

UNICEF HUMANITARIAN ACTION UPDATE

Republic of Sudan

14 July 2011

UNICEF urgently requires US\$34.6 million for the next three months to respond to urgent needs for crisis-affected children and women in Sudan

- In addition to ongoing insecurity and outbreaks of conflict, Sudan continues to face humanitarian emergencies such as floods, droughts, malnutrition and recurrent epidemics including polio, acute watery diarrhoea and measles
- The outbreak of fighting in Abyei Area and South Kordofan in June 2011 displaced over 170,000 people most of whom are children
- Thousands of highly vulnerable IDPs returning to South Sudan stranded in Kosti



Provision of clean water to the people of Sudan's Kordofan region– Kordofan - © UNICEF Sudan/2011

1. ISSUES FOR CHILDREN

Sudan faces ongoing insecurity and outbreaks of conflict in South Kordofan and the Abyei border area. At the same time, the country continues to cope with multiple humanitarian emergencies such as floods, droughts, malnutrition and recurrent epidemics including polio, acute watery diarrhoea and measles. Meanwhile, Darfur remains a humanitarian crisis, with about 2 million people displaced and an estimated 200,000 new displacements annually. Humanitarian access continues to be a major issue due to security, administrative impediments and political sensitivity.

In 2011, the main challenge is sustaining ongoing humanitarian interventions while responding to the volatility around the secession of South Sudan in July 2011 and the related Comprehensive Peace Agreement (CPA) processes¹. Emotions are running high in both South Sudan and the three transitional areas of Blue Nile, South Kordofan and Abyei. Ongoing tensions and general insecurity has resulted in further deterioration of the humanitarian situation.

Outbreak of Conflict in South Kordofan State and High Tensions in Blue Nile

The outbreak of fighting in Abyei Area and South Kordofan in June 2011 displaced over 170,000 people², most of whom are children. While assessments are ongoing, preliminary reports point to grave child rights violations including the recruitment and use of children, sexual violence, killing and maiming, attacks on schools and hospitals, and denial of humanitarian assistance. Internally Displaced Persons (IDPs) are living in precarious circumstances; the effects of conflict and subsequent disruption have placed great stress on psychosocial wellbeing and coping mechanisms, while at the same time weakening the structures of the community that protect children. As of July 2011, the UN Security Council has authorized the establishment of a UN peacekeeping force for Abyei. An agreement on political and security arrangements in Blue Nile and South Kordofan was signed by the Government of Sudan (GoS) and the Sudan People's Liberation Movement North (SPLM North). However, the two sides have not yet agreed on a ceasefire and fighting has continued in parts of South Kordofan with continuing reports of civilian casualties. Tensions in Blue Nile State remain high.

Returns of Highly Vulnerable and Stranded IDPs from Khartoum to South Sudan

Internal Organization for Migration (IOM) estimates that over 300,000 Southerners previously residing in the North have returned to South Sudan³ since October 2010 with population movements expected to continue. A joint OCHA and UNHCR assessment estimated that there are 17,000 potential returnees currently living without shelter in various departure points across Khartoum. Many of these refugees do not have adequate coping mechanisms to remain in this state of limbo and are increasingly vulnerable to heightening tensions in and with the local host communities. These tensions are exacerbated: recent military hostilities in Abyei and the situation in South Kordofan. Meanwhile, in Kosti, a staging post on the White Nile designed to accommodate a maximum of 1,200 persons, is now hosting 15,000 returnees. It is also critical to address the issues of separated children, and potential unaccompanied minors in the returns process. The services provided by Non-Governmental Organizations (NGOs) are overstretched. A recent inter-agency assessment identified Water Sanitation and Hygiene (WASH), nutrition and health as key areas requiring immediate intervention.

¹ The CPA was a set of agreements culminating in January 2005 signed between the Sudan People's Liberation Movement/Army (SPLM)/ (SPLA) and the Government of Sudan. The CPA was meant to end the Second Sudanese Civil War, develop democratic governance countrywide and share oil revenues. It further set the timetable for the South Sudan referendum on its independence. In line with the agreement, the people of South Sudan in January 2011 held the referendum where the majority of the population voted in favour of independence from the North. On 9 July 2011, after years of conflict, a new country, the Republic of South Sudan, is emerging, with new hope for a more peaceful and prosperous future for all its citizens.

² OCHA Sudan Weekly Humanitarian Bulletin 10-16 June 2011

³ OCHA Sudan Weekly Humanitarian Bulletin 10-16 June 2011

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Actions undertaken

Since the signing of the comprehensive peace agreement (CPA) in 2005, UNICEF has worked with partners to achieve significant progress in improving the lives of children and women, by responding to multiple humanitarian emergencies. Child survival interventions have contributed to a polio free environment for a third consecutive year. The endorsement of the new Child Act in 2010 contributed significantly to the strengthening of the rights of children⁴. UNICEF and partners have ensured that more Sudanese children today are enrolled in school than ever before, through concerted school enrolment campaigns and widespread school construction.

In the first half of 2011, UNICEF and partners responded to immediate humanitarian needs in emergency-affected areas in Sudan, which resulted in 7.4 million people being reached in the key areas of Health, Nutrition, Education, WASH, Child Protection, HIV/AIDS, non-food items (NFI), Communication and Advocacy and Social Policy. For example, Penta 3 vaccine coverage in children under 1 year reached 88.5 per cent while measles reached 84.8 per cent. In addition, over 14,000 malnourished children between 6-59 months received treatment while over 6 million children (6-59 months) benefitted from Vitamin A supplementation. UNICEF was able to deliver humanitarian assistance to the most vulnerable people during the pre- and post- referendum period, due to generous donor support for preparedness on the basis of the contingency planning initiated by the UN and its partners.

To improve **cluster coordination**, UNICEF provided agile leadership as the sector lead in Nutrition, WASH, Education and sub-sector lead in Child Protection, coordinating partnerships that ensured the continuation of lifesaving interventions and minimized the impact of emergencies on vulnerable populations.

Basic emergency **health** supplies were procured, prepositioned and reached 40,500 people in key locations. An emergency measles campaign in the border areas with South Sudan was conducted. Supportive supervision and **nutrition** in emergency training was provided to partners in order to improve nutritional surveillance and implementation of the community management of acute malnutrition (CMAM) initiative. Screening of under 5 children in selected high risk sites was conducted while emergency therapeutic food and supplies buffer stock was prepositioned and distributed.

Water, sanitation and hygiene emergency supplies were procured and prepositioned in key border areas for 150,000 people. Two water treatment units were installed to provide water supply for 10,000 people in Kosti way station. In White Nile and Sennar states, water systems for around 10,000 returnees to the South were installed in four locations. Training of hygiene promoters were provided as well as services in Bau and Tadamon localities in Blue Nile State for over 8,000 displaced pastoralists from Upper Nile State.

In the area of **child protection**, UNICEF established a Family Tracing and Reunification (FTR) system with the Government for children living on the streets or in care institutions. UNICEF has also brokered an agreement between the Government of Sudan and the Government of South Sudan on the protection of separated and unaccompanied children. FTR activities for unaccompanied and separated children were coordinated with partners in the South, including capacity building to strengthen North-South family tracing, and reunification activities. The child protection Sub-Sector, lead by UNICEF, has also focused on enhancing capacities of partners in terms of needs assessments, data collection and analysis and emergency FTR. Print materials prepared by the **communication and advocacy** section were dispatched to South Kordofan and Abyei to complement the child protection response reaching 38,000 people. Pre-position of emergency **education** supplies are expected to serve 48,000 school age children.

For direct **emergency operation support**, rubble halls for South Kordofan and Abyei were procured and airlifted. NFIs for 47,000 households were pre-positioned as part of the common pipeline joint response.

⁴The adoption of the act by the National Assembly for North Sudan in January 2010 represents significant progress and brings Sudanese law in line with international standards including the UN Convention on the Rights of the Child.

Urgent Actions to be undertaken

In addition to responding to ongoing complex emergencies, in the second half of 2011, UNICEF and its partners are preparing for the possible eruption of violence and the increase of IDPs as a result of the separation of South Sudan. UNICEF remains committed to supporting government and national partners in addressing humanitarian challenges for the benefit of the women and children of Sudan as a whole.

To enable an effective and efficient coordinated response and to improve the prospects of people affected by emergencies, adequate funding is required for the cluster coordination costs (national and sub-national) of UNICEF lead clusters nutrition, education, WASH and child protection. These costs include a team for coordination and information management, along with administrative and operational support, including coordinating the collective response; identifying priority needs of affected communities based on the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in services and geography, as well as articulate impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

Replenishment of **health** supplies is planned including primary health kits⁵, oral rehydration salt and mosquito bed nets, to respond to the scattered and mobile population and upcoming rainy season, increasing operational costs related to local measles vaccination campaign, Vitamin A supplementation and distribution of bed nets; needs assessment, technical support and monitoring. In total, UNICEF aims to reach 912,400 people including 148,700 children under 5 and 35,800 pregnant women scattered in six of the localities most affected by the conflict, including Kadugli, East Rural, Abugubeiha, Talodi, Rashad and Kelleika.

UNICEF responds to the **nutrition** situation through provisions of BP-5⁶ and other services and expects to reach 60,000 children. Emergency nutrition supplies are currently less than 50 per cent funded; with expected increase in needs, the funds are crucial for supporting the most vulnerable women and children.

Water, Sanitation and Hygiene related emergency supplies are only 30 per cent funded and there is a need to replenish contingency stock. This replenishment will allow for the rapid movement of supplies, which is required to respond to the large-scale and acute needs of a widely scattered population. The needs for emergency water storage/provision supplies, such as plastic slabs, plastic sheets, water bladders, jerry cans and chlorine are increasing. Funds are also needed for operational costs, specifically for provision of safe water through drilling of boreholes, water tankering, and sanitation. In total, UNICEF expects to reach at least 460,000 people through WASH interventions.

The current conflict has affected over 297,280 school age children between the age of 6-13 years. Therefore, there is a need for **education** supplies such as school-in-a-box, teacher's kit and temporary learning spaces. There is also a need for replenishment of supplies lost during the recent conflict in Abyei and South Kordofan

In the area of **child protection**, UNICEF plans to scale up FTR in departure points (Khartoum and White Nile) and Social Welfare institutions. The child protection team is planning to provide psychosocial support to additional 7,000 children and to survivors of gender-based violence in transitional areas, particularly in South Kordofan, North Kordofan and Abyei. Child protection is also planning to deliver Mine Risk Education (MRE) to 35,000 children and adults in transitional areas. Printed material prepared by the **communication and advocacy** team will reach another 38,000 people on FTR.

Overall, UNICEF plans to preposition NFIs for at least 147,000 households in line with inter-agency contingency planning. The deterioration in security situation has increased overall costs of supplies, transport, staff rotation needs as well as replacement of equipment lost during the fighting.

⁵ Primary health care kits include oral medicines, injectable medicines, infusions, drugs for external use, disinfectants and medical consumables such as bandages and gauze. A standard kit serves 10,000 people for at least one month

⁶BP-5 is used for emergency food rations, particularly for malnourished children. It is eaten directly, or mixed with water to make porridge.

3. FUNDING REQUIREMENTS AND RECEIPTS

The funding request under the Humanitarian Action Update for Sudan is in line with UNICEF 2011 Humanitarian Action for Children (HAC) updated mid-year review. These requirements comprise the UNICEF component of the inter-agency Consolidated Appeal (CAP) along with additional needs, based on contingency planning which reflect recent developments. The HAU also highlights priority needs over the next three months (July-September).

At mid-year, UNICEF has increased its yearly requirement to US\$131 million to continue providing critical lifesaving assistance and to reflect the increasing needs in line with inter-agency contingency planning. The revised funding requirements will support UNICEF in reaching the most vulnerable populations after a significant deterioration in the humanitarian situation resulting from the secession of South Sudan. Of this total requirement, US\$ 34.6 million is needed over the next three months (July to September) to respond to immediate needs for humanitarian assistance in emergency-affected areas while also supporting interventions to facilitate the return and reintegration of IDPs and refugees, especially children at risk, and reconciliation among communities.

Table 1: Funds Received against Appeal

Sector	Original 2011 HAC requirements (a)	Revised HAC requirements (b)	Funds received (c)	Funding gap (b-c)
Health	19,800,000	25,066,400	8,300,432	15,892,756
Nutrition	12,809,000	18,128,900	4,669,630	13,459,270
Education	11,730,000	14,683,200	2,793,855	11,889,345
Water, Sanitation and Hygiene	22,646,000	33,369,500	8,437,188	24,059,099
Child Protection	13,308,000	16,727,400	3,967,607	12,759,793
HIV and AIDS	3,284,000	4,214,700	0	4,214,700
Non Food Items	16,784,000	14,679,700	6,686,124	7,993,576
Communication and Advocacy	981,000	1,081,900	456,998	624,902
Social Policy, Planning, Monitoring and Evaluation			769,368	(769,368)
Cluster coordination	3,118,000	3,117,600	0	3,117,619
Total*	104,460,000	131,069,300	36,081,202	93,241,692

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

Table 2: Funding Priorities for following three months (July to September)

Project	Beneficiaries/coverage	Amount Required (US\$)
Provision of emergency health supplies	912,400 people including 148,700 under 5 children and 35,800 pregnant women	5,266,352
Pre-positioning of nutrition supplies	60,000 children	5,319,892
WSH and emergency supplies	460,000 people	10,723,533
Emergency education	297,280 children	2,953,212
Child protection services and	52,000 children	3,419,375

emergency supplies		
Communication and advocacy	38,000 people	100,916
NFI and emergency operations support	147,000 households	5,077,649
Emergency HIV services	30,000 people	930,696
Cluster coordination		779,500
Total Priority needs		34,571,125

Further information on the UNICEF emergency programme in Sudan can be obtained from:

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