

# UNICEF HUMANITARIAN ACTION

# SUDAN

IN 2007



## CORE COUNTRY DATA

Population under 18 (thousands)	16547
U5 mortality rate	90
Infant mortality rate	62
Maternal mortality ratio (2000, adjusted)	590
Primary school enrolment ratio, 2000-2005, gross (male/female)	64/56
% U1 fully immunized (DPT3)	59
% population using improved drinking water sources (total)	70
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	350
% U5 suffering from moderate and severe underweight	41

Source: *The State of the World's Children 2007*  
Official statistics generally exclude Southern Sudan

## Summary of UNICEF financial needs for 2007 (US\$)

Sector	North Sudan, including Darfur	Southern Sudan	Total
Health and nutrition	39,797,195	10,400,000	50,197,195
Water and environmental sanitation	23,529,500	6,020,000	29,549,500
Education	3,421,622	8,500,000	11,921,622
Protection and human rights	7,945,000	2,525,000	10,470,000
Mine action	National		1,971,200
Non-food items and emergency shelter	12,778,285	3,200,000	15,978,285
Cross-sectoral support for return	National		750,000
Coordination and common services	0	800,000	800,000
Basic infrastructure and settlement development	230,760	0	230,760
<b>Total</b>	<b>87,702,362**</b>	<b>31,445,000**</b>	<b>121,868,562</b>

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

\*\* These totals exclude the national projects.

## 1. CRITICAL ISSUES FOR CHILDREN

Sudan continues to be a country characterized by diversity. While the signing of the Comprehensive Peace Agreement (CPA) in 2005 brought the hope that Sudan could once again enjoy peace and stability, large pockets of humanitarian need persist. Nearly two years after the CPA – as the nascent Government of Southern Sudan (GoSS) actively engages in recovery and development planning in the context of the wider peace – numerous inter-tribal conflicts continue to be reported in most states in Southern Sudan. In the North, where development work has long been underway, the humanitarian crisis in Darfur continues.

In this context, UNICEF is engaging through strategies that support recovery and development, while actively targeting humanitarian interventions towards vulnerable children, women and communities throughout the country, including the large number of families returning to their home areas as a result of the Peace Agreement.

In Darfur, the situation of children, women and internally displaced communities remains tenuous despite the massive mobilization of humanitarian assistance in the past two years. It is estimated that almost 4 million people have been affected by the conflict – 1.8 million of which are children – and about 2 million are displaced from their homes. Of the displaced, 1 million are estimated to be children and 120,000 have been newly displaced since April of this year.

The situation in Darfur is currently in the global spotlight for both humanitarian and political reasons, with humanitarian needs on the rise and the United Nations and the Government of Sudan unable to agree on the means to protect civilians from the ongoing conflict. While negotiations have led to an extension of the African Union's peacekeeping mandate in the region, the issue is far from resolved. A possible upsurge in conflict threatens the fragile situation of the population and could send the region into chaotic insecurity leading to the withdrawal of most, if not all, of the humanitarian agencies who are currently the only lifeline for the displaced communities. Even now, humanitarian agencies are operating under difficult and dangerous conditions. At present, national and international agencies are planning for, and concurrently responding to, the unfolding scenario. Specifically, UNICEF is planning for the possibility of increased displacement, large-scale human rights abuse, inaccessibility of some populations, communities with very limited access to basic services and the withdrawal of aid agencies. Any combination of these factors would lead to an increase in malnutrition, an increase in preventable illnesses, an increase in recruitment of children and gender-based violence and a rise in mortality.

UNICEF is also monitoring and responding to needs in Sudan's Three Areas (Blue Nile State, South Kordofan and Abyei) – which remain characterized by fragile networks for primary health care, limited access to nutrition services and overburdened systems for water and environmental sanitation – and to the situation in Eastern Sudan, which continues experiencing intermittent insecurity and marginalization leading to significant humanitarian need.

In Southern Sudan, although access has improved for humanitarian agencies, the long-term effects of the conflict continue to negatively impact children and women. While some roads have improved in 2006, overland transport routes remain problematic and insecure at the best of times and impassable during the rainy season which cuts off a large proportion of the population for four to five months of the year. The limited basic social services that are available are inequitably distributed across the 10 states and many already vulnerable communities have come under increasing pressure during 2006 as an estimated 240,000 people returned to the South during the late 2005-early 2006 dry season. Although this dividend of the peace is welcome, a lack of information about returnee numbers, needs and destination also reduces the chance of effective planning for their successful reintegration.

Southern Sudan continues to host a range of rare tropical diseases as well as being endemic for malaria and other common diseases that disproportionately affect young children and pregnant

women. In areas not yet covered by an ongoing mass measles campaign, the measles vaccination coverage is estimated at no more than 20 per cent and the disease continues to claim lives, together with yellow fever, meningitis and severe cholera outbreaks in 2006. Assessments in 2006 have confirmed that large areas of Southern Sudan are still food insecure. Nutrition surveys report unacceptably high rates of acute malnutrition among under-five children, and micronutrient deficiencies, such as iodine deficiency disorders, remain a problem.

A comprehensive HIV seroprevalence survey has not yet taken place in Southern Sudan, but rates of over 20 per cent have been recorded at some voluntary counselling and testing centres. The Southern Sudan Commission for HIV/AIDS, formed in mid-2006, estimates the blanket prevalence to be at 2.6 per cent. Women and children in the South who are living with HIV/AIDS still face stigmatization and, although prevention of mother-to-child transmission (PMTCT) services were launched in 2005, they remain extremely limited.

Access to safe drinking water in Southern Sudan remains low despite progress each year to create new water points and keep existing water points operational. It is estimated that around 60 per cent of the people of Southern Sudan have no access to safe drinking water and most do not have access to sanitary means of excreta disposal. The prevalence of diarrhoea is 43 per cent in children aged 6-59 months. Guinea worm is still endemic in about 3,400 villages; the last available information suggests that around 7,000 cases are reported every year.

Peace and the activities of the 'go to school' initiative have translated into a large jump up in the number of children receiving basic education – over 770,000 children were enrolled in primary school by September 2006. However, hundreds of thousands of school-aged children in Southern Sudan remain out of school and a lack of child-friendly learning spaces and qualified teachers has created a 'positive emergency'. Schools remain dependent on UNICEF to transport even the most basic materials into Southern Sudan.

The exact number of children still associated with armed groups in Sudan is unknown. Previous estimates are no longer accurate following the absorption of militia groups into the now official government army, but it may be around 16,000. Abduction of children from one community to another and the very early marriage of young girls motivated by bride price continue in Southern Sudan. Inter-tribal conflict and forced displacement continue to destabilize Southern Sudan even as children and women struggle to come to terms with the psychological and economic effects of long-term war. Large areas of Southern Sudan, including around major towns and places of return, are known to be contaminated by landmines and unexploded ordnance.

## **2. KEY ACTIONS AND ACHIEVEMENTS IN 2006**

In close collaboration with local, national and international partners, UNICEF continues responding to the humanitarian needs of Sudanese children, women and vulnerable groups, focusing on the priority areas of health, nutrition, water and sanitation, education and child protection.

By the end of the year, about 7.4 million people (including internally displaced communities) will have benefited from primary health care provided by UNICEF and its partners through the distribution of essential medicines to health facilities, immunization activities and training of medical staff. In the North, an estimated 1.5 million people were treated for malaria and a cumulative total of more than 315,000 vulnerable mothers and young children will be better protected against malaria thanks to the provision of long-lasting insecticidal nets in both North and Southern Sudan. UNICEF trained more than 175 health care workers in Southern Sudan and provided equipment, drugs and expertise to assist the Government of Southern Sudan (GoSS) Ministry of Health in fighting yellow fever and meningitis outbreaks during the year. In both North and Southern Sudan, cholera response has been paramount. Thanks to massive response efforts

approximately 9,000 people were treated and some 100,000 people were provided with clean drinking water in affected areas.

More than 1.2 million children in Southern Sudan were immunized against measles by mid-2006 through the joint Ministry of Health/WHO/UNICEF mass measles campaign. Measles activities in the North reached 75 per cent, or 400,000, of the targeted children through mop-up campaigns in Darfur. In Southern Sudan, the campaign has been one of the key initiatives in 2006. It allowed to boost routine immunization services by training 2,000 vaccinators and 1,500 social mobilizers; enhance the development of county-level micro plans; ensure the provision of transport and equipment to each state; and expand the cold chain. Towards a polio-free Sudan, some 7.2 million children were reached with polio vaccination throughout the country and no cases of the wild polio virus were reported in 2006. Alongside polio immunization, over 6.1 million post-partum women and under-five children received vitamin A supplementation.

Although cumulative reports from partners were not available at the time of writing, UNICEF distributed and pre-positioned sufficient plumpy'nut supplies to treat 16,500 severely malnourished children or 66,700 moderately malnourished children for one week, as well as enough BP-5 biscuits to benefit more than 12,000 people for one week at a 'maintenance' level in Southern Sudan. Some 20,000 severely malnourished children received therapeutic care in the North.

UNICEF provided water and sanitation facilities for tens of thousands of returnees at eight way stations during the early 2006 return season. In communities throughout Sudan – including internally displaced persons (IDPs) in Darfur, returnees and other vulnerable communities in both North and Southern Sudan – over 2.9 million people gained access to safe water through the rehabilitation or construction of water sources, including access to safe water that was sustained for more than 2 million people through the repair and maintenance of existing water points. Over 225,000 people gained access to adequate excreta disposal facilities and 1.2 million people were reached with key hygiene messages on how to protect themselves and their children from water- and sanitation-borne diseases. Numerous households and more than 100 schools benefited from new or improved hygiene and sanitation facilities and materials. The sustainability of water and sanitation systems was promoted by building the technical/managerial capacities of the affected communities: over 10,000 community members were trained on water sources operation and maintenance and acquired management and water chlorination skills.

UNICEF has supported the Southern Sudan Disarmament, Demobilization and Reintegration (DDR) Commission to release more than 1,000 children formerly associated with various armed forces in the South. A family tracing and reunification network with 15 partners was established and has been active in reuniting these children with their families. An additional 700 children have been registered for demobilization. More than 20 children associated with former other armed groups have been registered in Khartoum by the North Sudan DDR Commission and are being prepared for family tracing and reunification, and 43 community-based child protection networks have been established in South Kordofan and Abeyi to facilitate community reintegration of children associated with armed forces and groups and of returnees with their families. UNICEF has also implemented the first social work training event ever held in Southern Sudan. Working with the Ministry of Legal Affairs, a Children's Bill has been tabled for the GoSS Assembly. Community-based child protection networks have expanded in several states of the South. Supplies and services were pre-positioned in preparation for the possible release of up to 2,500 children and women from the Ugandan rebel group, the Lord's Resistance Army.

Child protection in Darfur and other vulnerable areas of the North was a priority in 2006. Child protection assessments took place on a regular basis. In addition, UNICEF presented the findings and recommendations of a situation analysis conducted on child protection in Darfur. A clear and prioritized strategy and plan of action were developed for the engagement, capacity-building and promotion of open discussion with the government in the three states of Darfur. Also in Darfur, UNICEF supported the training of 1,484 African Union Mission in Sudan (AMIS) observers and

police on child rights and protection within the Inter-Agency Capacity-Building Programme for AMIS troops in Darfur. UNICEF-supported projects also enabled more than 165,000 children to access psychosocial support activities in some 400 child-friendly spaces; 400 adolescents were trained on livelihood opportunities and some 7,000 adolescents participated in sports and recreational activities through youth committees and clubs in the three states of Darfur. Prevention and response to sexual violence against girls and women was supported through psychosocial/emotional counselling and skills training, including fuel efficient stove making, for some 30,400 adolescent girls and women. More than 500 community workers and key service providers were trained to offer psychosocial support to sexual violence survivors in Darfur.

UNICEF coordinated mine-risk education activities for all partners in Sudan and provided training and information to more than 370,000 at-risk individuals. Some 500 teachers/social workers participated in training of trainers courses, and 400,000 posters, leaflets, fact sheets, stickers and other information materials were printed and distributed among at-risk groups.

The 'Go to School' campaign has been in full swing in Southern Sudan throughout 2006. A total of over 770,000 children were enrolled in school by September and a massive distribution effort brought 4,245 MT of educational materials to Southern Sudanese schools. For the first time, schoolchildren in Southern Sudan will all have access to textbooks, including those learning in Arabic. UNICEF also supported the training of 1,800 teachers. In addition, Girls' Education Movement (GEM) networks were established in 6 of the 10 states by mid-year and a rapid assessment succeeded in mapping most learning spaces across Southern Sudan and in creating an information database that will support multiple efforts to strengthen the education system in the South. Education activities in the conflict areas of the North are also measuring successes, with an increase in the gross enrolment ratio of 7 per cent recorded in the Darfur states.

In collaboration with the United Nations Mission in the Sudan (UNMIS), IOM, the Norwegian Refugee Council (NRC), UNCHR and other agencies, UNICEF is leading the Sudan Information Campaign for Returns. Through this campaign, vital information has been provided to 3.8 million IDPs, refugees, returnees and host/receiving communities and other vulnerable groups, enabling them to make informed decisions about their own health, movement, protection, safety and security. Public information was disseminated through a number of radio programmes and interpersonal communication channels and through information, education and communication materials printed, distributed and disseminated throughout IDP camps, returnee routes, and refugee camps and within host and receiving communities. Altogether, 850,000 copies of 35 fact sheets were printed and distributed covering generic behaviour change communication issues like prevention of disease, hygiene and sanitation, HIV/AIDS awareness and child protection as well as geographic-specific issues explaining the prevailing conditions in the intended returnee destinations.

### 3. PLANNED HUMANITARIAN ACTION FOR 2007

#### **Coordination and partnership**

The UN in Sudan maintains parallel 'Country Teams' in the north and south, reflecting the 'one country, two systems' formula outlined in the peace agreement. Inter-agency sectoral coordination mechanisms in Southern Sudan are evolving under the leadership of the relevant GoSS bodies. The United Nations Mission in the Sudan (UNMIS) is taking an integrated UN approach to major policy issues. UNICEF acts as sector lead in water and sanitation, nutrition and education and supports WHO in the coordination of the health sector and works with United Nations Mine Action Service (UNMAS) on protection issues. UNICEF works closely with the relevant government bodies and both coordinates and collaborates with numerous local and international non-governmental organisations.



**Regular programme**

UNICEF seeks to contribute to reducing child and maternal morbidity, mortality and malnutrition; reducing water-borne diseases; improving hygiene and other behavioural practices among communities (including the eradication of guinea worm); increasing access to quality basic education; promoting grass-roots peace-building and respect for children's rights and humanitarian laws protecting children and women; and continuous monitoring of the situation of children and women. The programme includes preparedness for emergencies such as conflict-related displacement, drought, floods and epidemics. Both the North and Southern Sudan programmes contain elements of humanitarian, recovery and development assistance. The humanitarian programmes focus on major crisis, such as Darfur and other conflict-related emergencies, but also include outbreak prevention and response as well as immediate support to returning populations and support to the internally displaced.

In 2007, UNICEF will promote the survival, protection and well-being of children, women and vulnerable communities in conflict- and disaster-affected areas. In Darfur, where up to 4 million people have been affected by the conflict, including an estimated 1.8 million children, UNICEF will work with partners to ensure survival and development through health, nutrition, water and sanitation and protection activities. Throughout Sudan, work will continue to help prevent and respond to disease outbreaks and natural disasters. Support will be maintained for families returning to their homes, particularly for children and women, who are vulnerable during and immediately following their return. Host communities will also be supported, as the returning populations exacerbate existing vulnerabilities. The demobilization and reintegration of children formerly associated with armed forces continue to be critical. All of these efforts should serve the broader peace process and alleviate pressure and conflict over scarce resources. Programmes will reach an estimated 10 million people, including 6 million under-five children.

As outlined in the UN and Partners Work Plan for the Sudan, key humanitarian interventions will include:

**Health and nutrition (US\$ 50,197,195)**

Up to 4 million children and vulnerable people in Southern Sudan will be reached through the following key activities:

- Immunize at least 3.2 million children in Southern Sudan aged 6 months-15 years against measles and 2 million people against meningitis in case of outbreak;
- Provide nutritional support in Southern Sudan to an estimated 300,000 children and 25,000 pregnant or lactating mothers, persons living with HIV/AIDS and other vulnerable people; aim to reduce global acute malnutrition rates to less than 15 per cent;
- Ensure that up to 10,000 people affected by rapid onset emergencies in Southern Sudan receive emergency medical supplies within 72 hours;
- Reach at least 600,000 young people in Southern Sudan with correct information and relevant life skills to reduce their risk of acquiring HIV/AIDS.

Some 5.8 million children and vulnerable people in North Sudan, including Darfur, will be reached through the following key activities:

- Improve quality of antenatal care and access to and attendance at referral hospitals for emergency obstetric care for 110,000 pregnant women and 98,000 surviving infants in Darfur state and increase husbands'/partners' participation in safe motherhood/reproductive health services;
- Give access to primary health care to 3.7 million conflict-affected people in Darfur, and protect against vaccine-preventable diseases under-five children and pregnant women;
- Administer two doses of polio vaccine to 5.8 million under-five children;
- Reach 2 million people with health-related disease outbreak activities, including rapid response to outbreaks or national disasters.

### **Water and environmental sanitation (US\$ 29,549,500)**

An estimated 180,000 returnees and host community members in Southern Sudan will gain access to clean water and improved sanitation while local capacity to respond to emergencies is enhanced through the following key activities:

- Serve an estimated 80,000 returnees at way stations along major routes of return and at reception points in Southern Sudan; pre-position supplies for an additional 2,000 households affected by emergencies with basic clean water and sanitation facilities;
- Assist an estimated 100,000 people living in guinea worm-affected areas of Southern Sudan through the creation of approximately 200 boreholes providing safe water;
- Train and adequately equip some 25 persons to train emergency response teams (ERTs) at the state level in Southern Sudan to respond quickly to emergencies; train about 200 counterparts for ERTs.

At least 539,000 emergency-affected community members in North Sudan, including Darfur, will gain access to improved water and will be reached with hygiene messages, while 136,000 will gain access to adequate means of excreta disposal, and local capacity to respond to emergencies will be enhanced through the following key activities:

- Increase/re-establish access to improved drinking water and awareness/practice of improved personal hygiene and sanitation behaviours for 274,000 IDPs and host communities in Darfur; 57,000 returnees and host communities in South Kordofan; 89,000 IDPs/host communities and drought/flood-affected people in Khartoum and the North states; 64,000 returnees, flood-affected, IDPs and host populations in the Eastern states; 29,000 returnees and host population in Blue Nile state; and 26,000 returnees and host communities in Abyei;
- Increase/re-establish access to improved sanitary means of excreta disposal for 91,000 IDPs and host communities in Darfur; 6,000 returnees in South Kordofan; 18,000 IDPs/host communities and drought/flood-affected people in Khartoum and the North states; 12,000 persons in the Eastern states; 5,000 returnees and host population in Blue Nile state; and 4,000 returnees and host communities in Abyei;
- Maintain access to improved drinking water and hygiene education for 870,000 IDPs and host communities in Darfur through supporting the operation/maintenance of the existing systems;
- Reach 100,000 people newly affected by emergencies within 10 days through a strengthened water and sanitation response capacity;
- Increase access to improved sanitary means of excreta disposal, hand washing facilities and improved awareness on hygienic practices for about 27,000 schoolchildren in 64 schools in the emergency-affected areas, and provide five clinics with sanitation facilities in the affected areas.

### **Education (US\$ 11,921,622)**

An estimated 600,000 out-of-school and war-affected children will be enrolled in schools and 2,700 teachers will be trained to improve the quality of education in Southern Sudanese classrooms through the following key activities:

- Retain in school 750,000 children already enrolled in Southern Sudan;
- Enrol an estimated 500,000 out-of-school boys and girls, orphans and other vulnerable children (OVC), demobilized child soldiers and 100,000 returnee children in Southern Sudan, and promote their participation in basic education (including alternative learning systems for over-aged girls and out-of-school youth);
- Improve the skills of 2,500 teachers/facilitators in Southern Sudan through fast-track training on interactive teaching methodologies, and provide intensive English language training to 200 returnee teachers.

A total of 360,000 primary school-aged children will benefit from increased access to school and improved teaching in Northern Sudanese classrooms, through the following key activities:

- Give access to quality basic education to an additional 59,500 primary school-aged children, and nearly 9,500 nomadic children in Abyei and Darfur;

- Strengthen capacity of local educationalists through vocational and teacher training for 2,000 adolescents and 155 teachers;
- Reach 100,000 children and 200 teachers with correct information and life skills to reduce their risk of acquiring HIV/AIDS and increase their ability to disseminate information about HIV/AIDS.

#### **Protection and human rights (US\$ 10,470,000)**

Some 25,500 vulnerable children in the dangerous process of return or in unsafe environments in Southern Sudan will be reached through the following key activities:

- Give access to social work and community-based child protection services to 10,000 highly vulnerable children in Southern Sudan; establish and train 300 community welfare committees; extend coverage of psychosocial activities to 10,000 vulnerable children and their mothers;
- Monitor and address grave violation of children's and women's rights in Southern Sudan through advocacy at community and local authority levels;
- Support up to 3,000 children (including returnees) and up to 2,500 children in potential emergency situations with prevention of separation services and/or family tracing services in Southern Sudan;
- Increase acceptance of and community support for 3,000 persons living with HIV/AIDS and their children in five communities in Southern Sudan through social mobilization.

Some 250,000 vulnerable children in the dangerous process of return or in unsafe environments in North Sudan will be reached with support through the following activities:

- Effectively coordinate child protection efforts in all three Darfur states, working towards case management and referral mechanisms for handling individual cases of abuse and exploitation;
- Mainstream the psychosocial well-being of children in 350 schools in South Kordofan, West Darfur and Khartoum states through the training of some 1,000 teachers, benefiting some 90,000 children;
- Establish appropriate systems/mechanisms to document and respond to cases of under-age recruitment, including joint monitoring of children's rights violations, based on UN Security Council Resolution 1612;
- Release 1,500 children recruited or used by armed forces and groups and those in need of support benefiting from reintegration services, including services through drop-in centres and child-friendly spaces;
- Support the tracing, family reunification and reintegration services for an estimated 1,500 displaced and separated children;
- Provide to an estimated 150,000 vulnerable children and young people psychosocial support, protection monitoring, information about returns etc.

#### **Mine action (US\$ 1,971,200) – national**

- Raise awareness on mines and unexploded ordnance and avoid injury and death among 600,000 people, including IDPs, returnees and people in at-risk areas.

#### **Non-food items and emergency shelter (US\$ 15,978,285)**

- Identify 30,000 vulnerable IDPs, returnee and host community households (about 150,000 people) in Southern Sudan through inter-agency assessments and provide shelter and relief items through area-based coordination mechanisms;
- Provide 330,000 IDPs, returnee and vulnerable households in North Sudan with items to improve their living conditions.

#### **Cross-sectoral support for return (US\$ 750,000) – national**

- Reach some 500,000 IDPs in the North and 100,000 returnees in the South, together with 2.5 million persons from the general population with information about movement, health, protection and well-being issues, including information on their rights, and ensure Government and other stakeholders are organized to assist returns in a coordinated and organized manner.



**Coordination and common services (US\$ 800,000)**

- Support the security of UN and NGO workers providing humanitarian services and attempting to access vulnerable communities in Southern Sudan.

**Basic infrastructure and settlement development (US\$ 230,760)**

Some 900,000 people in 205 vulnerable communities will be reached through the strengthened capacities of local administrations to provide basic services, improve infrastructure, promote participation and meet the needs of the population, including returnee and host groups.