incidents of GBV against men and boys, including sexual violence have also been reported.

Projection of Needs

Due to the protracted crisis, continuing refugee influx and recurring conflicts and natural disasters, the needs highlighted above are unlikely to decrease in 2023. Several factors underpin this conclusion:

- Ongoing conflicts in some states where the Government is not able to provide sufficient protection;
- Access to services remains weak in conflict-affected, refugee hosting and disaster-prone areas;
- Humanitarian presence in some localities has decreased due to insecurity, logistical constraints and limited funding leaving significant gaps; and
- 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 people 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.

Monitoring

GBV needs will continue to be monitored throughout 2023 and will continuously inform the responses. Periodic monitoring will be conducted through the GBV Sub-cluster (GBVSC) and GBV working groups at the state level, CBPNs, and multi-cluster rapid assessments. It will also be achieved through available data from other clusters and proxy indicators as well as GBV stand-alone assessments. Advocacy for stand-alone GBV assessments is ongoing, and if successful, it will contribute to a better understanding of GBV needs.

GBVSC have included a GBV assessment indicator in the 2022 HRP process under the Strategic Objective (SO) and used the results of the GBV assessments conducted in 2022, to inform the Humanitarian Country Team (HCT) Centrality of Protection Strategy and other relevant strategies.

In 2022, the GBV Working Groups in North Darfur and Gedaref has commenced the process for a possible rollout of the GBV Information Management System + (GBVIMS+) to address the absence of comparable GBV incident data in the response interventions in North Darfur and Gedaref, aiming to roll-out in 2023. The objectives include, providing services to GBV survivors to effectively and safely collect, store, analyse, and share data related to reported incidents of GBV in a safe and ethical manner; sharing and receiving non-identifiable GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, and prioritisation of actions and improved programming of prevention and response efforts; and sharing and receiving such data will also result in improved advocacy efforts, increased leverage for fund-raising and resource mobilisation, and improved monitoring.

3.5.4 Mine Action

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
2.1M	15%	55%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	RETURNEES
906K	791K	328K

Analysis of humanitarian needs

Several conflicts in Sudan over the decades have resulted in the contamination of vast swathes of land with landmines and Explosive Remnants of War (ERW). Explosive ordnance (EO) continues to have adverse effects in South Kordofan, Blue Nile, West Kordofan and Darfur states. EO kills people, prevents the delivery of humanitarian aid and denies civilians' safe movement, access to services and resources and therefore blocks or delays recovery from conflict. IDPs, returnees, refugees and children are at high risk due to the limited information/awareness about local landmine or ERW contamination within their settlement areas, with IDPs and children being most vulnerable. Furthermore, following the JPA and peace negotiations with the SPLM-N Al Hilu faction, resumed crossline movement of people and goods increased the risk of interaction with landmines and ERW. Sudan has committed itself to comply with Article 5 of the Anti-Personnel Mine Ban Convention (APMBC), known as Ottawa Treaty, to clear all known landmines by April 2023. However, the Government of Sudan is seeking extension of the deadline to meet this deadline.

EO contamination remains one of the key concerns affecting 2.07 million men, women and children from across the country. EO contamination also limits access to food and livelihoods as people cannot fully engage in agricultural and animal grazing activities. It also puts people at risk when fetching water or collecting firewood. Furthermore, the effect of EO 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 behaviour is essential for communities' safety and wellbeing.

As of the second quarter of 2022, the Sudan Mine Action Programme registered 5,008 hazardous areas, out of which 4,618 areas (covering more than 137.5 sq km of land) have been released and handed over to communities for productive use, while 38,529 km of roads have been cleared and opened. While about 34.8 sq km of land in 416 locations across Sudan are confirmed to be contaminated by landmines/ERWs, the actual level of contamination is not fully known due to access and movement restrictions in certain areas, including areas under the control of non-state armed groups.

According to the HNO severity analysis, 38 localities in Sudan were reported to be impacted by landmines/ERWs, out of which 19 localities are ranked as being very high or severely impacted.

Affected people

The Mine Action Cluster's 2023 PiN is 2.1 million. Landmines and ERWs continue to affect the safety and livelihood of the displaced, returnee and local communities as well as the safety of humanitarian actors. More than 2.07 million people in 416 hazardous areas across 38 localities in Blue Nile, South Kordofan, West Kordofan and Darfur states are exposed to the threat of landmines and ERW. Of this number about 38 per cent are IDPs, 16 per cent returnees, two per cent refugees, and 44 per cent vulnerable host community members.

As of July 2022, the Information Management System for Mine Action (IMSMA) has registered 2,495 casualties from landmines or ERW including 1,859 people who have been injured and 636 fatalities. Children represent 31.8 per cent and females represent 10.5 per cent of the victims. Meanwhile, the actual numbers of EO victims are not yet fully known.

Projection of Needs

Considering the peace settlement and the continued negotiations with the SPLM-N Al Hilu faction, an increase in people's movement is observed through landmine/ERW affected locations and across conflict lines, which requires urgent land release intervention as well as road verification and clearance needed for delivering the humanitarian aid.

EORE remains a high priority intervention to ensure the adoption of safe behaviour among the population within the contaminated areas.

Victims of landmines and ERW often require but have limited access to specialised services, such as rehabilitation and psycho-social support, as well as to re-integration support, including income generating activities.

Monitoring

Communities affected by EO will be monitored throughout 2023 following the Sudan National Mine Action Standards (SNMAS) 07.03. The SNMAS 07.03 regulates the monitoring of mine action activities, which all implementing partners follow under the supervision of the National Mine Action Centre (NMAC) in close consultation with UNMAS. Also, community-based mine action focal points will play a considerable role in monitoring the impact of EO through regular reporting to the mine action sub-offices or other shared points/mechanisms. The IMSMA formats will be used by implementing partners and other stakeholders, including UN agencies and NGOs.

3.6 Shelter and Non-Food Items

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
2.9M*	52%	55%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
671K	1.5M	374K	412K

*2.5M, 0.37M refugees

Analysis of humanitarian needs

Shelter and non-food items needs in Sudan continue to grow amidst stressed and complex operational environment. While political issues fuel tensions throughout the country, competition for land and resources add to the mix as one of the major sources of conflict. Environmental degradation and drought continue to cause shifts in migration patterns, pushing many nomadic groups to transition from pastoralism to a semi-sedentary lifestyle, forcibly occupying the land and property of others in the process. Seasonal flooding continues to affect communities across Sudan causing devastation to housing, infrastructure, services, agriculture, livestock and various other livelihood assets (food stocks, NFIs, etc.).

Only 16 per cent of the population live in adequate dwellings, i.e., permanent shelters, that provide sufficient levels of privacy, security, and protection from the elements. About 24 per cent of people live in substandard shelter types, while 60 per cent live in semi-permanent shelters. However, as much as 75 per cent of households reported that their current shelters are damaged, with 22 per cent reporting severe damage which translates to compromised structural safety or total structural collapse. Similarly, 85 per cent of the population experiences issues with their shelter, with 25 per cent experiencing three or more issues at the same time. This indicates that even families with access to more durable shelter options struggle with precarious living conditions and crumbling housing. The most prevalent shelter issue is leaking (76 per cent) which is consistent with most reported damage types: cracked roof (54 per cent) and partial roof collapse (18 per cent). Consequently, household items reported as most needed are plastic sheeting (80 per cent) and mosquito nets (73 per cent) followed by torches/solar lamps (71 per cent), blankets (65 per cent), jerry cans (48 per cent), kitchen sets (47 per cent) and mattresses/sleeping mats (43 per cent). In terms of other shelter issues reported, one fifth of the population experiences issues with flooding, inability to lock their shelter and lack of privacy.

Only 25 per cent of households surveyed during the 2022 MSNA, reported having security of tenure, the majority of whom reside in cities and villages. Amongst 23 per cent of the households residing in camps and informal sites, as many as 73 per cent reported collective types of occupancy arrangements. In terms of those who face outright HLP issues, at least a quarter of households experienced problems with property occupation (27 per cent), followed by ownership disputes (23 per cent), a general lack of understanding of HLP rules and processes (19 per cent), threat of eviction and rent disputes (18 per cent), and looting of property (15 per cent). The lack of clarity around HLP rights and tenure arrangements in Sudan

remains one of the main deterrents for investment into more durable housing and infrastructure, not only due to lack of sustainability but also due to conflict sensitivity considerations.

Affected people

The Shelter/Non-Food Items Cluster's 2023 PiN is 2.9 million. Around 60 per cent of refugees have indicated S/NFI amongst their top three priorities out of 14 offered options, followed by 45 per cent of IDPs, 38 per cent returnees and 35 per cent residents. While non-displaced people naturally experience lesser severity of needs, there has been an increase in the number of vulnerable residents in need of S/NFI assistance. A sharp rise in prices since the beginning of the year compounded by increased food insecurity has reduced families' purchasing power and their ability to afford basic household items and make investments in shelter repair and maintenance. While local resilience capacities are being overstretched by the general economic decline, many host communities also face an additional burden of hosting IDPs in their homes. Similarly, many returnees still struggle to rebuild their houses, access basic services, or find sustainable livelihood opportunities. Moreover, those who return to their places of origin often face immediate HLP challenges such as secondary occupation and ownership disputes.

Chronic issues with underfunding have led to gaps in S/NFI response particularly for those living in protracted displacement with limited coping mechanisms at hand. This is clearly visible in the MSNA 2022 results whereby 93 per cent of IDPs and refugees reported shelter adequacy issues and 85 per cent reported living in damaged shelters with as much as 65 per cent reporting severe and moderate damage.

Most displaced families continue to reside in inadequate settlements and substandard shelters (makeshift, emergency or collective) for prolonged periods of time making them increasingly vulnerable to protection threats, as well as exposure to the elements, disease vectors and pests. A high percentage of displaced people reported a number of issues such as overcrowding (62 per cent), lack of privacy or locks (27 per cent), insufficient lighting (88 per cent), inadequate distribution of non-food items (64 per cent) and shelters built in unsafe locations (43 per cent), all of which increase the risk of domestic violence, sexual assault, harassment, sexual exploitation, and other forms of GBV—especially against women and girls.

A poor settlement situation, with lack of infrastructure, public facilities and utilities impedes access to basic services and has a profound negative impact on both physical and mental health. This includes lack of pedestrian and vehicular access, lack of drainage and Disaster Risk Reduction (DRR) infrastructure (culverts, bridges, embankments, etc.) for prevention of flooding and waterlogging, lack of solid waste management, inadequate sanitation, long distances and poor walkability to public facilities (water sources, health centres, livelihood opportunities, etc.) all of which have been reported at various degrees. Persons with disabilities, the elderly and others with reduced mobility bear the worst consequences of sub-standard settlement conditions, whereby physical barriers impact their ability to engage in community activities. Lack of awareness can lead to people's needs not being identified and subsequent exclusion from humanitarian assistance. Furthermore, the most socioeconomically vulnerable households often resort to harmful coping mechanisms as they struggle to meet their basic needs.

Displaced people sheltering at gathering sites/public buildings for prolonged periods, whose access to S/NFI assistance is frequently obstructed due to pull-factor concerns, face significant risks as they find themselves in a limbo-like situation with no solutions at sight. While the threat of eviction looms, proposed alternatives often include unsafe relocation to areas where IDPs' physical safety and security may be at risk. These circumstances increase the demand for longer term solutions, suitable land, sustainable housing, investments in settlement planning and a coordinated inter-cluster response.

Furthermore, it is estimated that over 3 million people live in flood-prone areas. Vulnerable people in local communities and displacement sites tend to be the most severely impacted by natural

hazards, yet they tend to benefit the least from DRR measures. Introducing and developing a component of DRR, through basic infrastructure rehabilitation, is vital to strengthen civil resilience capacities and decrease the overall vulnerabilities of the most exposed communities.

Projection of Needs

With inter-communal conflict on the rise, overall political turmoil and negative impact of the economic crisis, the needs and affected people will increase, while possibilities for solutions continue to shrink in line with diminishing resources. Furthermore, climate change and environmental degradation threaten to raise the risks of more severe flooding while failing infrastructure and inadequate housing make people more vulnerable to natural disasters. Deteriorating situations in neighbouring countries, may further increase cross-border flows of refugees.

While the S/NFI Cluster struggles to keep up with both the rate and scale of new displacement in the context of chronically low funding, the succession of crises has led humanitarian response to focus on immediate and life-saving needs only. Furthermore, with limited development funding to offset deepening socio-economic vulnerability or address root causes of the crisis (e.g., poor governance, lack of public financing for failing infrastructure and public services, HLP issues, etc.), the need for more durable, longer-term solutions becomes ever more pressing. While protracted insecurity and worsening economic situation continue to negatively impact household resilience through all areas, it is crucial to break the continuous cycle of recurrent emergency response and invest in more permanent housing, public facilities and DRR infrastructure in order to mitigate the impact of both man-made and natural disasters.

Monitoring

The S/NFI Cluster will continue to track achievements against HRP objectives and monitor response gaps across nine cluster-specific indicators through monthly partner submissions into the 5W ActivityInfo Tool.

Protracted and emerging needs will be identified through regular inter-agency assessment missions, as well as through yearly MSNA and cluster specific assessments.

The qualitative side of the response is frequently monitored through the KoBo Post-Distribution Monitoring (PDM) tool. This entails assessing the adequacy of the assistance package, whether it was used for the intended purpose, potential protection risks or negative coping mechanisms such as resale of aid or exchange for other types of assistance. PDM also records suggestions on how to adapt response to better fit the needs of affected people.

In addition, the cluster maintains two-way feedback mechanisms through helplines and referral desks. Any feedback or issues that are not addressed through key messages and frequently asked questions (FAQs) are logged so that timely corrective action can be taken provided it is feasible under current resource constraints.

3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
11M*	26%	48%	15%

VULNERABLE RESIDENTS	INTERNALLY DISPLACED PEOPLE	REFUGEES	RETURNEES
7.1M	2.2M	792K	899K

10.2M, 0.79M refugees

Analysis of humanitarian needs

The MSNA 2022 results indicate that 77 per cent of the population have access to improved water services without factoring the collection time. About 28 per cent of water sources do not have sufficient water, and 25 per cent of water sources are not functioning. Five fold increases in fuel prices has made its operation and maintenance unaffordable. Sanitation coverage in Sudan continues to be amongst the worst in the Middle East and North Africa (MENA) Region. Over 30 per cent of the population has access to basic sanitation with a 33.3 per cent prevalence of open defecation practices which is especially concerning for women and girls. Hand washing with soap and water (as the main indicator for hygienic practices) is estimated at 14.3 per cent. Although there are indications of an increase in the number of people with access to soap and water, mainly due to COVID-19 campaigns over the last two years, a lot still needs to be done to avoid threats of disease outbreaks.

As per the WASH severity scale, people who are accessing unimproved polluted water and who travel more than 30 minutes to fetch water are more vulnerable to hazards. This includes people who practise open defecation. People who do not have soap, water and a handwashing facility (mobile or fixed) to wash their hands in, are also more vulnerable to disease outbreaks. About 46 per cent of schools reported that children have no access to drinking water and 71 per cent of schools lack access to handwashing facilities. As for sanitation facilities, schools report an average of 132 students per latrine. It is estimated that half of the health and nutrition facilities do not have access to the basic water services and have limited sanitation facilities.

Very low investment in the WASH Cluster, ageing/non-functional and unaffordable water infrastructures, as well as conflicts are limiting long-term improvements. Inadequate institutional structures, poor governance arrangements and limited capacities of cluster stakeholders to conduct sustainable response 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 inadequate knowledge, attitude, and practices (KAP) makes it challenging to achieve national sanitation and hygiene goals, especially when it comes to facilities in premises or households.

Unsafe water, inadequate sanitation and poor personal and environmental health and hygiene have considerably increased the threat of contracting a growing number of WASH-related diseases such as acute watery diarrhoea (AWD), cholera, dysentery, hepatitis E, typhoid, and vector-borne diseases

including malaria, dengue fever, Rift Valley fever, chikungunya fever and acute respiratory infections (ARI). Floods and dry spells are also one of the hazards affecting people. Out of the 189 localities in Sudan, 151 were classified as localities with crises to critical water scarcity and high susceptibility to natural hazards, particularly flooding and water scarcity.

Affected people

The Water, Sanitation and Hygiene Cluster's 2023 PiN is 11 million. Displaced people, returnees, vulnerable residents and refugees are all affected by WASH constraints. Many of these affected groups either do not have access to WASH or cannot afford basic WASH services. About 22 per cent refugees use shared latrines and 51 per cent use communal latrines. Many of the refugee camps and refugee settlements including open areas are located in flood prone areas resulting in damages to WASH facilities. Approximately 36 per cent of displaced people report they are unable to afford water. Lack of gender-segregated latrines, undignified, unlit, and insecure sanitation facilities pose a risk of GBV for girls and women. Menstrual hygiene management is often not prioritised, negatively impacting girls' attendance and enrolment in schools. Diarrhoea kills one in ten children. Over 3 million children suffer from acute malnutrition, 50 per cent of which is associated with repeated diarrhoea or worm infections related to poor WASH conditions.

SEVERITY CATEGORIES	PEOPLE IN NEED				
	People in need	IDPs	Returnees	Vulnerable residnets	Refugees
Water	6,330,295	1,206,052	468,080	3,864,615	791,548
HH: Water comes time exceeds 30 minutes (3)	2,337,384	578,567	252,548	3,864,615	232,122.
Unprotected water sources/ Extreme 2022 (4)	724,314	187,926	37,607	8,654,067	252,989
Surface water/ Catastrophic 2022 (5)	2,477,049	439,559	177,925	1,506,269	306,437
SAN	11,348,554	2,110,840	722,750	7,723,416	791,548
HH: Access to unimproved facilities Critical/ Extreme 2022 (4)	4,616,830	1,018,329	269,491	3,329,009	651,361
HH: Open spaces Catastrophic 2022 (5)	5,940,176	1,092,510	453,259	4,394,406	140,187
TOTAL	**11,548,298**	**2,174,499**	**747,218**	**7,835,033**	**791,548**
Overall PIN (INCLUDING HYGIENE)	**11,548,298**				

Vulnerable people with specific needs, including unaccompanied and separated children, survivors of GBV, women-headed households, elderly people, and people with disabilities and health concerns, are in vital need of the WASH services. Unfortunately, these population groups often have 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 form of disability, which is exacerbated by the deteriorating economy, lack of supportive social networks, and shortages in specialised health staff.

Projection of Needs

In 2023, 11.5 million people will need humanitarian WASH assistance in 168 localities. An estimated 5.5 million people need basic water and 11.5 million people need at least limited sanitation services. Many more households do not have access to handwashing facilities with soap and water and have therefore been included in WASH response. Overall WASH severity as per the Joint Inter-sectoral Analysis Framework (JIAF) scale suggests that 17 localities are in the catastrophic severity category; 103 localities are in the critical/ extreme category for all WASH categories; and 48 localities are in the severe category.

SCALE	WATER Localities	SAN	HYGIENE Localities	CLUSTER SEVERITY	People in Need (WASH)
Catastrophic (5)	66	87	133	17 (localities with a score of 5)	1,282,696
Extreme (4)	39	47	32	103 (localities with a score of 4)	6,776,645
Severe (3)	18	28	15	48 (localities with a score of 3)	3,488,957
Stressed (2)	45	19	10	20	
Minimal (1)	21	9	0	2	
	123	**162**	**180**	**168**	**11,548,298**

Monitoring

The WASH Cluster will strengthen and continue monitoring achievements through the 5Ws, in line with the proposed JIAF and other output indicators. Partners addressing refugee needs will use the UNHCR monthly report card and joint annual KAP surveys to monitor progress and share information for refugees living in camps. The WASH Cluster will continue to work with the health, nutrition, FSL, education, protection, and other clusters to monitor WASH-related consequences and undertake integrated response activites to resolve common risks and threats. The cluster will capture gender-disaggregated data in its reporting.

Part 4

Annexes

ABUAJOURA/NORTH DARFUR
A farmer trained through World Vision's livelihoods programme on animal husbandry to increase the production. Photo: World Vision

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

The analysis and methodology used to produce the Sudan 2023 HNO builds on the 'Enhanced Humanitarian Programme Cycle Approach' initiated in 2019. A key component of this approach is 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 Sudan's experts, tasked by the HCT to produce a joint inter-cluster needs analysis. The analysis identifies linkages between the various drivers, underlying and contributing factors, clusters and humanitarian conditions which are considered and presented in this Humanitarian Needs Overview and will be used in the Sudan 2023 HRP.

Cluster experts, information managers, analysts, government counterparts along with the ICCG and decision-makers have contributed to this joint needs analysis.

Severity and PIN estimations

Led by the ICCG, 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 clusters) during the months of July and August 2022. For the 2023 process, inter-cluster calculation of the PiN are based on two conditions i.e. Living Threatening (critical physical and mental well-being issues) and Life-sustaining (critical living standards) in line with global guidance. Clusters 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 clusters.

2. In parallel, OCHA prepared and made available to clusters, baseline data which was broken down into two:

    - Humanitarian Profile – IDP data is from DTM/ IOM; refugee data from UNHCR; returnee data from IOM; Sudanese population data is from UNFPA 2022 projection.

    - Common datasets that were used by all clusters i.e. national percentage breakdown of sex and age and hazard data (floods, disease, GAM, conflict) were made available to the clusters.

3. Discussed and contextualised the global guidance of PiN methodology. The process included:

    - Identification of indicators per cluster - each cluster identified indicators that fell within the consequences. Using the JIAF as reference, indicators were selected based on,

        - relevance to the consequence,

        - availability of up to date data from reliable sources, prioritising 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 ICCG, which focused on removing duplicates, identifying complementary multi-cluster indicators and ensuring indicators chosen were relevant for the consequence.

- Once the indicators were agreed, clusters embarked on data collection. Data was collected by locality, categorised 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 cluster severities. The mode is the most frequent number across all cluster severities. The severities of FSL health, nutrition and WASH were given a double weighting.

Calculation of People in Need (PiN)

1. Fifty four cluster 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.

Cluster PiN calculation

Education

The Education Cluster calculated the PiN as children from target groups (vulnerable residents, refugees, IDPs, and returnees) who are currently out of school (2 million children) as well as children who are enrolled in school but are facing crisis, emergency, and catastrophic levels of food insecurity (1.7 million children). 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 38.77 per cent of the total population of Sudan (MSNA 2022), and that one in three children in Sudan are out of school (projections from EMIS 2017-2018 data; MSNA 2022).

The severity score of each locality was then determined by combining four indicators:: the percentage of out-of-school children (40 per cent weight); percentage of children facing food insecurity (40 per cent weight); impact of the 2022 floods on education infrastructure and schoolchildren (20 per cent weight); hotspot localities (score +1) Scores were calculated between 1 and 4; however, due to hotspot localities which received an additional score of +1, three localities reached a score of 5 (the highest level severity).

Out-of-School Children (Weighted 40%)

- Score of 1: Less than 20%
- Score of 2: 21-30%
- Score of 3: 31-39%
- Score of 4: 40% or above

IPC 3+ (Weighted 40%)

- Score of 1: Less than 15%
- Score of 2: 16-25%
- Score of 3: 26-30%
- Score of 4: More than 30%

Floods (Weighted 20%)

- Score of 1: Less than 2% schools affected
- Score of 2: 2-5% schools affected
- Score of 3: 6-10% schools affected
- Score of 4: More than 10% schools affected

Food Security & Livelihoods

The Food Security and Livelihoods Cluster 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.

Health

The health cluster used five 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

The nutrition cluster people in need were estimated following two main steps. Step one involved estimating the number of acutely malnourished under-five and PLW in each locality. This was done by using two sources of data to estimate the 2023 PiN: a) the 2018/19 Simple Spatial Survey Method (S3M) acute malnutritionprevalence was increased by 10 per cent as it was done in 2021 and 2022 to take into consideration the impact of the deteriorating economy, food insecurity and disease outbreaks on the worsening of nutrition situation in Sudan; b) the recent nutrition situation from eight SMART surveys conducted by partners in 2022 replaced the 2018/19 results in those locations. Given that the eight SMART surveys were recent, no further adjustment was made. The level of acute malnutrition by locality was estimated using a formula used to estimate acute malnutrition people in need globally. In the Sudan context, the nutrition cluster PiN at locality level is the summation of under-five and PLW global acute malnutrition PiNs.

Step two involved calculating the nutrition severity score that was derived from three indicators: GAM among under-five, global acute malnutrition among PLW and stunting among under-five organised on a 1-5 scale consistent with the global guidance. The severity scale indicated that there were no localities in severity scale 1; 4 localities in severity scale 2; 120 in severity scale 3 and 66 localities in severity scale 4. No locality fell into severity scale 5.

The HNO guidance for estimating localities that need humanitarian support recommend severity scale 3, 4 and 5. However, since there were only four localities that fell into scale 2 and had a combined number less than 100,000 people in need, the cluster partners agreed to include the four localities in estimating the 2023 cluster people in need (i.e severity scale 2, 3, 4). Similar decision was made in 2022. Disability was estimated based on the global estimated for under-five and PLWs.

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 cluster and inter-cluster 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.

Child Protection

To calculate the PIN, the cluster used the baseline datasets for IDPs, returnees, and vulnerable people. For each locality, 60 per cent of the IDPs and Returnees were used to represent the child population; For vulnerable residents, 45 per cent of the population in locations in IPC 3+ was used as a proxy to represent children. The highest percentage of people in locations with severity of 3,4,5 informed the PIN. The age and

gender breakdown of the PiN for boys and girls is derived from the national statistic provided by UNFPA.

For the overall locality severity calculated the average value by combining the sector severity 3,4 and 5 from the Humanitarian condition (Life-sustaining and Life-threatening indicators) with the Multi-hazard risk levels 3, 4, and 5. The mathematical calculation of severity was however crosschecked and amended - when needed - with ground truth.

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 prioritisation based on expert judgement).

- Based on expert's knowledge, the GBVSC 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 communities and considered in need 100 per cent of women and girls, 20 per cent of boys and 10 per cent of men.

Mine Action

The Mine Action PiN is calculated based on the level of contamination and the density of the threat in the relevant locality. The following method is used to determine the number of affected people:

The PiN calculated based on the below methodology:

NUMBER OF HAZARDOUS AREAS	% OF IDPS AND RETURNEES	% OF THE VULNERABLE POPULATIONS
=> 15	75%	25%
14 => 11	65%	20%
10b => 6	55%	15%
5 => 1	45%	10%

The severity is determined based on indicators 2 and 3. Indicator 2 is about the number of people killed or injured with the EO and indicator 3 is about the number of hazardous areas in the locality.

INDICATOR 2:		INDICATOR 3:	
Number of Victims	Severity	Number of Has	Severity
1-2,	1	1-3,	1
3-4,	2	4-6,	2
5-6,	3	7-9,	3
=>7	4	=>10	4

Considering the two indicators used to determine the severity for Mine Action the average of the two indicators ranking is taken, consideration is given to the number of hazardous areas, number of victims and the total number of IDPs plus returnees. In this regard, if the average ranking is below 4 the following factors could still bring the severity to 4:

1. The number of hazardous areas in the locality are higher than 20 locations;

2. The number of victims are more than 10;

3. The total number of IDPs plus returnees are more than 40,000.

The reason for considering the IDPs and returnees is because in most cases they are unaware of the threat in the area.

Refugee Consultation Forum

People in need were calculated by identifying locations with severity ranking 3 - severe, 4 - extreme or 5 - catastrophic. The RCF uses 24 indicators across seven clusters (Protection, Education, Health, Nutrition, WASH, FSL and S/NFI) to calculate the severity rankings. The Refugee Consultation Forum (RCF) 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 people in need. Camp locations were prioritised due to their dependency on assistance. The RCF works with all clusters to harmonise its PiN methodology including indicators where possible.

Shelter/NFIs

The total number of people in need per each locality was determined based on calculated severity in line with the following logic: 50 per cent of the total

population for severity 5; 40 per cent for severity 4; 30 per cent for severity 3; 20 per cent for severity 2; and 10 per cent for severity 1.

Severity itself was informed by two main data streams, the 2022 MSNA and historic hazards data. Severity calculation at the locality level was based on JIAF cluster-specific indicators and JIAF recommended thresholds. The following five main JIAF indicators were informed by 11 indicators from the MSNA as well as conflict and flooding hazards data on destroyed/ damaged housing and numbers of people affected:

1. **% of HHs whose dwellings provide a space to live in a dignified manner with adequate levels of privacy, security and protection from exposure, with low risk of failure in predictable hazards**

- Shelter Overcrowding
- Shelter Type
- Shelter Damage
- Shelter Issues

2. **% of HHs with access to basic household items**

- Access to NFIs
- Priority Needs
- No Aid in past 12 months (yet S/NFI listed as priority need)

3. **% of HHs without clear security of tenure within their community**

- HLP issues and risk
- Occupancy Arrangement

4. **% of HH with access to adequate settlement situation with basic infrastructure and essential services**

- Settlement Type
- Access to basic services and infrastructure

5. **% of HH who are currently living in unsafe/ unhealthy areas affected by community hazards**

- Flood data (2019-present)
- Intercommunal Violence & Armed Attacks data (2020 – present)

Finally due to sampling shortcomings (state level sampling and not locality level) and that fact that there were no IDPs surveyed in 46 per cent of IDP hosting localities, no returnees surveyed in 45 per cent of returnee hosting localities, no residents surveyed in 24 per cent of localities and no refugees surveyed in 49 per cent of refugee hosting localities – expert judgement, based on collective discussion with all cluster partners at the 2023 Strategic Planning Workshop, was applied to inform severity in some localities.

JIAF thresholds were applied to calculate severity for each of the 13 indicators. To aggregate 11 MSNA indicators the average function was used, while to aggregate two hazard indicators max function was used. Finally, MSNA, hazards and expert judgement were aggregated using the average function to get the severity for each population group. Total severity was then aggregated by using the max function across four population groups.

WASH

The WASH Cluster identified three main indicators to assess the humanitarian needs for 2023. The indicators used were taken from JIAF global indicator register. These include; 77 per cent of households having access to basic water services, 30 per cent of households having access to limited sanitation services, and 14 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) were used as a base population to determine WASH PiN.

- Severity scale: recommended JIAF standard indicators under the physical and mental wellbeing for humanitarian conditions were used.

- Data: S3MII (2020), cross-ref with MSNA 2021 for the indicators and JIAF severity thresholds. MSNA

2022 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 2023. The refugee population (total) added after the analysis.
- Disability among people in need calculated based on a global estimate of 15 per cent.
- 168 localities part of the HNO severity scale
- WASH severity as per the JIAF scale suggests 17 localities are in the catastrophic severity category, 103 localities where all WASH components are in the critical/extreme category, and 48 localities are in the severe category.
- 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 prioritised.
- Affected people with lack of WASH will suffer more during the time of crisis
- Major Inter-cluster linkages – Nutrition, Health, FSL and Education
- New surveys/ assessments will be generated to update the data in the months to come. One such analysis is initiated with the Global WASH Cluster (GWC). This WASH severity classification is an equivalent of IPC for FSL.

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure

People living in the affected area

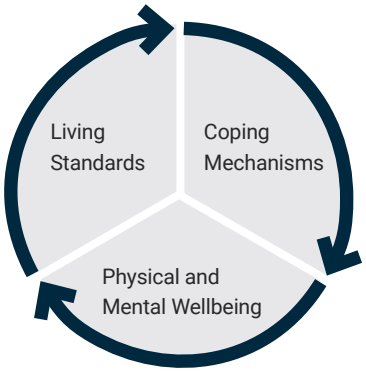
Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

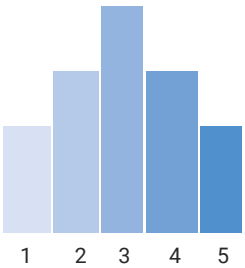
Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns
By relevant age, gender and diversity characteristics

The JIAF severity scale

SEVERITY PHASE		KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1	**None/Minimal**	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. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/ depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2	**Stress**	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. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3	**Severe**	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 Inability to meet some basic needs without adopting crisis/ emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	**Extreme**	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality.	Saving Lives and Livelihoods
5	**Catastrophic**	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

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 2022 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 UNFPA 2022 projection. 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 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	% HH's reported a married child in the household	Physical and mental welbeing	0%	0% - 5%	6% - 20%	21% - 39%	>40%
	% of children and adolescents that have experienced violence, abuse, and neglect	Physical and mental welbeing	0% - 10%	11% - 19%	20% - 39%	40% - 79%	>80%
	% of girls / boys engaged in hazardours child labour	Physical and mental welbeing	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	Physical and Mental welbeing	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 member 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 girls / boys without access to core CP services	Living standards	0% - 10% (All 4 core CP services are accessible)	11% - 19% (existance 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)
	% HH where at least one member (SADD) is reporting signs of distress (self-diagnosed)	Physical and mental welbeing	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
	% 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 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 programmea with school feeding/ nutrition intervention	0-25% of school-aged children (3-14 years) have access to education programme with school feeding/ nutrition intervention
	% 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 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
Food Security	Integrated Food Security Phase Classification (IPC)	Life Threatening, Life Threatening	phase 1	phase 2	phase 3	phase 4	phase 5
GBV	Availability of core GBV services (Case mgmt. , PSS, CMR, Medical services for IPV/other physical violence, Mental Health).		5 or 4 services available	3 services available	2 services available	1 or no service available	N/A
	% of HH where at least one member is reporting signs of distress (self-diagnosed)	Physical and Mental Wellbeing	Less than 10%	Between 10% and 20%	Between 20% and 40%	Between 40% and 50%	More than 50%
	% women and girls who avoid areas because they feel unsafe there	Physical and Mental Wellbeing	Less than 5%	Between 5% and 15%	Between 15% and 25%	Between 25% and 35%	More than 35%
	% of HH having difficulties accessing health services	Living Standards	None reported	HH select: 1) High cost of transportation; 2) Overcrowding; 3) Long waiting times, 4) Other (specify)	HH select: 1) Absence health workers; 2) Facility far away; 3) Facility not accessible for people with disability; 4) Lack of trust in health workers; 5) Cost of services/medicine too high; 6) Lack of medicines; 7) Treatment for my condition/disease N/A	HH select: 1) Lack of trust due to concerns about privacy or mistreatment; 2) Travel not safe/security concerns; 3) Discrimination against specific categories.	N/A
General Protection	% 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%
	Multihazard ranking	Life Threatening	1	2	3	4	5

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Health	Average population per functioning primary health centers (PHC).	Impact on Services					
	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old	Physical and Mental Wellbeing	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
	Number of HF with Basic Emergency Obstetric Care/500,000 population, by administrative unit	Living Standards	4+	4+	3	2	<= 1
	Number of inpatient beds per 10,000	Living Standards	>= 18	>= 18	12 < =17	6 < = 11	<= 5
	Number of skilled birth attendant personnel (doctors, nurses, certified midwives) per 10,000 people	Living Standards	>= 23	>= 23	>= 19	>= 15	>= 11
	Percentage of children aged six months to 15 years who have received measles vaccination	Physical and Mental Wellbeing	">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 camps 85% >= 90% in scattered or rural areas"	"85% >= 89% urban and camps 80% >= 84% in scattered or rural areas"	< 85% urban and camps < 80% in scattered or rural areas
Mine Action	Number of communities 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
Nutrition	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%
	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	<0.5%	5-9.9%	10-14.9%	15-29.9%	≥30%
	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%

SECTOR	INDICATOR	CONSEQUENCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Shelter ES/ NFI	% of HH whose dwelling enclosure provides adequate security, privacy, and maintains possessions	Living Standards	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 HH with access to basic infrastructures and essential services	Living Standards	"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 whose possessions are being affected by community/ regional hazards	Impact on people	Household possessions are secure. No community hazards and been identified andHH possessions are not at risk.	Hosuehold: 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.
	% of HHs without clear security of tenure within their community	Living Standards	"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 a place for handwashing with soap and water	Living standards	>80%	50% - <80%	25%- <50%	7.5% - < 25%	<7.5%
	% of HHs having access to improved sanitation facility	Living standards	>80%	50% - <80%	25%- <50%	7.5% - < 25%	<7.5%
	% of HHs having access to improved water source	Living standards	>85%	65% - <85%	55%- <65%	35% - < 55%	<35%

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 adolsecents from IDPs, IDP-Returnees, Host Community	Service mapping\MSNA\CP Needs Assessment
2	% of girls / boys engaged in hazardous child labour	Children and adolsecents 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 adolsecents from IDPs, IDP-Returnees, Host Community	DTM\CPIMS
4	% of children and adolescents that have experienced violence, abuse, and neglect	Children and adolsecents 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	Integrated Food Security Phase Classification (IPC)	Vulnerable Residents, IDPs, Returnees	IPC Analysis
2	People reached by cluster objective	Vulnerable Residents, IDPs, Returnees	5W reporting
3	Food consumption indicators; Household Hunger Score; Reduced coping strategy; and Household Diet Diversity Score	Vulnerable Residents, IDPs, Returnees, Refugees	WFP
4	Resilience Capacity Index; Livelihood coping strategy; Crop and harvest info; Livestock info	Vulnerable Residents, IDPs, Returnees, Refugees	FAO

GENDER BASED VIOLENCE

#	INDICATOR	VULNERABLE GROUPS	DATA SOURCE
1	% of HH where at least one member is reporting signs of distress (self-diagnosed)/ Women, girls, men and boys	Women, girls, men and boys	MSNA 2022
2	% women and girls who avoid areas because they feel unsafe there	Women and girls	MSNA 2022
3	% of HH having difficulties accessing health services	Women, girls, men and boys	MSNA 2022
4	Average ranking of different hazards (Conflict, tribal clashes, floods, drought, disease outbreaks)	Women, girls, men and 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 people	FMOH/SMOH
4	Number of HF with Basic Emergency Obstetric Care/ 500,000 people, 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 and boys	OCHA/IMSMA
2	Number of people injured/killed by explosive ordnance	Women, girls, men and 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 84% for OTP as of September
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	Reporting rate stands at 80% as of September
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 September, the TSFP reporting rate was 68%
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 September, the TSFP reporting rate for PLW was 68%
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/ returnees), 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 accessto basic water services	All population groups	S3M 2018
2	% of HHs having access to limited sanitation services	All population groups	S3M 2018
3	% of HH with handwashing facility with soap and water (not used to calculate the PiN but used for coming up with the severity)	All population groups	S3MII 2018 (used to understand severity not the PiN)

4.5
Data Sources

#	PRIMARY DATA COLLECTION	COMPLETED	AVAILABLE
1	Joint Education Needs Assessment	2021	
2	CFSAM 2022		
3	Sudan: Comprehensive Food Security and Vulnerability Assessment (CFSVA) - Summary Report, Q1 2022 - June 2022 and	June 2022	https://reliefweb.int/report/sudan/sudan-comprehensive-food-security-and-vulnerability-assessment-cfsva-summary-report-q1-2022-june-2022
4	Sudan: Acute Food Insecurity Situation April - May 2022 and Projections for June - September 2022 and October 2022 - February 2023	June 2022	https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155716/?iso3=SDN
5	EMR Regional plan of action 2019–2023 for implementation of the Global vector control response 2017–2030	March 2021	https://apps.who.int/iris/handle/10665/325805
6	FAO Crop and Food Supply Assessment Mission (CFSAM) to the Sudan, 21 March 2021	March 2021	https://reliefweb.int/report/sudan/special-report-2021-fao-crop-and-food-supply-assessment-mission-cfsam-sudan-21-march
7	GBV SS Service Mapping 2021		
8	GNC/UNICEF/WFP/WHO-addressing malnutrition in Yemen 2019		
9	HAC/OCHA 2023 projected population		
10	Sudan Humanitarian Needs Overview 2022 (December 2021) [EN/AR]		https://reliefweb.int/report/sudan/sudan-humanitarian-needs-overview-2022-december-2021
11	Global Forest Watch: Sudan		https://www.globalforestwatch.org/dashboards/country/SDN
12	INED Projections by Countries	2022	https://www.ined.fr/en/everything_about_population/data/world-projections/projections-by-countries/
13	INFORM Risk Index 2023		https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Results-and-data/moduleId/1782/id/453/controller/Admin/action/Results
14	JENA 2021		
15	MSNA 2021	September 2021	https://www.humanitarianresponse.info/fr/operations/ sudan/document/sudan-msna-2021-31-aug-2021-en
16	MSNA 2022		
17	Sudan Humanitarian Update, June 2022	June 2022	https://reliefweb.int/report/sudan/sudan-humanitarian-update-june-2022-no-06-1-30-june-2022
18	Sudan Humanitarian Update, February 2022	February 2022	Sudan: Humanitarian Update, February 2022 (No. 02) 1 – 28 February 2022
19	Oxford Poverty and Human Development Index 2021	2021	https://data.humdata.org/dataset/sudan-mpi
20	S3M 2018 revised results in 2020	March 2020	https://data.humdata.org/dataset/simple-spatial-survey-method-s3m-ii-for-sudan-2018
21	Sudan and the International Monetary Fund (IMF)		https://www.imf.org/en/Countries/SDN
22	Sudan VCNA 2020		
23	Sudan First State of Environment and Outlook report 2020	2020	https://reliefweb.int/report/sudan/sudan-first-state-environment-and-outlook-report-2020
24	UNDP Humanitarian Development Insights	2022	https://hdr.undp.org/data-center/country-insights#/ranks
25	UNEP 2022	2022	https://www.unep.org/explore-topics/disasters-conflicts/where-we-work/sudan
26	Sudan: Comprehensive Food Security and Vulnerability Assessment (CFSVA) - Summary Report, Q1 2022 - June 2022	June 2022	https://reliefweb.int/report/sudan/sudan-comprehensive-food-security-and-vulnerability-assessment-cfsva-summary-report-q1-2022-june-2022
27	WHO congratulates Sudan on adopting the "High burden to high impact" approach	April 2022	https://www.who.int/news/item/25-04-2022-who-congratulates-sudan-on-adopting-the-high-burden-to-high-impact-approach
28	World Migration Report, 2020	2020	https://publications.iom.int/system/files/pdf/wmr_2020.pdf
29	Worldwide Prevalence of Anaemia 1993-2005 (WHO/CDC)		https://apps.who.int/iris/handle/10665/43894

4.5 Acronyms

AAP	Accountability to Affected Populations
ACLED	Armed Conflict Location and Event Data Project
APMBC	Anti-Personnel Mine Ban Convention
ARI	Acute Respiratory Infections
BaNVA	Basic Needs and Vulnerability Assessment
CAR	Central African Republic
CBoS	Central Bank of Sudan
CBPNs	Community-Based Protection Networks
CBS	Central Bureau of Statistics
CBT	Cash-based Transfers
CDC	Centers for Disease Control
CFR	Case Fatality Ratio
CFSA	Comprehensive Food Security Assessment
CFSAM	Comprehensive Food Supply Assessment Mission
CMR	Clinical Management of Rape
COR	Commissioner for Refugees
CPIMS	Child Protection Information Management System
CVAW	Combating Violence against Women
DSS	Department of Safety and Security
DTM	Data Tracking Matrix
e-BSFP	Emergency-Blanket Supplementary Feeding Programme
EiE	Education in Emergencies
EMIS	Education Information Management System
EmONC	Emergency Obstetric and Newborn Care
EMR	Eastern Mediterranean Region
EO	Explosive Ordnance
EORE	Explosive Ordnance Risk Education
ERPP	Emergency Response Preparedness Plan
ERW	Explosive Remnants of War
FAO	Food and Agricultural Organization
FBPM	Food Based Prevention of Malnutrition
FCS	Food Consumption Score
FEWS NET	Famine Early Warning Systems Network
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FSL	Food Security and Livelihoods
FSMS	Food Security Monitoring System
FSTS	Food Security Technical Secretariat
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GBV IMS	Gender-Based Violence Information Management System
GBVSC	Gender-based Violence Sub-cluster
GDP	Gross Domestic Product
GNC	Global Nutrition Cluster
GWC	Global WASH Cluster
HAC	Humanitarian Aid Commission
HCT	Humanitarian Country Team
HeRAMS	Health Resources and Services Availability Monitoring System
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
ICGG	Inter-Cluster Coordination Group
ID	Identification Document
IDPs	Internally Displaced Persons
IGAD	Intergovernmental Authority on Development
IMSMA	Information Management System of Mine Action
IMWG	Information Management Working Group
INEE	Interagency Network for Education in Emergencies
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
ICCG	Inter-Cluster Coordination Group
IYCF	Infant and Young Child Feeding
JENA	Joint Education Needs Assessment
JIAF	Joint Inter-Sectoral Analysis Framework
JPA	Juba Peace Agreement
KAP	Knowledge, Attitude, and Practices
MAM	Moderate Acute Malnutrition
MICS	Multi-Indicator Cluster Survey
MNP	Micronutrient Powder
MSNA	Multi-Sector Needs Assessment
NCCW	National Council for Child Welfare
NFI	Non-Food Item
NGO	Non-Governmental Organization
NMAC	National Mine Action Center
OCHA	Office for the Coordination of Humanitarian Affairs
OOP	Out-of-pocket
OTPs	Outpatient Therapeutic Programmes
PCA	Permanent Court of Arbitration
PENTA	Pentavalent Vaccine
PiN	People in Need
PLW	Pregnant and Lactating Women
PMR	Periodic Monitoring Report
PSS	Psycho-social Support Services
RCF	Refugee Consultation Forum
S/NFI	Shelter and Non-Food Item
S3M	Simple Spatial Survey Method
SADD	Sex and Age Disaggregated Data
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SDG	Sudanese Pound
SDR	Secondary Data Review
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SLA	Sudan Liberation Army
SLA/AW	Sudan Liberation Army/Abdul Wahid al-Nur
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SNMAS	Sudan National Mine Action Standards
SO	Strategic Objective
SPLM-N	Sudan People's Liberation Movement-North
TAs	Technical Agreements
TNs	Travel Notifications
TNC	Third National Communication
TSFP	Targeted Supplementary Feeding Programme
UHC	Universal Health Coverage
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDRR	United Nations Disaster Risk Reduction
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNITAMS	United Nations Integrated Transition Mission in Sudan
UNMAS	United Nations Mine Action Service
US	United States
USAID	United States Agency of International Development
USI	Universal Salt Iodization
VCNA	Vector Control Needs Assessment
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WMR	World Malaria Report

HUMANITARIAN NEEDS OVERVIEW
SUDAN