

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

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

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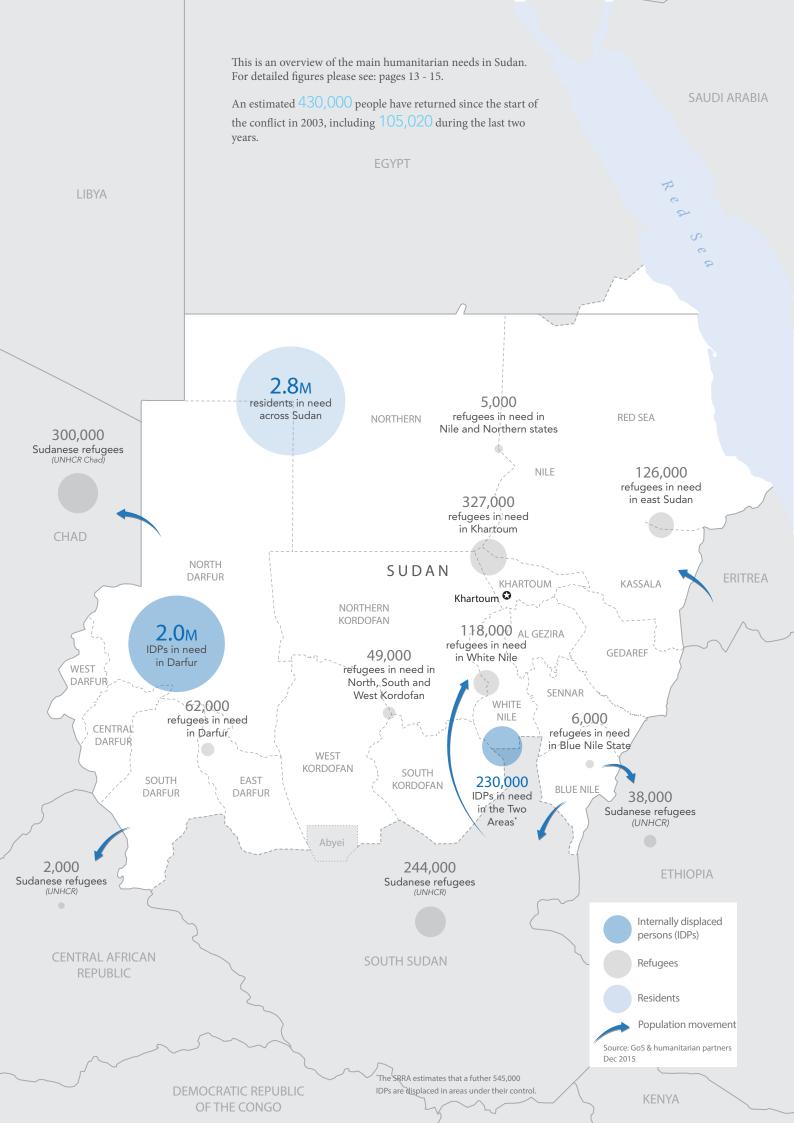
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## PART I: SUMMARY

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



#### HUMANITARIAN

## **NEEDS & KEY FIGURES**

This document reflects a first attempt to identify the needs of people based on their vulnerabilities. In particular, rather than assuming that all Internally Displaced Persons (IDPs) are in need because they are displaced, only vulnerable IDPs have been considered. The main humanitarian needs in Sudan result from several factors. New and protracted displacement due to conflict affects access to basic services and disrupts the livelihoods and food security of many people. Acute malnutrition in children under the age of 5 is above emergency thresholds in different areas across the country. Refugees continue to cross into Sudan seeking protection and assistance, stretching already limited resources in host communities. Some 4.6 million food insecure people are in need of assistance and the El Niño meteorological events could push an additional 1.2 million people into food insecurity, bringing the total number of people in need of food and agriculture assistance to 5.8 million people.

#### **HUMANITARIAN NEEDS**



Basic services for internally displaced people 2015 saw fewer people displaced in Darfur than previous years. However, Darfur remains an epicenter of large scale protracted displacement. Since 2011, tens of thousands of people are displaced in the Two Areas of Blue Nile and South Kordofan, and Abyei. Most IDPs are unable to meet their basic needs independently. The Government of Sudan (GoS) estimates that 2.2 million people are displaced in conflict-affected areas. The UN and partners estimate that a further half a million displaced people live in host communities and settlements in Darfur. Armed movements in the Two Areas estimate that an additional 545,000 people are displaced in areas under their control.



Food insecurity Ongoing conflict in Darfur and in the Two Areas has meant that arable lands in some food-producing areas cannot be accessed and that, even when crops can be grown, inadequate transport infrastructure has prevented access to markets. In 2016, some 4.6 million people are living at crisis or emergency levels of food insecurity, according to government Food Security Technical Secretariat (FSTS) estimates. It is expected that El Niño will increase the scope and gravity of these humanitarian needs.



Acute malnutrition in children According to the Ministry of Health, of the 2 million children suffering from wasting (Global Acute Malnutrition, GAM) annually in Sudan, some 550,000 suffer from Severe Acute Malnutrition (SAM). In 2015, 54 out 184 localities and 7 out of the 18 states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per WHO standards.



Influx of refugees According to the government, since December 2013 approximately 352,740 South Sudanese have sought safety and protection in Sudan, of whom nearly 195,000 have been registered. Until there is a political solution in South Sudan, this number is likely to continue to grow. About 84 per cent of the new arrivals are women and children. In eastern Sudan, the humanitarian response for 93,965 refugees and asylum-seekers has stretched resources, increasing pressure on the government and humanitarian partners. In 2015, there was an average of 1,069 new arrivals per month with peaks of 2,000 individuals during the summer.

#### **TOTAL POPULATION**

38.4<sub>M</sub>



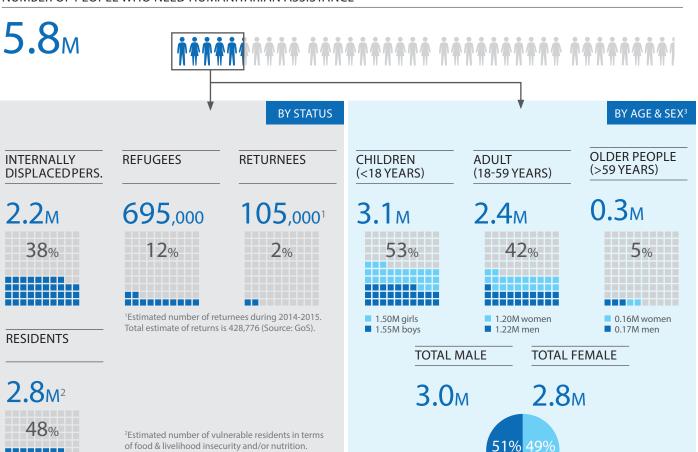
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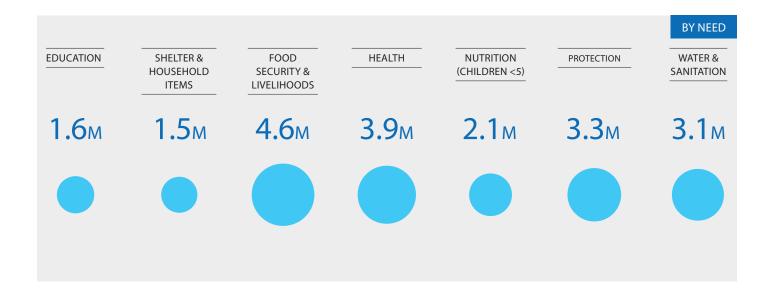
rounded

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

Calculated by adding together the higher number of either food / livelihood insecure individuals or

those suffering from malnutrition by state.





#### **HUMANITARIAN**

### **IMPACT**

Sudan faces two major overlapping humanitarian challenges: one triggered by conflict leading to widescale population displacement and another due to climatic and socio-cultural conditions leading to crisis levels of food insecurity and malnutrition. The scale and long-term nature of displacement, especially in Darfur, which has not been matched by economic opportunities, has exposed displaced people to hardship and uncertainty about their future. El Niño's weather pattern in 2015 resulted in poor crops. This is putting an additional strain on the 4.6 million people currently suffering from food insecurity, and the 2 million children suffering from acute malnutrition. The continuous arrival of asylum seekers and refugees in addition to an existing protracted refugee situation has stretched resources, increasing pressure on the government and humanitarian partners.

#### Large scale and protracted internal displacement

Recurring conflict between Sudanese government forces and armed movements takes place mainly in Darfur's Jebel Marra and in the Two Areas, directly affecting or displacing hundreds of thousands of civilians. While the number of newly displaced people in 2015 decreased compared to previous years, a large number of those who have fled their homes since 2004 remain displaced.

In Darfur some 1.6 million displaced people are registered as living in camps. For unregistered IDPs i.e. displaced people living in rural settlements and urban areas, estimates vary considerably, especially as there is no systematic registration of displacement outside camps. The official government estimate is that an additional 0.4 million internally displaced people live outside camps in Darfur and a further 0.2 million internally displaced people live in South Kordofan and Blue Nile. According to the government, the overall total number of IDPs across Sudan is 2.2 million in government-controlled conflict-affected areas.

The UN and partners estimate that a further half a million displaced people live in host communities in Darfur.

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

Armed movements in South Kordofan and Blue Nile estimate that an additional 545,000 people are displaced in areas under their control.

# FOOD INSECURITY 1 in 8 people in Sudan estimated to be food insecure





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

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

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

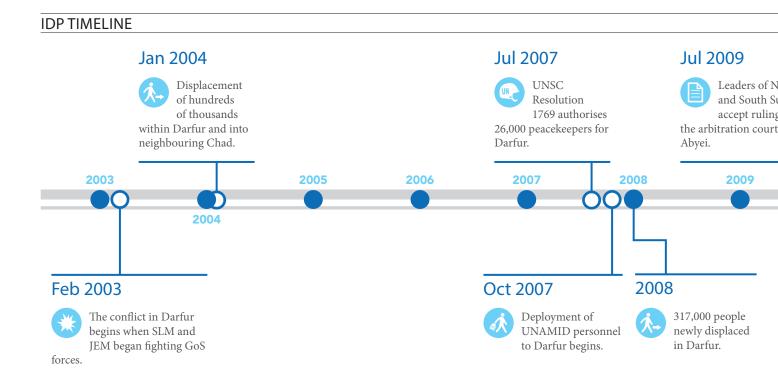
Among displaced people, women and children are the most vulnerable and the risk of being exposed to violence remains an overriding concern for women and girls during movements to markets, or for water and wood collection.

Older people and people with disabilities, who may not have easy access to assistance, are also very vulnerable groups. Such groups are exposed to risks of neglect, violence and exploitation.

That is not to say that all displaced people suffer from the same levels of vulnerability, but common to all displaced people is a need for access to basic public services. Especially in camps and informal settlements, access to water, sanitation, health and education would, in the absence of humanitarian assistance, be scarce or not available at all.

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

For example, in 18 of the 60 IDP camps in Darfur people have access to less than 7.5 litres of water per person per day, which is well below the minimum emergency standards. The absence of socio-economic opportunities to rebuild their lives means that, even after years of displacement, two thirds of displaced people struggle to fully sustain their food needs by themselves. The long-term nature of displacement and people's continued reliance on assistance to meet basic requirements calls for renewed, stronger, initiatives to create the conditions for durable solutions. In the meantime, people



remain eager to be able to support themselves better. More early recovery activities are needed to strengthen their self-reliance and increase their resilience.

Although many displaced people commute seasonally to their areas of origin to check on property and in some cases tend their land, large scale durable returns have, for the most part, not taken place. The reality is that population growth and displacement have altered the human geography and exerted stress on available natural and economic resources. This means that when prospects for return remain elusive, some IDPs may actually choose to integrate locally if given the opportunity.

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

At least 430,000 people have returned to their place of origin since the onset of the crisis, including 105,000 over the last two years. Returnees often need some support to settle in their former place of origin, be it in the form of temporary humanitarian assistance until their traditional livelihoods are restored, or in terms of available public services. The delivery of aid to returnees will require careful coordination between all the stakeholders providing short-term aid and those

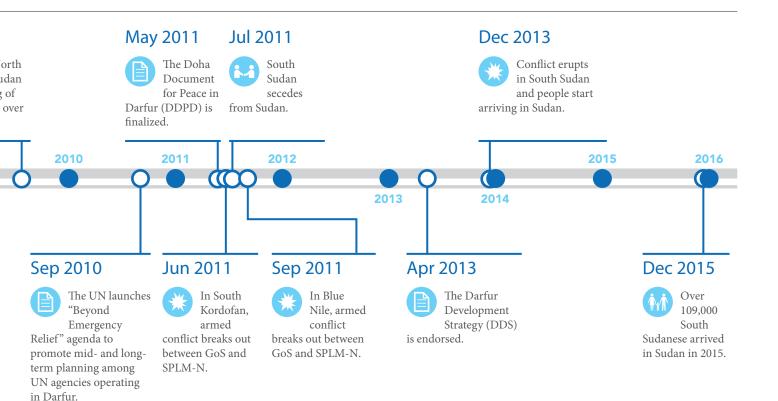
building and developing the capacities of communities over the long-term.

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

#### Asylum seekers and refugees

Sudan has a longstanding tradition of hospitality towards refugees and asylum seekers, currently hosting refugees from the Central African Republic (CAR), Chad, Eritrea, Ethiopia, Syria and Yemen. Almost 200,000 South Sudanese have recently sought refuge in Sudan.

As of December 2015, 348,000 asylum seekers and refugees were being hosted in eastern Sudan, Darfur, White Nile, South Kordofan, Blue Nile and Khartoum states. In addition, 347,000 individuals from South Sudan were estimated to have been living in Sudan prior to secession and lost their Sudanese nationality following secession. For the vast majority of these people, voluntary return is not an option due to the situation in their country of origin, and resettlement remains limited to only specific cases.



According to the government, since December 2013 approximately 352,740 South Sudanese have sought safety and protection in Sudan, of whom nearly 195,000 have been registered. Until there is a political solution in South Sudan, this number is likely to continue to grow. Among the South Sudanese arrivals, 84 per cent are women and children. Having usually travelled long distances to seek safety and protection, these people need food, water, shelter and health assistance.

The influx of South Sudanese places additional pressure on the resources of the host communities, as well as on the capacity of the government and humanitarian partners to respond to other emergencies. The Government of Sudan, however, has maintained its open-border policy and continues to consider South Sudanese as "brothers and sisters", allowing them in principle to enjoy the same rights as Sudanese citizens, including full freedom of movement and access to employment and public services. Emergency response to South Sudanese arrivals has been concentrated on enhancing the host communities' capacity to deal with sudden increases in population.

Camp-based refugees living in a protracted situation in Darfur and eastern Sudan remain dependent on aid, with a very small percentage having access to livelihood opportunities. Approximately 8,800 refugees from Chad remain in two camps in Central Darfur, of which 60 per cent have indicated their intention to return home. Awaiting the finalization of a formal repatriation agreement, spontaneous returns continue to be supported while the residual camp population remains dependent on humanitarian assistance. More than 4,000 CAR refugees are also living in Darfur, mostly in urban settlements around Nyala. Access to education, medical referrals and livelihood opportunities are among the key needs to be covered.

In eastern Sudan the humanitarian response for 93,965 refugees and asylum-seekers, including new arrivals and protracted refugees, has stretched local resources. Living in one of the poorest regions of Sudan, both new arrivals and protracted refugees face similar challenges, including high levels of poverty, limited access to livelihood opportunities, and restrictions on freedom of movement, among others. Due to all these factors, increasing numbers have turned to smuggling networks to facilitate their movement onward with risks of exposure to exploitation along the journey, including human trafficking. In eastern Sudan, the humanitarian response needs to be fostered through greater engagement of development actors.

#### Food insecurity and high levels of malnutrition

While conflict has been the main driver of humanitarian needs in Sudan, poverty, floods, drought and environmental degradation have also significantly affected the livelihoods of vulnerable people, particularly children. Conflict has

meant that arable lands in some food-producing areas cannot be accessed and that, even when crops can be grown, an inadequate transportation infrastructure prevents efficient access to markets. The high prices of agriculture inputs and products have reduced purchasing power at the household level. This has reinforced and exacerbated chronic vulnerabilities such as poverty and unemployment among significant segments of the population. This is particularly relevant in rural areas, which account for 60 per cent of the country's population and 80 per cent of its poor (Source: World Bank).

The government's Food Security Technical Secretariat (FSTS) estimates the level of food insecurity for 4.6 million people has reached crisis or emergency levels.

Socio-cultural feeding habits have a major impact on the nutrition levels of pregnant women and their children. Both acute and chronic forms of undernutrition affect the growth, development and survival of the children of Sudan. Undernutrition results in short and long-term consequences: while increased risk of mortality and morbidity are the short-term consequences of child malnutrition, about 45 per cent of all deaths in children under five are directly related with malnutrition, mostly due to the increased impact of disease. In Sudan, over one in three children under five are too short for their age (stunted) and more than one in six are too thin for their height (wasted).

According to the Ministry of Health, about 2 million children suffer from wasting annually (Global Acute Malnutrition, GAM) out of which over 560,000 suffer from Severe Acute Malnutrition (SAM). 54 out of 184 localities and 7 out of the 18 states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per the WHO standards. Some states have much higher rates, such as North Darfur where GAM reaches 28.3 per cent.

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

SAM is a key concern and priority for the government, which has joined the international Scaling Up Nutrition (SUN) initiative. The government, supported by development and humanitarian actors, has scaled up response in line with the National Nutrition Strategic Plan. Current nutrition programmes need to be significantly scaled up to achieve a meaningful impact and visibly reduce malnutrition rates in the coming years.

#### El Niño

Since 2015, the country has experienced unpredictable rainfall patterns due to El Niño which has negatively affected harvests, water availability and food supplies, altered transhumance routes, and led to environmental migration. Localised livestock disease outbreaks were being reported at the end of 2015, due to the congestion in areas of available fodder.

Poor harvests in 2015 have seen a 23 per cent reduction in sorghum and millet compared to the five year average, and areas planted for 2016 harvests have reduced by 14 per cent. The 2016 lean season is expected to arrive in April this year rather than in May.

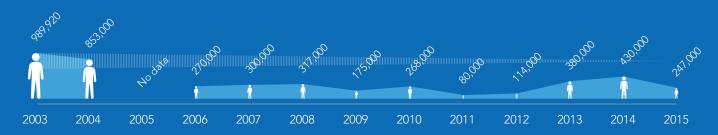
Projected poor harvests in 2016 are also expected to lead to limited agricultural labour opportunities and below average wage rates. While mitigation and preparedness measures are being put in place - including for refugees in eastern Sudan - the full impact of El Niño is expected to last at least until 2017. It is predicted that El Niño may aggravate food insecurity, possibly leading to an additional 1.8 million people requiring food assistance and livelihood interventions, particularly in the worst affected areas of Darfur, the Kordofan region, Blue Nile and White Nile states. By way of example, traditional livelihood interventions for refugees in the east have been reviewed at the request of refugees to decrease farming and increase service industry training.

The Government of Sudan has developed a plan including a number of measures to mitigate and prepare for the impacts of El Niño. As of January 2016, the official sorghum stock held by the government's Strategic Reserve Authority is estimated at 0.7 million tonnes as a result of the above-avarage production in the previous season, while an estimated 0.5 million tonnes are held by the private sector, bringing the total stock to 1.2 million tonnes. The structural deficit between production and consumption for wheat and rice is expected to be covered by normal levels of commercial imports. More specifically, the government plans to import approximately 2 million tonnes of wheat and wheat flour in order to compensate for the gaps in the national cereal

balance. Additionally, they also plan to transfer part of the cereal stock from surplus to deficit areas to avoid local shortages.

Ministry of Livestock mitigation measures to address the feed gap in the country include: utilisation of crop and forest residues, as well as products derived from sugar and food processing industries, establishment of community cooperatives, awarness raising on alternative livestock feeding diet and training of pastoralist in production of alternative animal feed from locally available stalks of grain supported by nutrition additives such as molasses. The plan also includes setting restrictions to export molasses and sunflower, groundnut and sesame cakes.

#### NO. OF PEOPLE NEWLY DISPLACED IN DARFUR PER YEAR (2003 - 2015) including returns



#### **BREAKDOWN OF**

## PEOPLE IN NEED

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

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

The 2015 Humanitarian Needs Overview estimated that there were 3.1 million IDPs in Sudan, including 1.6 million registered IDPs living in camps in Darfur. Recognizing that over the last decade some IDPs have managed to reestablish their lives, the humanitarian community has attempted to better identify the most vulnerable IDPs. Needs assessments are therefore now focused on identifying specific vulnerabilities, rather than assuming that all IDPs are automatically in need because they are displaced. For the purpose of estimating numbers of IDPs in need of humanitarian assistance, the approach has been to prioritize access to basic public services, therefore mainly prioritizing displaced people living in camps and settlements. A World Food Programme (WFP)-led comprehensive household-level economy census took place in Darfur in 2015. It is estimated that at the end of 2015 there are about 2.2 million IDPs in need in Sudan. In sum, the following tables reflect "IDPs in need" rather than total IDP populations.

Second, for vulnerable resident populations, different benchmarks have been used. Although food insecurity is widespread across Sudan, only those people who fall within the Integrated Food Security Phase Classification (IPC) categories 3 (Crisis) and 4 (Emergency) are regarded as being in humanitarian need. 4.6 million food insecure people, including IDPs and refugees, are thus considered in need of humanitarian aid.

Third, all 2 million children under five suffering from Global Acute Malnutrition are considered in need of humanitarian aid. Although malnutrition in Sudan is primarily driven by

development factors and requires a development response, wasting among children under 5 is a life-threating condition and GAM levels in Sudan have surpassed the internationally accepted emergency thresholds.

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

#### NUMBER OF PEOPLE IN NEED BY TYPE OF NEED

	BY STATUS	BY SEX & AGE*					
	IDPs	Refugees	Returnees	Residents	Total	% female	% children, adult, older people <sup>1</sup>
Education	925,073	122,748	43,058	462,537	1,553,416	50%	100   0   0%
Shelter & household items	1,094,980	347,825	105,020	0	1,547,825	50%	60   33   7%
Food Security & Livelihoods	1,966,555	347,825	105,020	2,206,853	4,626,253	54%	0 0 0%
Health	2,225,557	347,825	105,020	1,194,443	3,872,845	49%	53   38   9%
Nutrition (Children < 5)	172,930	23,732	7,166	1,857,260	2,061,088	51%	100   0   0%
Protection	1,966,555	695,188	105,020	507,709	3,274,472	55%	60   33   7%
Water & Sanitation	2,015,619	347,825	105,020	679,361	3,147,825	55%	60   33   7%

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

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





51% of children in the seven conflictaffected states are out of school, 59% of children nationally are out of school

Source: IOM

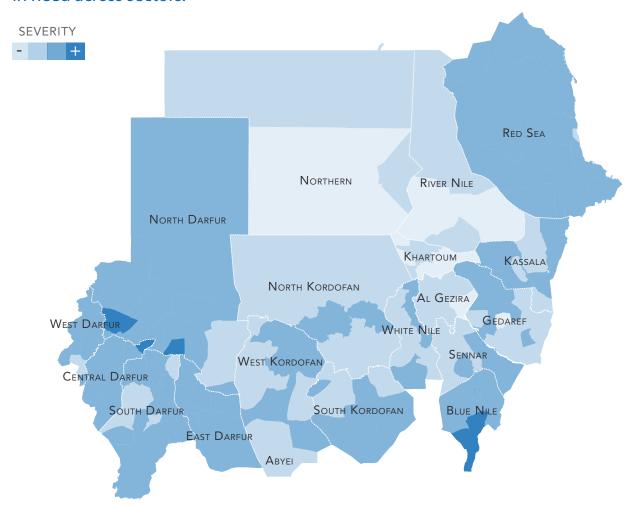
	BY AGE								
PEOPLE IN NEED	IDPs³	IDPs³ : Returnees		: Refugees : & asylum	Breakdown of refugees, asylum seekers & South Sudanese			% female	% children, adult, older
(DEC 2015)				: seekers	Pre Dec 2013 South Sudanese	Post Dec 2013 South Sudanese			people <sup>1</sup>
ABYEI PCA AREA <sup>2</sup>	0	0	0	0	0	0	0	51%	59   36  <b>5</b> %
AL GEZIRA	0	0	121,969	27	0	0	27	52%	50   43   7%
BLUE NILE	47,392	0	57,786	7,660	3,999	3,661	0	49%	57   38  5%
C. DARFUR <sup>2</sup>	410,258	2,282	95,901	10,343	1,435	0	8,908	51%	58   37   5%
W. DARFUR	266,744	9,387	: 285,671	: 4,458 :	67	0	4,391	51%	58   37  <b>5</b> %
E. DARFUR <sup>2</sup>	184,385	0	441,609	37,019	36,855	164	0	48%	57   39   4%
S. DARFUR	642,899	9,342	: : 161,549 :	8,175	4,174	0	4,001	48%	57   39   4%
N. DARFUR	472,902	72,706	: 184,537 :	2,001	2,000	0		49%	55   40   5%
GEDAREF	0	0	82,051	30,437	12,450	0	17,987	50%	56   38  <b>6</b> %
KASSALA	0	0	281,009	78,607	7,600	0	71,007	45%	50   44  6%
KHARTOUM	5,200	0	85,613	326,833	249,998	34,487	42,348	50%	46   49   5%
NILE	0	0	21,174	2,500	2,500	0	0	49% 	46   46   8%
N. KORDOFAN	0	0	248,389	2,874	2,500	374	0	52%	56   38   6%
S. KORDOFAN	184,000	11,303	131,290	25,985	5,804	20,181	0	51%	59   36   5%
W. KORDOFAN <sup>2</sup>	8,300	0	177,785	20,515	481	20,034	0	51%	59   36   <b>5</b> %
NORTHERN	0	0	5,726	2,500	2,500	0	0	49%	45   47   8%
RED SEA	1,600	0	271,785	13,663	10,000	0	3,663	43%	47   49   4%
SENNAR	1,559	0	38,475	3,588 118,003	2,500 2,500	0 115,503	1,088	51%	54   40   6%
WHITE NILE	318	0	64,304	110,003 : : :	2,300	113,303	0	51% : 	53   41   6%
	2,225,557	105.020	2,792,621	695.188	347,363	194,404 <sup>5</sup>	153,421		
<sup>2</sup> Gender and age disaggregated				:				adult (18-59 years), older	people (>59 years

#### **SEVERITY OF**

## **NEED**

The pattern of needs severity in Sudan closely mirrors patterns of conflict, as the majority of humanitarian needs stem from conflict-induced displacement. Darfur remains the most conflict-affected region in the country, with some people having been living in protracted displacement for over 13 years. In White Nile state and eastern Sudan, refugees continue to put additional pressure on resources in the host communities. The humanitarian consequences of violence and livelihood loss are seen in the high levels of food insecurity, low levels of access to potable water, and a lack of access to livelihood opportunities. The onset of El Niño is expected to exacerbate food insecurity and acute malnutrition, which are also predominantly prevalent in, but are not limited to, conflict areas.

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





## PART II: NEEDS OVERVIEWS BY SECTOR

#### **INFORMATION BY SECTOR**

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

#### **EDUCATION**

#### **OVERVIEW**



Displaced children who remain out of school are exposed to protection risks and violence; providing education for IDPs and affected host communities is vital to mitigating these risks and ensuring the right to education.

The majority of children in need of education are in IDP camps, mainly in Darfur, but an influx of IDPs into host communities has also strained the precarious education capacity in these communities.

#### AFFECTED POPULATION

Of the 4 million school-aged children (4-16 years) living in seven conflict-affected states in Sudan, an estimated 1.5 million are in need of Education in Emergency (EiE) support.

The states affected are the five Darfur states, South Kordofan and Blue Nile, where enrollment in school currently stands at 51 per cent (lower than the rest of the country, which stands at 59 per cent on average).

#### **HUMANITARIAN NEEDS**

The 2015 Education Sector Needs Assessment showed that in 30 out of 60 IDP camps in Darfur (with 129 schools assessed), there are 90-120 pupils per classroom, 64 per cent of IDP schools are not connected with water sources, 46 per cent of schools have no access to essential education supplies, and there is one latrine for every 358 boys and one for every 300 girls. Inadequate water and sanitation facilities contribute to higher drop-out and lower completion rates for girls who subsequently lose access to information about health, protection and rights. Education partners will continue to assess gaps in remaining camps.

The need for EiE support is very high as existing facilities

#### NO. OF PEOPLE IN NEED

#### BY SEX

#### BY AGE

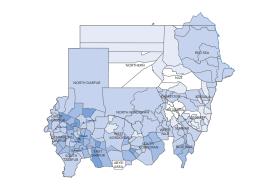
1.6<sub>M</sub>





#### SEVERITY MAP

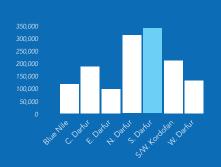


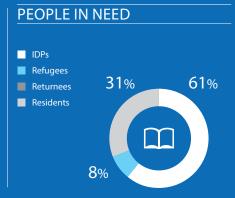


do not provide the support required. Emergency education for IDPs and affected host communities is needed to provide access to inclusive and protective lifesaving education for children affected by the crisis. This includes safe learning spaces, psychosocial interventions, life-skills, school feeding, health and hygiene protection, peace education, Gender-Based Violence (GBV) response, humanitarian protection and learning and recreational opportunities.

Restoring access to education during displacement mitigates and often averts the occurrence of physical and psychological harm to children and provides a safe and structured learning environment. This is especially important for girls who are often at an increased risk of being exposed to GBV and abuse and exploitation during emergencies.

#### PEOPLE IN NEED BY STATE





#### **EMERGENCY SHELTER/NON-FOOD ITEMS**

#### **OVERVIEW**

An estimated 1.5 million people are in need of life-saving shelter and household items, including people newly displaced by conflict and disaster; returnees/integrated IDPs; and vulnerable people with specific needs (PSNs) such as those living

with disabilities and older people among the protracted IDPs.

Additionally, some 16,000 families, including returnees and vulnerable protracted IDPs in rural areas are estimated to be in need of transitional shelter and livelihood opportunities.

#### AFFECTED POPULATION

IDPs have often moved multiple times, leaving belongings behind. The sector assists new IDPs with a one-time provision of Emergency Shelter / Non-Food Items (ES/NFIs) at the time of displacement. Since the items provided are not durable, annual redistribution of key items to IDPs with specific needs in Darfur is necessary.

Women, children and people with specific needs are particularly vulnerable without shelter to protect them from the elements and avoid exposing them to further health risks. Assistance is also required for returnees and integrated IDPs.

Of the 1.5 million people estimated to be in need of ES/NFI assistance, 375,000 are newly displaced; 105,000 are returnees/ IDPs integrated into host communities; and 700,000 are PSNs among the protracted IDPs in Darfur and 350,000 are refugees.

Some 80,000 vulnerable protracted IDPs/returnees in rural areas need transitional shelter assistance.

#### HUMANITARIAN NEEDS

Protracted displacement remains a defining feature of the crisis in Sudan. IDPs will continue to be in dire need of basic ES/NFIs such as plastic sheeting, plastic mats, jerry cans, blankets and cooking sets. These items help restore a minimal



BY SEX

BY AGE

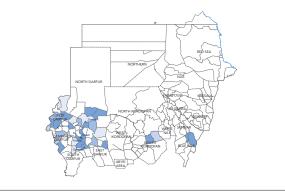






#### SEVERITY MAP



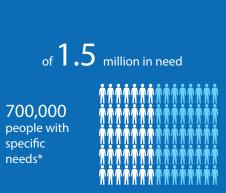


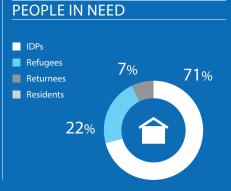
sense of dignity and protection against exposure to the elements, mitigate health risks and provide some privacy and security to those in need.

IDPs returning to their places of origin, resettling in stable areas or integrating within host communities will be in need of ES/NFI assistance to facilitate the return process and support host families.

There continues to be a need for durable solutions (return and urban integration) for IDPs in Darfur. There is a need to provide environmentally friendly transitional shelters, together with community training on alternative building techniques and livelihood opportunities to promote self-reliance and resilience.

Assistance is based on assessed needs and particular attention is paid to female-headed households, child-headed households and other vulnerable groups.







#### FOOD SECURITY & LIVELIHOODS

#### **OVERVIEW**

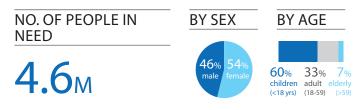


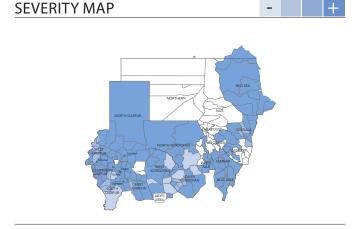
Food insecurity, scarcity of resources and resulting migration patterns may lead to further conflict and outbreak of diseases in Sudan. The provision of timely food assistance in parts of the country is hampered by insecurity and lack of

humanitarian access. During the 2015/16 agricultural season, late rains, dry spells and below-average planting led to a far below-average harvest, partly due to El Niño. The impact of the poor harvest on the livestock sector is substantial, with reports of early and above-average migration, increasing the risk of resource-driven conflicts, and excessive livestock sales. Despite some carry-over stock from the 2014/15 harvest and food reserves held by the Strategic Reserve and private sector, it is uncertain whether the most vulnerable and agriculturedependent groups in Sudan will be able to meet their food requirements, particularly for wheat, the second most widely consumed staple food after sorghum. The price of food has been highly volatile in recent years. The sorghum price continues to be 34 per cent above the three year average, and groundnut is 78 per cent above the three year average. As a result of high food prices, economic vulnerability is extensive. WFP food security monitoring shows that among vulnerable populations in Darfur few households can afford the local food basket. A weak exchange rate contributes to increasing the cost of imported goods.

#### AFFECTED POPULATION

The current estimated food insecure population is based on the results of the most recent Integrated Food Security Phase Classification (IPC) analysis. Household food security is closely linked to the performance of the agricultural sector, which provides household level food and wage labour opportunities. Agricultural production influences the price of food indirectly, which helps determine household economic access, as most households are net consumers of food, relying

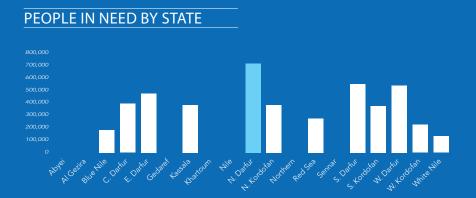


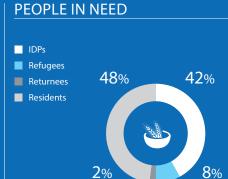


on markets as their main food source. Households affected by food security shocks (e.g. failure of agricultural production, high food prices) are also a priority. The number of food insecure people may increase substantially during the lean season, if forecasts on harvest outcomes are maintained. Vulnerable and food insecure groups in areas where humanitarian access is constrained are of particular concern.

#### **HUMANITARIAN NEEDS**

The most vulnerable people need emergency food assistance to meet immediate food requirements, and there is a need for interventions aimed at developing sustainable solutions for long-term food security.





#### WATER, SANITATION & HYGIENE

#### **OVERVIEW**



Over 3 million people in need in Sudan require some form of Water, Sanitation and Hygiene (WASH) assistance, including access to improved drinking water, access to safe means of excreta disposal and hygiene sensitisation.

Specifically, WASH services in 18 of the 60 IDP camps in Sudan are at a critical sub-standard level (water supply is less than 7.5 litres per person per day in camps in West, Central and North Darfur states).

In conflict-affected states and in eastern Sudan, poor WASH coverage increases dependency on humanitarian aid.

Over one third of Sudan's population is considered vulnerable to the impacts of El Niño.

#### AFFECTED POPULATION

Of the 3.1 million people in need of WASH assistance, 1.4 million are IDPs in Darfur, 265,000 reside in eastern Sudan and the rest are mainly conflict-affected people from the Kordofan region, White and Blue Nile States, refugees or returnees.

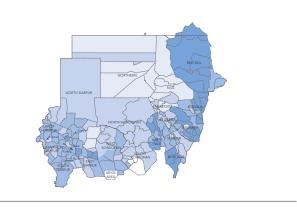
The anticipated El Niño impact on WASH includes water resource depletion, disease outbreak and further displacement due to conflict over water resources. Sector analysis shows that over 40 per cent of hand pumps and 30 per cent of motorized water schemes in Sudan are at high risk of running dry. Increased operation and maintenance costs will place a higher burden on vulnerable communities.

#### **HUMANITARIAN NEEDS**

The high population density in Darfur's IDP camps increases the rate of water extraction and the frequency of breakdown of water systems, triggering a need for continuous expansion



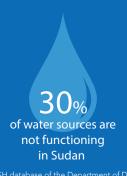


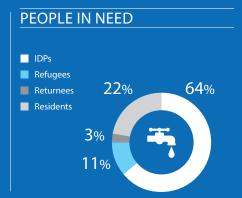


and maintenance of WASH services. Sustaining the WASH needs of IDPs will require at least US\$10 per capita.

Improved WASH conditions are key to cutting malnutrition rates, as exemplified in the diarrhoea-malnutrition cycle that is prevalent in vulnerable populations.

An estimated 1.3m people are at risk of having to migrate due to water resource depletion because of El Niño and could require water trucking; water supply infrastructure will require upgrading and frequent repair. Water source depletion can have spill-over multiplier effects, including disease outbreak and displacement. To avert disease outbreak, there will be a need for improved environmental sanitation and personal hygiene practices.





18
IDP camps out of 60
at a critical sub-standard level in terms of WASH services

#### HEALTH

#### **OVERVIEW**



In spite of Federal Ministry of Health (FMoH) and partner achievements, the protracted crisis in Sudan and inadequate funding have had a major impact on all levels of health care, notably in conflict-affected areas (Darfur, South Kordofan,

and Blue Nile).

About 36 per cent of the Primary Health Care (PHC) facilities across Sudan are not fully functional either due to staff shortages or poor physical infrastructure. In Darfur, 28 per cent of health facilities are non-functional (closed).

Only 24 per cent of functional health facilities offer all main service components of the Primary Health Care (PHC) package (42 per cent in Darfur due to NGO support).

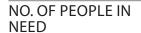
A shortage and inequitable distribution of health workers, a weak Health Information System (HIS) and acute shortages of medical supplies exacerbate the overall situation.

Major hazards affecting health in Sudan include droughts, floods, epidemics, El Niño and internal conflict and displacement. There are frequent disease outbreaks of meningitis, measles, pertussis, dengue fever, hepatitis E, scabies and diarrheal diseases. In addition, the prevalence of non-communicable diseases is on the rise.

#### AFFECTED POPULATION

Better health services are required for all people in need, especially mothers and children.

Out of the 3.9 million people in need of health assistance, 1.4 million are IDPs in camps, 760,000 are IDPs in gatherings and host communities, 380,000 are individuals in communities affected by food insecurity and above emergency threshold acute malnutrition rates in eastern states, and 840,000 are vulnerable individuals in underserved host communities living in insecure areas. Of the total number of people in



3.9<sub>M</sub>

#### BY SEX

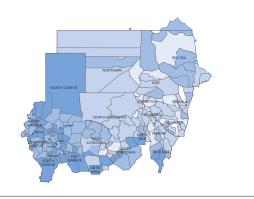






#### SEVERITY MAP





need, about 272,000 are pregnant and lactating women in need of maternal and reproductive health services, including emergency obstetric care.

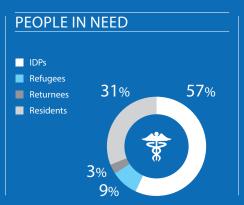
Some 680,000 children under five need access to health care, including immunisation and essential lifesaving services. Addressing some of the most important underlying factors of acute malnutrition is also a priority.

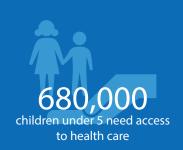
Due to the protracted nature of the internal displacement, the access to affordable treatment of chronic diseases is crucial for older people.

#### **HUMANITARIAN NEEDS**

The sector needs to ensure continued access to basic and

## Functioning health facilities providing the minimum PHC package service 24% Sudan 42% Darfur 100%





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

The prevention and control of communicable diseases using a public health approach through strengthening the HIS with a strong early warning and surge capacity for immediate response components is crucial. It is important to boost human resources and coordinate with other sectors on recovery and resilience.

The health sector requires continuity and will need to strengthen support to health clinics and their workforce, including ensuring sufficient medical supplies are in place, in order to respond in a timely and effective way to new health emergencies and ongoing health concerns.

#### **PROTECTION**

#### **OVERVIEW**



3.3 million people are in need of humanitarian protection support, including children and women at risk, other people with specific needs, and people at risk of landmines or Explosive Remnants of War (ERW).

People in need of humanitarian protection include internally displaced and host communities who may face challenges in addressing needs of their vulnerable members.

In addition, vulnerable people in return areas face risks, pending the restoration of safety net mechanisms in these areas.

Increased protection needs among displaced, local communities and returnee communities are expected this year due to the impact of El Niño.

#### AFFECTED POPULATION

The total number of people in need of humanitarian protection support is estimated at about 60 per cent of the total number of IDPs and returnees. Groups in need of protection support include:

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

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

NO. OF PEOPLE IN NEED



BY SEX

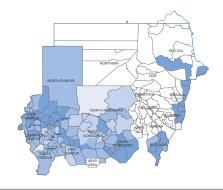
BY AGE





SEVERITY MAP





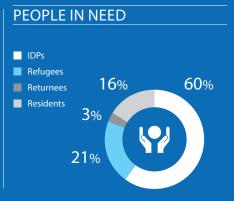
Other vulnerable people: people with disabilities or with special needs, older people, people with serious medical conditions.

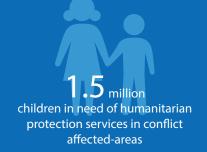
People at risk of landmines and ERW, and communities exposed to landmines/ERW. More than 500,000 people are exposed to the threat of landmines/ERW in Sudan.

#### **HUMANITARIAN NEEDS**

Vulnerable displaced people are exposed to the effects of conflict and displacement, including family separation, destitution and lack of access to assistance and other services. Breakdown in family and community structures leaves vulnerable people without adequate support to address their essential needs, community safety nets are severely weakened,







and the capacity of social institutions is insufficient to provide protection services.

Landmines and Explosive Remnants of War (ERW) affect the safety of displaced, local, and returnee communities; such communities need support to demarcate and clear these areas in order to maintain or restore livelihoods.

Destitution resulting from displacement and loss of a protective environment puts children at higher risk of abuse, exploitation and violence. Children demobilised from armed groups, unaccompanied or separated children, child victims and survivors of child right violations need access to Family Tracing and Reunification and other support services. Protection from risks of recruitment, exploitation and other forms of abuse is needed in areas of displacement. Birth registration in areas of displacement and in return areas remains a challenge. There is a high need for sustainable prevention and response measures in displacement areas. This includes community-based child protection mechanisms and services for children at risk of abuse, exploitation and violence including child survivors of GBV.

GBV has been exacerbated by the conflict, as well as by inadequate living conditions and the lack of privacy which IDPs face in camps and elsewhere. Vulnerable women and girls in areas of conflict need support to prevent risks of GBV, in particular to reduce their exposure, for example during movements for water or firewood.

Victims, including children, of trauma, GBV survivors and victims of landmines and ERW, require psychosocial assistance and support for socio-economic reintegration. Limited mobility, lack of information on available services and the distance to services, social exclusion and fear of social stigma hamper the ability of vulnerable people to access adequate social protection and assistance.

The influx of displaced or returning groups puts communities under stress, and may trigger tension/conflicts. Mechanisms and capacities contributing to conflict resolution and

peaceful coexistence, as well as advocacy with authorities in displacement areas and return areas, need support.

55%
proportion of women
and girls within the
IDP population



#### **NUTRITION**

#### **OVERVIEW**



Malnutrition is chronic in Sudan with emergency level rates having been observed for decades. This is due to poverty, limited access to health care and a lack of safe drinking water, with the situation potentially worsening during coming

months as a result of El Niño. Today, Sudan has one of the highest rates of wasting in the Middle East and North Africa (MENA) region with a Global Acute Malnutrition (GAM) rate of 16 per cent amongst children under the age of 5.

Malnutrition in Sudan is not limited to conflict-affected areas; 52 per cent of acutely malnourished children live in nine states not affected by conflict. Displacement in conflict-affected areas increases the prevalence of malnutrition, while additional contributing factors include feeding habits, childcare practices, sanitation and access to health services.

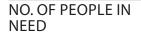
A multi-sectoral approach is needed to tackle the underlying causes of malnutrition. The nutrition sector has been affected by the recent closure of some interntational NGOs that were operating key nutrition centres in Sudan.

#### AFFECTED POPULATION

The 2013 Simple Spatial Surveying Method (S3M) survey and 2014 Multiple Indicator Cluster Survey (MICS) indicated above emergency level acute malnutrition among children under the age of 5 across Sudan.

One third of all localities record a malnutrition prevalence rate of over 15 per cent, which is above the WHO emergency threshold. About 2 million children suffer from wasting annually; 560,000 of these suffer from Severe Acute Malnutrition (SAM).

Maternal nutrition is a concern, with some 330,000 pregnant and lactating women (PLW) being undernourished every year.



BY SEX

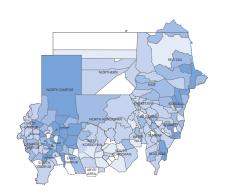
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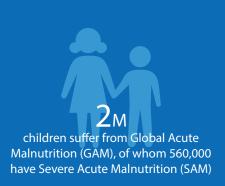
SEVERITY MAP

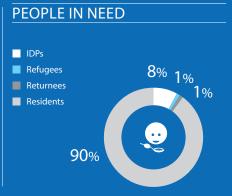


#### **HUMANITARIAN NEEDS**

Acute malnutrition is a life-threatening condition, which may result in increased morbidity and mortality among affected children. If left untreated, acute malnutrition can have debilitating consequences such as impaired physical growth and cognitive development. Hence, a timely and comprehensive response to the needs of vulnerable children and PLW and preparedness for possible El Niño impacts is required.

In 2016 the nutrition sector needs to ensure increased access to life-saving services for acutely malnourished children under the age 5 and PLW, and integrated services for the prevention of malnutrition among vulnerable groups. In addition, education and counselling for mothers/care givers to children under the age 5 need to be prioritised.







#### RECOVERY, RETURN & REINTEGRATION

#### **OVERVIEW**



Sudan's protracted crisis and continuous displacement have created vulnerabilities and dependencies that require a coherent, effective and efficient approach to durable solutions. Since the onset of the crisis, 428,776 people have voluntarily returned, of whom 105,020 in the last two years.

Leaving IDPs in continued marginalisation without the prospect of durable solutions is an obstacle to stability, peace, recovery and reconstruction. Despite the challenging circumstances, it is necessary to support vulnerable people to build resilience. Using an early recovery approach will enable a holistic humanitarian response. Interventions by humanitarian sectors in areas of return/local integration must be coordinated to ensure coherent and harmonised assistance.

#### AFFECTED POPULATION

In locations where the environment is conducive for return, some spontaneous returns of IDPs have taken place or are expected in 2016. However, some of the return areas are not conducive for return due to insecurity, lack of access to basic services, shortage of economically and environmentally viable livelihoods, and land tenure issues.

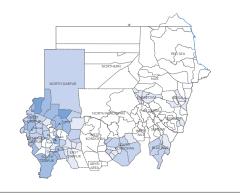
In addition to return processes, it is expected that a significant portion of the IDPs in Darfur may integrate in or continue to stay near to the towns, cities and peri-urban areas to which they were originally displaced. Return and local integration require long term programming, including rehabilitation of critical and basic infrastructure such as water, health and education facilities, providing transitional and longer term shelter, and supporting community-level income generating activities and enhancing human security.

#### **HUMANITARIAN NEEDS**

IDPs who have returned or integrated locally and host







communities face many vulnerabilities. These often intensify with time, weakening the resilience of affected populations to recover from shocks and stresses. Preconditions for durable solutions include a conducive environment for IDPs to return to their places of origin or to integrate locally, and secured access and right to use of land allowing IDPs to return home and/or to become fully self-reliant in their location of displacement. Major humanitarian needs include:

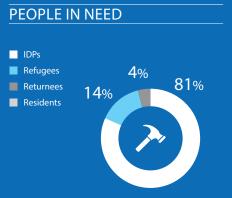
Emergency and transitional shelter and access to basic social services and infrastructure (health, education, WASH).

Improved access to natural resources, land, food and fuel.

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

Access to environmentally friendly and reliable energy and technologies.

## PEOPLE IN NEED BY STATE





For information on refugees in need see pages 9 and 10

