

UNICEF Humanitarian Action 2010

SUDAN

SITUATION UPDATE

The situation in Sudan in the first half of 2010 was characterized by a combination of political tensions due to the national election held in April, increased inter-tribal violence, high levels of displacement, disease outbreaks, and an expanding food gap. Since early 2010, a series of fighting between different rebel groups/factions, government forces and local tribes have newly displaced about 200,000 civilians including children in Darfur according to the Office for the Coordination of Humanitarian Affairs. While UNICEF continues to intervene, access to the population, human rights violations and the protection of vulnerable population remain a serious concern. Some of the measures put in place to fill the gaps left behind following the expulsion of 13 international NGOs in 2009 are still not sustainable, and continue to put enormous pressure on UNICEF programmes in Darfur and as provider of last resort. Alarming levels of food insecurity aggravated by poor harvests, social political instability and corresponding displacements, increases in food prices, and limited access to basic services is affecting 8.9 million across Sudan.¹ In 2009 below-average rainfall in most of Darfur added to the concerns over potential depletion of aquifer, which is feared to aggravate conflicts, outbreak of diseases, and already alarming malnutrition rates.² In Darfur alone, UNICEF currently supports the functioning of 143 sites providing therapeutic feeding to children and is rolling out the adoption of the new community management of acute malnutrition (CMAM) guidelines. While Darfur remains vulnerable, the focus on Darfur programming continues to obscure real and persistent needs in non-Darfur northern states.

Since January 2010 in Southern Sudan, there have been 80 conflicts reported, including inter-tribal fighting and attacks by Uganda's Lord Resistance Army (LRA), which displaced a total of 72,464 affected people, while 231,300 people remain displaced from the previous years.³ More than half of the newly affected population were in the Jigeli, Warrap, Lakes and Unity states. Inter-tribal conflicts have increased both in intensity and number, with the killing of 490 people, including many women and children, and the systematic practice of child abduction during the fighting. The nutrition situation among children remains critical in the high risk states, with a global acute malnutrition rate of over 15 per cent (surpassing the emergency threshold), as the hunger period started in March/April and food prices started rising. Worsening insecurities also increase the risk for women and children to become victims of rape and abuse and to be exposed to HIV transmission. The consensus among partners is that the humanitarian situation in Southern Sudan is deteriorating and will further worsen in remainder half of 2010 as the country is preparing for the referendum to decide its future for Southern Sudan in January 2011.

KEY RESULTS FOR CHILDREN

North of Sudan

In the north of Sudan, one round of Child Health Days was implemented in June, reaching 6.6 million under five children with polio vaccinations, 5.3 million children with de-worming tablets, and 5.9 million children with vitamin A supplements. Between January and March, over 17,000 children (out of a target 33,000) across the northern states were admitted for treatment of severe acute malnutrition. All 143 outpatient therapeutic programme (OTP) and therapeutic feeding centre (TFC) sites in Darfur received the community management of acute malnutrition (CMAM) training and are now applying the guidelines.

Access to sustainable improved drinking water for 1.38 million people (out of a target 2.5 million for the year) was re-established by operating and maintaining over 700 water systems and establishing 206 new hand pumps and 14 new motorized systems. Adequate sanitation was provided for 40,350 people while at least 942,500 people benefitted from hygiene promotion through hygiene awareness campaigns along with soap provision. At least 22,800 school children and staff members as well as ten health facilities also benefitted from WASH services. WASH capacity building efforts have reached at least 1,740 community members.

UNICEF supported the construction of 116 classrooms and rehabilitation of 29 classrooms which would benefit at least 7,250 children, and training of 4,864 teachers which will have an impact on over 240,000 children's learning quality. The distribution of education supplies and materials for 204,750 children is ongoing, to ensure a good start of school year as well as the provision of alternative learning opportunities for out-of-school youth.

¹ 2009 Annual Needs and Livelihood Assessment (ANLA); localised nutrition surveys/assessments; World Food Programme 2010 Sudan EMPO – 2010 Achievements/Challenges.

² Recent nutrition surveys confirm global acute malnutrition rates in excess of the emergency threshold (15%).

³ According to the Office for the Coordination of Humanitarian Affairs.

Over 148,000 children and adolescents, out of the yearly target of 250,000, benefited from psychosocial support, which is being mainstreamed in schools and communities. Over 474 children associated with armed groups were enrolled in various reintegration activities. UNICEF supported Khartoum State to provide Child Protection services and emergency care for babies in the Mygoma orphanage subsequently reducing its child mortality rate by 25 per cent. At least 31,000 people received Mine Risk Education (MRE).

About 62,000 young people were reached with accurate HIV/AIDS information and skills on HIV/AIDS. A total of 360 teachers were trained on HIV/AIDS life skills curriculum, reaching about 75,000 children in school. An additional 15,390 pregnant women received routine counselling and testing in Prevention of Mother to Child Transmission (PMTCT) centres.

UNICEF is responsible for the procurement of all supplies for the Non Food Items (NFI) Common Pipeline serving 255,000 households in addition to maintaining contingency stock for a further 50,000 households. As of June 2010, the NFI Common Pipeline has supported 114,264 households with NFIs.

Southern Sudan

The Accelerated Child Survival Initiative (ACSI) reached 182,402 children under five years and 183,530 women of childbearing age with the package of basic health, nutrition and hygiene services in five counties. While no wild poliovirus case was reported since July 2009, the risk exists of undetected circulation of the virus. Through two rounds of Polio National Immunization Days (NIDs), about 3,152,300 (over 98 per cent of target) children under five years were vaccinated. At least 7,507 acutely malnourished children had been successfully treated in seven focus states.

Safe water has reached 22,780 emergency-affected people; 11,500 people were provided with access to sanitation facilities in emergency, and about 15,900 school children now have access to improved sanitary and hygienic facilities. In April, responding to the cholera outbreak in Ezo County, 11 water sources were disinfected, along with the training of hygiene promoters, as well as the provision of soap, buckets and jerry cans for water collection and storage, to protect 7,600 people against the disease.

The distribution of educational materials is ongoing to ensure continued learning opportunities for over 1.6 million pupils and 23,000 teachers at 2,500 learning spaces. In response to emergencies, 332 school-in-a-box kits and 20 classroom tents were procured and pre-positioned for 26,5650 students and their teachers at UNICEF logistics hubs. Education in emergencies training was held for 15 education ministry focal points.

In terms of child protection, 133 children have been released from the Sudan People's Liberation Army (SPLA) barracks following the negotiation by Southern Sudan Disarmament, Demobilization and Reintegration Commission (SSDDRC), of which 132 children have been reunified with their families in several states after the family tracing and unification process including interim care support. An additional 621 children affected by emergencies have benefited from reintegration services. Over 7,500 people received Mine Risk Education (MRE), including 5,200 children, in communities through various mode of communication including drama, peer-to-peer education and direct presentations.

HIV/AIDS and life skills education was provided to 44,675 high risk people, including youth, to increase their knowledge on HIV prevention. Close to 14,000 pregnant women received PMTCT services, of which 148 (one per cent) were found HIV positive and 113 (76 per cent) received antiretroviral (ARV) prophylaxis. HIV testing kits have been pre-positioned in all states where plans are in place to conduct more outreach service provision to vulnerable populations.

Over 40,000 people affected by various conflicts received non-food items (NFI) kits to assist their survival and protection from infectious diseases and harsh weather in a displaced environment. An additional 21,350 NFI kits are being procured and 7,750 kits prepositioned in UNICEF and partner's warehouses in Rumbek, Leer and Malakal for rapid distribution to emergency-affected people. The inter-agency coordination of the NFI supply pipeline for Southern Sudan's is led by United Nations Joint Logistics Centre with NGOs and local authorities in each locality.

Communication and Advocacy: Since radio communication has the widest outreach for mass communication, Sudan Information Campaign for Returnees (SICR) focused on the production and airing of radio dramas on mine risks, health, water and sanitation. With participation by children, the SICR is producing accurate and timely information to enable IDPs to make informed decisions about their return. In North Sudan, IDP hour now airs from 12-1pm every day except Saturday, which will continue throughout the year. In Southern Sudan this was the first time children acted in radio dramas, and the responses have been very positive. Due to popular demand, the radio dramas are re-run on UN supported Miraya station, which has the greatest outreach in the region. Also, a rapid needs assessment has been conducted to learn more about the information needs among returnees and host communities to improve future communication.

KEY CHALLENGES

The national election period up to the end of April slowed down UNICEF-supported interventions, both humanitarian and in the areas of recovery and development, since many government partners at all levels have been mobilised for the election process and campaigns. The election took place in mid April, followed by a period of staggered results announcements, accompanied by gradual appointment of cabinets and line ministries at central and state levels. Anticipating this to some degree, UNICEF and partners tried to accelerate the implementation of emergency interventions (i.e., prepositioning of emergency supplies) prior to April, while delaying other interventions until May. This has somewhat delayed activities on the ground (i.e., distribution of educational supplies to schools and ACSI campaigns in Southern Sudan).

This insecurity, along with an early arrival of rainy seasons, disrupted humanitarian access to the affected population in seven high risk states in the south. Lack of government capacities and absence of other partners continue to be a challenge, especially in Southern Sudan. For example, last year's expulsion of NGOs in Darfur worsened the access to remote areas, impeding the emergency response to the conflict in Jebel Marra. The funding shortfall remains a major challenge in health, where supplies should be ordered well in advance.

INTER-AGENCY COLLABORATION

The cluster approach was initiated in Darfur and is rolling out in the rest of the North. As Cluster lead in WASH, Education, Nutrition, and Sub-Cluster lead for Child Protection, UNICEF was heavily involved in the preparation, coordination and finalization of the UN and Partners Work Plan and the Common Humanitarian Fund (CHF) allocation. UNICEF also serves as a major partner in the NFI Common Pipeline procuring NFIs for conflict and disaster affected people across North Sudan. UNICEF is leading the Peace Communication Campaign in the UN Country Team.

While the cluster approach is currently being rolled out in the South, UNICEF is still providing similar leadership in sector working groups. For example, addressing child malnutrition, the Directorate of Nutrition under the Ministry of Health, UN agencies and NGOs in the Nutrition Sector endorsed the World Food Programme's proposal for blanket distribution of Plumpy'doz to children six to 36 months in three selected states, while cases of malnutrition were referred to and treated by UNICEF. The WASH sector reviewed the core pipeline of emergency supplies (e.g., pumps and generators, water distribution and treatment supplies, hygiene promotion supplies and latrine materials with tools), identified gaps and increased fundraising efforts, including a proposal submitted for the Central Emergency Response Fund. UNICEF organized a two-day child protection cross-border meeting in Juba attended by UNICEF, UN and NGO sector partners in Southern Sudan and neighbouring countries to discuss crisis scenarios for Southern Sudan and will incorporate the results in their respective emergency plans. Terms of Reference for the UN Action for prevention, monitoring and response to the violations of the Security Council resolutions 1612 and 1882 are being finalized.

FUNDING REQUIREMENTS

Funding requirements in the HAR 2010 were based on the UN Work Plan for Sudan for the year. Although UNICEF is playing a human resource-intensive role of the cluster (or sector) lead for Nutrition, WASH and Education, and Sub Cluster lead for child protection, funding for this mechanism is limited: CHF funding for cluster coordination is only six months with no possibility for continuation, while there is very limited funding mechanism at all for the sector leadership in the South. Consequently UNICEF is forced to stretch its limited financial and human resources to fulfil its cluster responsibilities.

North Sudan's revised requirements are US\$118,218,003. UNICEF has aligned its requirements for Mine Risk Education with the revised mid-year CAP requirements of 12.2 million. The Mine Risk Education Programme is part of a consolidated appeal, reflecting the entire needs and scope of mine risk education in Sudan, coordinated by UNICEF through the United Nations Mine Action Office (UNMAO), together with the National Mine Action Centre and the Southern Sudan Demining Commission, and implemented by government and national and international NGO partners. As of mid-year, the North Sudan office has received US\$20,623,269 and a carryover of US\$24,475,786 against the total funding requirement. South Sudan's requirements remain unchanged at US\$53,807,000, of which US\$19,601,112 has been received to-date.

Moreover, within the programmes, earmarked funds constitute a good proportion, leaving some areas such as Abyei overfunded while others are severely underfunded. A similar situation exists in the South where major funding gaps are in Education in general and others with non-pipeline supply components. This forces UNICEF to leverage its non-humanitarian funding sources to respond to emergency needs.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
North Sudan						
Health and Nutrition	25,706,300	26,206,237	5,174,320	21,031,917	6,849,984	14,181,933
Water, Sanitation and Hygiene	31,748,100	31,748,100	4,510,669	27,237,431	7,875,254	19,362,177
Education	25,874,100	21,188,506	2,527,451	18,661,055	5,916,297	12,744,758
Child Protection	14,116,000	14,008,761	2,940,135	11,068,626	2,528,345	8,540,281
Mine Risk Education	700,000	12,204,000	0	12,204,000	0	12,204,000
HIV/AIDs	3,239,500	1,206,500	0	1,206,500	586,283	620,217
Non-Food Items	9,817,200	10,290,899	4,694,909	5,595,990	427,807	5,168,183
Communication and Advocacy	1,365,000	1,365,000	775,781	589,219	291,816	297,403
Total*	112,566,200	118,218,003	20,623,265	97,594,738	24,475,786	73,118,952
South Sudan						
Health and Nutrition	12,267,000	12,267,000	8,896,217	3,370,783	1,619,590	1,751,193
Water, Sanitation and Hygiene	12,621,000	12,621,000	5,545,397	7,075,603	0	7,075,603
Education	17,469,000	17,469,000	2,031,296	15,437,704	1,293,637	14,144,067
Child Protection	4,500,000	4,500,000	553,587	3,946,413	29,346	3,917,067
Mine Risk Education	500,000	500,000	0	500,000	0	500,000
HIV/AIDs	1,950,000	1,950,000	292,116	1,657,884	0	1,657,884
Non-Food Items	4,000,000	4,000,000	2,005,705	1,994,295	1,676,493	317,802
Communication and Advocacy	500,000	500,000	276,794	223,206	0	223,206
Total*	53,807,000	53,807,000	19,601,112	34,205,888	4,619,066	29,586,822

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

Total Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health and Nutrition	37,973,300	38,473,237	14,070,537	24,402,700	8,469,574	15,933,126
Water, Sanitation and Hygiene	44,369,100	44,369,100	10,056,066	34,313,034	7,875,254	26,437,780
Education	43,343,100	38,657,506	4,558,747	34,098,759	7,209,934	26,888,825
Child Protection	18,616,000	18,508,761	3,493,722	15,015,039	2,557,691	12,457,348
Mine Risk Education	1,200,000	12,704,000	0	12,704,000	586,283	12,704,000
HIV/AIDs	5,189,500	3,156,500	292,116	2,864,384	0	2,278,101
Non-Food Items	13,817,200	14,290,899	6,700,614	7,590,285	2,104,300	5,485,985
Communication and Advocacy	1,865,000	1,865,000	1,052,575	812,425	291,816	520,609
Total*	166,373,200	172,025,003	40,224,377	131,800,626	29,094,852	102,705,774

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**Health and Nutrition**

- At least one million infants (91 per cent coverage) will be immunized against measles in October.
- Antenatal iron/folate supplements will be provided for 50 per cent of pregnant women and vitamin A supplements for 50 per cent of women who have just given birth.
- The scaling up of CMAM in non Darfur states will continue, in order to cover two localities per state, and to address the malnutrition emergency in Southern Sudan.
- Emergency supplies and EPI will be pre-positioned, to reach over six million children.
- The immunization campaign against tetanus and polio in Southern Sudan will be continued.
- Maternal health care supplies will be provided, along with the training of health workers and midwives.

Water, Sanitation and Hygiene (WASH)

- Over one million people will have a chlorinated water supply as a result of improved operation and maintenance of water systems, as well as information about appropriate hygiene and sanitation practices through radio and television campaigns and community hygiene promotion activities at schools and health centres.
- WASH emergencies will be assessed and responded to as and when they occur.
- Strategic sector response plans will be developed.
- The continuity of the emergency WASH supply pipeline for the six-month needs of 200,000 people affected by emergencies, including IDPs, returnees, and host communities in Southern Sudan will be ensured to provide emergency WASH response to the affected population without delays.

Education

- Over 250,000 children will be enrolled into basic schools in 2010.
- Three hundred schools will be transformed into safe and inclusive Child Friendly Schools in 2010.
- Alternative learning opportunities will be provided to at least 100,000 children and young people out of school.
- The learning needs of the 33,895 pupils affected by emergencies in Southern Sudan will be met by providing classrooms, learning materials, trauma counselling, opportunities for recreation, and life sustaining skills (including land mine awareness education, peace education and HIV awareness).

Child Protection

- As Child Protection Sub-Cluster lead, UNICEF will ensure commonly accepted standards for timely, adequate and effective humanitarian action to achieve required impact as well as a systematic approach for monitoring, reporting and responding to grave violations against children, with a view to prevention.
- The release, verification and reintegration of children associated with armed forces or armed groups in Darfur will be worked on.
- Psychosocial support will continued to be mainstreamed in schools.
- More emphasis will also be given to mainstreaming Mine risk Education into the school curriculum.
- Assessment is planned in Western Equatoria and Jonglei states on child protection to obtain baseline information on the children affected by ongoing conflicts/emergency unique to the states (e.g. LRA attacks for Western Equatoria and child abduction in Jonglei) and opportunities for reintegration of the children, while existing child protection services is to continue for the children affected by emergencies.

HIV/AIDS

- HIV/AIDS activities in West Darfur, South Darfur and South Kordofan areas will be implemented, to reach 400,000 out of school youth, 30,000 pregnant women and 30,000 in-school children.
- Training will be held for 100 peer educators and community mobilisers to conduct community HIV awareness sessions, targeting to reach 90,000 people including the youth in Southern Sudan. Voluntary counselling and testing (VCT) services will be further expanded via outreach services for 20,000 people in the target states, while reaching 40,000 pregnant women with possible antiretroviral treatment.