Sudan

The Sudan is home to more internally displaced persons than any other country in the world, with nearly 4.3 million people displaced after many years of conflict. Flooding, undernutrition, lack of sanitation and health care and inadequate education, as well as direct threats from violent conflict, continue to be the reality for many Sudanese. The spectre of secession by Southern Sudan via a referendum in January 2011 raises concerns about the potential for additional acute needs and may further complicate delivery of humanitarian assistance. The unstable political atmosphere and insecurity permeating the country already hamper humanitarian relief, as do administrative hurdles, making many at-risk populations hard to reach – or entirely inaccessible.

Darfur presents an ongoing humanitarian crisis in the western areas of Northern Sudan, with more than 260,000 people newly displaced or displaced again in 2010 and approximately 1.9 million internally displaced people – of which at least 50 percent are children under age 18 – living in camps and camp-like settings.

The eastern area is one of the poorest parts of the country and is beset with outbreaks of disease, high rates of undernutrition (approximately 16 percent of children under age 5 moderately or severely underweight) and maternal and infant mortality that is higher than the national rate. In Southern Sudan, intertribal conflicts, cattle raiding and attacks by the Lord’s Resistance Army (LRA) continue to cause population displacement. Increased tensions could lead to armed conflict – depriving children of educational opportunities or separating them from their families, leaving children and women vulnerable to violence and abuse, and limiting access to health, nutrition and WASH services.

UNICEF is requesting US$160,262,000 to carry out its planned activities in the Sudan. This request is in line with UNICEF requirements in the upcoming 2011 United Nations and Partners Work Plan for Sudan. Immediate and full funding is needed to prevent further deterioration of the welfare of women and children in the Sudan. In 2011, UNICEF Sudan will help provide humanitarian assistance to an estimated 14 million people affected by conflict, natural disasters and disease epidemics by working with the Government of the Sudan, NGOs, community-based organizations and UN agencies. A detailed contingency plan and pre-positioned supplies will be in place to ensure timely humanitarian intervention even in the worst-case scenario of potential instability and violence as a result of the referendum.

UNICEF will continue to work as cluster lead for nutrition, WASH and education, and as sub-cluster lead for child protection. Because the three Darfur states (North, West and South Darfur) are sites of frequent conflict and areas of Southern Sudan face intertribal conflicts, providing humanitarian aid is often challenging.

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There were, however, some breakthroughs in 2010. After intensive advocacy and after more than seven months without access to the Jebel Mara corridor in Darfur, where fighting has been taking place since February, UNICEF and the World Health Organization were able to deliver essential drugs and medical and nutritional supplies to three local clinics on an emergency mission in cooperation with non-governmental partners and the ministries of health in the states of North Darfur and South Darfur.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Sudan is facing high levels of acute malnutrition above the emergency threshold of 15 percent and high mortality risks for children, especially during the lean season, which lasts from May to August. Maternal mortality rates also remain high (2,054) in Southern Sudan and 94 in Northern Sudan, per 100,000 live births, with many pregnant women lacking access to minimum antenatal care and delivery services due to cultural practices, limited health facilities and lack of empowerment.

In Southern Sudan, local conflicts and LRA attacks continue to threaten an estimated 290,000 civilians, including 145,000 children. LRA activities escalated during 2010; more than 200 children were abducted and some were killed.
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KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$172,025,003 was needed to fund its humanitarian work in the Sudan. As of October 2010, a total of US$66,805,039 – or 39 per cent of the goal – had been received. UNICEF provided immediate support for therapeutic feeding services in response to extremely high levels of acute malnutrition. Some 63,000 children 6–59 months old were admitted to therapeutic feeding centres. More than 9 million children received vitamin A tablets and approximately 6 million were dewormed. Polio-free status has been maintained with two rounds of polio campaigns, during which more than 9 million children under age 5 were vaccinated. In Northern Sudan, 89 per cent of children under age 1 received three doses of pentavalent vaccine² and 77 per cent were vaccinated against measles. A campaign was conducted in response to a measles outbreak in West Darfur, and a meningitis outbreak was contained in Kassala, South Darfur, South Kordofan and West Darfur through vaccinations.

Almost 3.2 million people were supplied with chlorinated water and more than 450,000 people received safe water and sanitation facilities. In Northern Sudan, some 152,000 people in camps for those who are internally displaced and returnee locations accessed improved sanitary facilities. In Southern Sudan, 52,000 students benefited from upgraded sanitation facilities, 30 per cent of which were exclusively for girls.

At least 306,546 conflict-affected and vulnerable children in Northern Sudan received access to basic education, and 1.6 million children and 23,000 teachers in Southern Sudan received essential educational materials. In addition, at least 5,102 regular teachers and 865 unqualified volunteer teachers in Southern Sudan were trained on basic subjects and on child-friendly and child-centred learning to improve their response to children’s needs for psychosocial support, reintegration assistance and accelerated learning.

At least 1,227 conflict- and emergency-affected children in the country benefited from protection services, including family tracing and reunification, interim care support, psychosocial care, education and life-skills/HIV education and vocational training. By August 2010, 140,875 individuals in Northern Sudan, including 90,000 children, had been provided with mine and unexploded ordnance risk education.

Also during 2010, the Sudan Information Campaign for Returns and Reintegration established a presence in four internally displaced person areas in the state of Khartoum in Northern Sudan, in collaboration with partners. Information on a variety of logistical, geographical and protection topics was provided to internally displaced persons considering return to Southern Sudan.

CORE COUNTRY DATA

<table>
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<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
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<td>Population (thousands 2009)</td>
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<tr>
<td>Child population (thousands 2009)</td>
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<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>66</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>51</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
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</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>79/66</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>66</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>62</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>–</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>15</td>
</tr>
</tbody>
</table>


*Data refer to most recent year available during the period specified.
HUMANITARIAN ACTION: BUILDING RESILIENCE

As Fatima Mohammed sat in the Um al-Gora health clinic in the state of Kassala with her daughter, Alawiya, she explained, “My child had diarrhoea and other mothers advised me to come here.” When Alawiya was brought to the clinic 10 weeks before, she was suffering from malnutrition. Treatment was started immediately, and she responded well; now she returns for monitoring and food rations.

The outpatient care unit in Kassala, built by UNICEF with funds from the European Commission Humanitarian Aid Office, specializes in the treatment of malnutrition and is part of the state wide programme for community-based management of acute malnutrition. The programme allows patients to receive treatment at home using special ready-to-use therapeutic foods, such as Plumpy’nut, thereby reducing the burden on hospitals and allowing a great number of patients to be treated.

The programme’s roll-out in Kassala has been very successful. Within six months of its implementation, 30 centres were established in six localities; another 15 were planned by the end of 2010. By June, 410 members were trained in its implementation, and 1,079 children had been treated for malnutrition.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, as the cluster lead agency for nutrition and WASH and sub-cluster lead for child protection, UNICEF will continue to work with the Government of the Sudan, other UN agencies, local and international NGOs and host communities in addressing the needs of more than 35 million beneficiaries. The government in Southern Sudan asked the United Nations and partners to support return of more than 150,000 southern Sudanese from Northern Sudan before the end of 2010. Potential movement of a large number of people will put further strain on the already limited resources and basic services in Southern Sudan.

HEALTH AND NUTRITION (NUTRITION: 21,920,000; HEALTH: 31,749,000)

In Northern Sudan, almost 9.6 million people, including 1.6 million children under 5, will be reached with health interventions and 6.8 million people, including 5.5 million under 5 will be reached to respond to nutrition emergencies to achieve the following:

- Two rounds of Child Health Weeks will reach more than 6 million children with vitamin A, deworming and nutrition social mobilization activities.
- Approximately 80,000 children will be treated for severe acute malnutrition.
- At least 80 per cent of internally displaced persons and host populations will access integrated primary health-care services.
- 90 per cent of primary health-care facilities will have increased access to a basic package of health services, including immunization, antenatal care and treatment of common diseases.
- Enhanced and prompt response will be provided in 100 per cent of meningitis cases and in acute watery diarrhoea outbreaks and other emergencies, while adequate and effective mitigation measures will be timely implemented in epidemic-prone areas.
- Improved access to immunization services will be ensured for 95 per cent of children under age 1, who will receive three doses of pentavalent vaccine and one dose of measles vaccine.
- Some 160 health staff will be trained on and supplied with the essential nutrition package.

In Southern Sudan, 3.2 million children under age 5 and about 2 million women of childbearing age will have increased access to basic health services.

- A basic package of health, nutrition and hygiene services in health facilities and communities will be provided for 600,000 children under age 5.
- Immunization campaigns will be organized for children under 5 suffering from polio and measles, and tetanus toxoid vaccines will be administered to women of childbearing age.
- There will be improved delivery of integrated maternal health and nutrition services, including basic emergency obstetric care for 93,000 pregnant women, with an emphasis on the training of maternal health workers.
- Approximately 10,000 severely malnourished children under age 5 will be provided with appropriate therapeutic care, and 104,300 pregnant and lactating women will receive multiple micronutrient preparations.

WATER, SANITATION AND HYGIENE (WASH) (US$34,354,000)

In Northern Sudan, about 3 million internally displaced persons, returnees and people in hard-to-reach areas will have access to sufficient safe water supplies based on the Sphere standards.

- 750 water supply systems and 5,000 sanitation systems will be operated and maintained in camps for internally displaced people and host communities.
Boreholes will be drilled and 800 water systems will be installed.

3 million people in high-risk areas, including internally displaced persons, will have access to chlorinated water supplies.

200 schools will be provided with WASH facilities to serve 80,000 children, teachers and schoolworkers.

More than 3 million people will be reached with appropriate hygiene and sanitation messages through radio, television, schools, health centres and community hygiene promoters.

In Southern Sudan, WASH services will benefit 327,000 people to achieve the following:

- Access to safe water through new and rehabilitated water schemes will be increased, as will the maintenance capacity at local levels.
- People will be reached with key hygiene promotion messages on effective water treatment and storage, hand washing with soap and regular latrine usage.
- Some 100,000 people will access improved safe means of excreta disposal and sanitation facilities.
- Internally displaced persons and returnees will be supported through the distribution of pre-positioned WASH supplies.

CHILD PROTECTION (US$17,962,000)

UNICEF will continue to address the immediate and longer-term humanitarian needs of children while working to strengthen and mainstream protection mechanisms.

In Northern Sudan:
- The release, family reunification and reintegration of children associated with armed groups will be supported to facilitate sustainable livelihoods, achieve sustainable peace and contribute to recovery and development.
- Access to child-friendly justice systems will be provided for more than 2,000 children through family and child protection police units in 15 states.
- The risk of injuries from landmines and unexploded ordnance will be reduced through risk education aimed at 140,000 at-risk individuals, as well as advocacy for demining and improvement of victim information management systems with regards to children.

In Southern Sudan, a total of 54,500 children affected by emergencies will benefit from the following protection services:

- Identification, registration, family tracing and reunification, and interim-care services will be provided for separated, unaccompanied and abducted children, and humanitarian assistance, including psychosocial support, will be given to conflict- and emergency-affected children.

UNICEF will raise awareness for prevention of use and recruitment of children by armed groups.

Coordination will be enhanced for child protection programming under the newly created cluster coordination mechanism, and emergency child protection responses to separated children and psychosocial support will be provided.

EDUCATION (US$22,266,000)

The UNICEF emergency education project will reach disadvantaged children through the establishment of safe and conducive learning spaces and the provision of basic education supplies for children and teachers.

In Northern Sudan:
- Approximately 297,500 children will receive basic education opportunities in environments that are conducive to learning, and 60,000 children will receive early childhood development and pre-primary education opportunities.
- 6,424 teachers will acquire knowledge on teaching techniques, learner-centred approaches, classroom management and different core subjects, including peace-building and other cross-cutting issues like HIV and AIDS.

In Southern Sudan:
- About 1.3 million emergency-affected children will be provided with learning opportunities through provision of learning spaces, relevant learning and teaching materials.
- As cluster lead, UNICEF will aim to ensure effective coordination, facilitation and technical support for the education cluster and ministry of education and Government of Southern Sudan for the implementation of humanitarian assistance in the area of education.

HIV AND AIDS (US$4,010,000)

UNICEF will reach out to more than 17 million people in 10 states in Northern Sudan to achieve the following:

- 2.5 million in-school and 15 million out-of-school young people in 10 states will be provided with correct information to reduce their risk and vulnerability to HIV.
- 1.5 million pregnant women and infants in antenatal care and health facilities will receive comprehensive prevention of mother-to-child transmission services, including routine counselling.

In Southern Sudan:
- An estimated 250,000 young women will be reached with HIV information and life-skills education, as well as access to HIV prevention, care and treatment services.
- About 70,000 pregnant women will have access to improved HIV services, including voluntary counseling and testing centres. Prevention of mother-to-child
transmission services, including counselling and provision of antiretroviral prophylaxis, will be provided to at least 80 per cent of HIV-infected pregnant women and their babies.

- Nearly 30,000 sexually active persons in vulnerable communities will gain access to HIV testing services by scaling up access to HIV testing and counselling through establishment of 50 voluntary counselling and testing sites.

**NON-FOOD ITEMS AND EMERGENCY COORDINATION (US$19,767,000)**

In **Northern Sudan:**
- Non-food and shelter items will be sourced and procured for pre-positioning with NFI Common Pipeline hub warehouses for distribution to more than 1.8 million people.
- Effective emergency preparedness response will be ensured through close inter-agency and internal UNICEF coordination.

In **Southern Sudan:**
- Non-food items will be pre-positioned to ensure about 20,000 families affected by emergencies will receive kits.

**COMMUNICATION AND ADVOCACY (US$981,000)**

In **Northern Sudan:**
- 500,000 internally displaced persons will be given information to help them decide on returning, local integration, and key child survival, health, and social development issues.

In **Southern Sudan:**
- Up to 2 million people affected by emergencies will be provided with communication materials with integrated key messages focusing on the UNICEF programme area’s priorities for emergency preparedness and response.

**CLUSTER COORDINATION (US$9,472,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and 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 the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. OCHA, Internal Update, OCHA, Khartoum, 3 October 2010.
3. The under-five mortality rate in Kassala is 81 per 1,000 live births, in Gadaref it is 137 per 1,000 live births and in the Red Sea State, it is 126 per 1,000 live births. The national rate is 112 per 1,000 live births. Maternal mortality ratio is very high in Kassala, at 1,414 per 100,000 live births, the second-highest ratio in Northern Sudan. In the Red Sea State, it is 166 per 100,000 live births, while in Gadaref, it is 609 per 100,000 live births. Source: Ministry of Health, Government of Sudan, Sudan Household Survey, 2006.
5. The pentavalent vaccine combines five different vaccines in one injection to protect against five diseases: *Haemophilus influenza* type B (Hib) disease, diphtheria, pertussis, tetanus and hepatitis B.
6. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

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<thead>
<tr>
<th>By sector</th>
<th>Northern Sudan US$</th>
<th>Southern Sudan US$</th>
<th>Total Sudan US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>12,809,000</td>
<td>9,111,000</td>
<td>21,920,000</td>
</tr>
<tr>
<td>Health</td>
<td>19,800,000</td>
<td>11,949,000</td>
<td>31,749,000</td>
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<tr>
<td>Water, sanitation and hygiene (WASH)</td>
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<td>11,708,000</td>
<td>34,354,000</td>
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<td>Child protection</td>
<td>13,308,000</td>
<td>4,654,000</td>
<td>17,962,000</td>
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<tr>
<td>Education</td>
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<td>10,536,000</td>
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<tr>
<td>HIV and AIDS</td>
<td>3,284,000</td>
<td>726,000</td>
<td>4,010,000</td>
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<td>Non-food items</td>
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<td>19,767,000</td>
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<td>1,962,000</td>
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<tr>
<td>Cluster coordination</td>
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<td>4,135,000</td>
<td>9,472,000</td>
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<td><strong>Total</strong></td>
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<td><strong>55,802,000</strong></td>
<td><strong>160,262,000</strong></td>
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<td></td>
<td><strong>Total per sector</strong></td>
<td><strong>(all beneficiaries)</strong></td>
<td><strong>Boys</strong></td>
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<td>Nutrition</td>
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</table>

*This doesn’t include Southern Sudan. **This number includes Northern Sudan and health/nutrition in Southern Sudan.

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