Sudan

HIGHLIGHTS

- Sudan is home to 14.5 million vulnerable people enduring inter-communal violence, flooding and epidemics including COVID-19, and remains under protracted pressure from conflict, economic hardship and nutritional deprivation. Institutions remain weak and unable to provide life-saving services to those displaced or affected.

- The 25 October military coup and ensuing violence could lead to a resurgence of political instability and unrest, with potentially significant implications for the country’s democratic transition, economic development and prospects for a comprehensive and lasting peace.

- UNICEF remains committed to a rights-based approach to fulfilling the needs of the most vulnerable children and their communities. Humanitarian contributions that incorporate development and peacebuilding approaches are key to delivering sustainable solutions to support the Government and its people as they go through this difficult period.

- UNICEF requires US$270 million to break the cycle of vulnerability, deliver key health services to prevent and resolve epidemics such as measles and COVID-19, prevent the long-term detriments of malnutrition, improve water and sanitation access, educate the next generation of Sudanese and protect children from the risks threatening their well-being.

KEY PLANNED TARGETS

- **330,000** children admitted for treatment for severe acute malnutrition

- **63,300** women and children accessing gender-based violence mitigation, prevention, response

- **2.5 million** people accessing a sufficient quantity of safe water

- **3,452** schools implementing safe school protocols

Figures are provisional and subject to change upon finalization of the inter-agency planning documents. This appeal is based on the situation pre 25 October 2021.
HUMANITARIAN SITUATION AND NEEDS

Currently, Sudan is struggling to meet its obligation to support the children that call it home. While rapid-onset emergencies such as floods, conflicts in the west (Darfur) and the south (South Kordofan/Blue Nile States) and epidemics (COVID-19, cholera, measles, viral hemorrhagic fevers, etc.) continue to draw attention, the exposure to prolonged crises such as conflict-driven displacement, economic deprivation (inflation and over-reliance on unaffordable subsidies), malnutrition and failing service infrastructure traps people and children in a perpetuating cycle of need. In 2021, each of the 18 states has been beset by one crisis or another and this trend will continue into 2022.6 Most of the 14.5 million people in need, including almost 8 million children, will remain unreached without adequate resources.7

Political stability since the 2019 revolution has allowed steps toward economic recovery8 and internal peace.9 Since 25 October 2021, new uncertainties have emerged; however, a political agreement was signed reinstating the Prime Minister on 21 November with hopes for renewed stability.10 The transitional Government still lacks revenue, battling crippling inflation11 and the COVID-19 pandemic, and struggling to implement the rule of law. Regional turmoil is likely to trigger further refugee crises beyond the 55,785 Ethiopian refugees and 784,860 South Sudanese refugees that are among the 1.1 million refugees already hosted. Internally, 3 million IDPs in camps are awaiting resolution to current and past conflict, and solutions that span the peace, development and humanitarian spheres. Sudan remains a junction for irregular migration12 and must reckon with both new and old internal complexities.13

For vulnerable infants living through prolonged crises and emergencies, this means 1 out of every 18 will not reach their fifth birthday14 and one in seven will not have enough food to prevent wasting and stunting.15 Waterborne diseases such as cholera remain a risk due to unsafe drinking water. Even before COVID-19, 36.5 per cent of children were out of school, dispossessing young Sudanese of education, the safety of the schoolyard and school feeding.16 For the community that raises the child, epidemics are a constant threat while healthcare is inadequate, and water and sanitation inaccessible.17 Conflict and insecurity increases forced recruitment and association with armed groups, creating physical and mental distress for all gender and age groups.18 Crises leave women more vulnerable to gender-based violence and negative social norms leave girls at risk of harmful traditional practices such as female genital mutilation (FGM) and restricted education. Community structures are ill-prepared to mitigate the risks of floods and conflict. Social welfare does not reach deep enough to provide necessities for those worst affected by economic troubles.19

STORY FROM THE FIELD

Amina Ibrahim is a nurse at Maali Health Care Facility in East Darfur, serving 3,500 people from surrounding communities. Until recently, patients accessed drinking water from an open source and practiced open defecation.

When asked about hygiene and sanitation, Ibrahim recalls how these conditions “compromised health standards at the clinic and health outcomes in our community.” UNICEF rehabilitated the existing water systems in the health facility, benefiting the communities relying on the Maali facility. The toilets were improved, a hand-washing station with soap was constructed in response to COVID-19, and chlorine for disinfection and water treatment were made available.

Read more about this story here

UNICEF/Sudan/2021/Khamisa Rizgal
**HUMANITARIAN STRATEGY**

In 2022, UNICEF will support 3.3 million of the most vulnerable individuals in Sudan, including 1.8 million children. By enhancing the linkages between development, humanitarian and peacebuilding contexts, UNICEF will act at individual, community, state and international levels to deliver meaningful, life-sustaining services to children before, during and after a crisis, contributing to the Sustainable Development Goals that are directly related to children.

UNICEF will coordinate with all actors, including United Nations agencies, government counterparts, non-governmental partners, donors and communities in 15 states to deliver efficient, quality programming. Currently, UNICEF leads the child protection area of responsibility and WASH, education and nutrition sectors while actively participating in the health sector, gender-based violence sub-sector and the Refugee Consultation Forum.

Life-saving prevention, preparedness and response interventions remain a priority for UNICEF. To support every child’s health, UNICEF will prevent and treat severe malnutrition through interventions targeting children, pregnant and lactating women while providing access to public healthcare and vaccinations. UNICEF will provide innovative solutions for personal hygiene and access to safe water, combat COVID-19 and other communicable diseases. UNICEF is committed to a comprehensive protection of children’s welfare, including classrooms as safe-havens as well as educational centers, and protection responses for children enduring crises.

Holding to Grand Bargain commitments, UNICEF will enhance community-based interventions, especially in areas where access was recently granted, implementing risk-informed and conflict-sensitive programming to achieve an equitable coverage of basic needs in support of the national peace process and Juba Peace Agreement. UNICEF will continue providing support and funding to local and national organizations dedicated to responding to and preventing violence, abuse and exploitation, including of women, girls and boys affected by armed conflict, while striving to keep children in schools and increase cash-based programming.

In line with the Core Commitments for Children, UNICEF will give particular consideration to gender and disability while enhancing accountability to the affected population. UNICEF will mainstream child-centered planning and gender-responsive preparedness into national planning while committing to the prevention of sexual exploitation and abuse (PSEA) and accountability to the affected populations (AAP) through reporting mechanisms including community engagement and mobilization platforms.

**2022 PROGRAMME TARGETS**

### Health and nutrition
- 330,000 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 990,000 primary caregivers of children aged 6 to 23 months receiving infant and young child feeding counselling
- 961,200 children under one year old vaccinated against measles
- 1,222,200 UNICEF-targeted children under 5 years accessing IMCI services

### Water, sanitation and hygiene
- 2,500,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 100,000 people use safe and appropriate sanitation facilities
- 2,500,000 people reached with hand-washing behaviour-change programmes

### Child protection, GBViE and PSEA
- 337,600 children and parents/caregivers accessing mental health and psychosocial support
- 63,300 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 2,199,900 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 12,700 unaccompanied and separated children accessing family-based care or a suitable alternative

### Education
- 659,900 children accessing formal or non-formal education, including early learning
- 659,900 children receiving individual learning materials
- 3,452 schools implementing safe school protocols (infection prevention and control)

### Social protection and cash transfers
- 100,000 households reached with UNICEF funded multi-purpose humanitarian cash transfers

### Cross-sectoral (HCT, C4D, RCCE and AAP)
- 643,700 people reached through messaging on prevention and access to services

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/sudan/situation-reports](https://www.unicef.org/appeals/sudan/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action. Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
UNICEF requires US$270 million to support 1.8 million of the most vulnerable children in Sudan and 3.3 million people in total with education, health, nutrition, child protection, social protection and WASH services.

The increase from previous years reflects the costs of providing a comprehensive education and child protection response under UNICEF’s obligation as a provider of last resort. This includes US$59 million to provide classrooms and US$34 million to deliver holistic psychosocial and reunification services for children in crisis.

Without timely and flexible funding, the cycle of humanitarian calamity, protracted emergency, inadequate development and perpetuated conflict will continue. This appeal funds UNICEF to protect children from exploitation, malnutrition, diseases, floods, conflict, extremism and forced migration. Funding is critical to support the rights of nearly 1.8 million of the most vulnerable children, particularly 871,000 girls.

Sudan is enduring a critical epoch that will define the quality of life for generations of Sudanese and support now is a cost-effective investment that will pay dividends for decades to come.

**FUNDING REQUIREMENTS IN 2022**

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>59,793,941</td>
</tr>
<tr>
<td>Health</td>
<td>29,389,044</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>33,384,000</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>46,069,004</td>
</tr>
<tr>
<td>Education</td>
<td>89,769,556</td>
</tr>
<tr>
<td>Social protection</td>
<td>7,938,000</td>
</tr>
<tr>
<td>Cross-sectoral (C4D, RCCE and AAP)</td>
<td>3,702,460</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>270,046,005</strong></td>
</tr>
</tbody>
</table>

*This includes costs from other sectors/interventions: Social protection (2.9%), Cross-sectoral (C4D, RCCE and AAP) (1.4%).

Who to contact for further information:

Mandeep O’Brien  
Representative, Sudan  
T +249(0)156553670 ext.300  
mobrien@unicef.org

Manuel Fontaine  
Director, Office of Emergency Programmes (EMOPS)  
T +1 212 326 7163  
mfontaine@unicef.org

June Kunugi  
Director, Public Partnership Division (PPD)  
T +1 212 326 7118  
jkunugi@unicef.org
ENDNOTES
1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
3. This figure is taken from all sectors within the HNO 2022 including non-UNICEF led sectors, and as such is a higher number than UNICEF-led Children in need.
4. People to be reached is determined by the highest targeted indicator for each demographic group. Children under 5 is 1,122,170 (572,307 girls) reached with Integrated Management of Childhood Illness (IMCI) services; Children of school age are those reached with education/learning materials 659,860 (320,930 girls); Women are 990,000 reached through Infant and Young Child Feeding counseling. Men are 550,000 reached with water disinfection activities. The total figure includes 1,892,237 females (902,237 girls) across all activities and 498,305 with disabilities (267,305 children). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. Children to be reached is determined by the highest targeted indicator for each demographic group. Children under 5 is 1,122,170 (572,307 girls) reached with Integrated Management of Childhood Illness IMCI services; Children of school age are those reached with education/learning materials 598,047 (299,024 girls).
6. PIN has increased from 13.4 million in 2021.
7. Please see these links for comprehensive sector needs and responses. https://www.humanitarianresponse.info/en/operations/sudan/infographics
8. Removal of key, unsustainable subsidies, deregulation of the currency exchange market, introduction of IMF and World bank recommendations etc.
9. Through the Juba Peace agreement.
10. At time of writing, the political situation continues to unfold.
11. 388 per cent annually as of September 2021.
12. UNDESA estimates that the international migrant stock in Sudan for 2020 as 1.4 million individuals; however, it is understood that the actual number of foreign migrants passing through or residing in Sudan is much higher, as many of them are with irregular status and thus not reflected in these published figures - HNO Sudan 2022.
13. During October 2021, extremist cells were disrupted by government security forces. Climate change is becoming increasingly disruptive. Ethnic violence remains a constant feature, civil unrest is a daily occurrence, economic livelihoods are often at odds with others' well-being, armed groups are either at odds with the government or now added to the government dynamics. etc.
14. Under-five mortality is 56.6 per 1,000 live births - UNIGME 2020.
15. Global Acute Malnutrition S3M data.
16. 36.5 per cent of children were out of school prior to the COVID-19 pandemic - HNO 2022. 9.6 million were out of school during the pandemic.
17. 27 per cent and 63 per cent of the population do not have access to basic water and improved sanitation facilities, respectively - HNO 2022.
18. Men and boys are at increased risk of being killed, maimed or suffering traumatic experiences which can affect them for the rest of their lives. Women and girls suffer from increased prevalence of rape, GBV, sexual exploitation, forced labour, early/forced marriage, greater risks of trafficking etc. Violence can impact all both during conflict and for years to come as remnants of war contaminate community lands. Trauma of displacement disrupts livelihoods, causes children to be separated from families, prevents schooling, increases WASH, health and food burdens on host communities as well as those directly displaced, and pressures inter-communal relationships.
19. The Sudan Family Support Programme will target 32 million or 80 per cent of the total population with income support.
20. All Sector People in need are from the HNO 2022, however these figures do not represent the sector targets to be reached.
21. 330,000 children affected by severe acute malnutrition to be targeted (including refugees) by the sector.
22. The health sector is led by WHO in Sudan.
23. 1,739,000 will be targeted with water interventions by the sector.
24. Around 765,000 will be targeted with psychosocial support (PSS) by the sector.
25. Around 2.4 million will be targeted with school supplies by the sector.
26. Including Integrated Management of Childhood Illness and routine immunization coverage in protracted humanitarian situations and emergency campaigns.
27. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
28. UNICEF Sudan's direct areas of responsibility are Khartoum, Red Sea, Kassala, Gedaref, Sennar, White Nile, Blue Nile, South, North and West Kordofan, North, South, East, West and Central Darfur.
29. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the efficiency and effectiveness of humanitarian action.
30. Core Commitments for Children form the core UNICEF policy and regulatory framework for humanitarian action. They derive from International Legal Framework and include the minimum commitments, activities, and standards that UNICEF commits to achieve in any given humanitarian crisis.
31. Standard indicator.
32. IMCI, Integrated Management of Childhood Illnesses.
33. This reflects 500,000 people accessing constructed or rehabilitated basic water sources and 2,000,000 people supported with operation and maintenance services and disinfection.
34. This indicator has been reduced to reflect the transition to CLTS (Community-Led Total Sanitation) for protracted crises. This number only reflects construction of new latrines, not operations and maintenance of existing latrines and handwashing facilities.
35. This is total people to be reached less those under 5 years old.
36. In 2022, UNICEF, as a provider of last resort, will support a total of 598,000 children which covers 20 per cent of the sector PIN, which is the gap via-a-vis the interventions from other partners, through provision of comprehensive child-friendly package to support safe access to quality learning. The target children includes vulnerable and internally displaced Sudanese, returnees, South Sudanese refugees and Ethiopian refugees. To provide safe learning space for all the target children, UNICEF increased the target for access to education significantly from the last year. Additionally, UNICEF included the Ethiopian refugee children in the 2022 target, which was not included in 2021.
37. This target remains the same as 2021, reflecting 50,000 potential flood-affected households and 50,000 households already targeted with development programmes who remain at risk of humanitarian crisis.
38. PSEA budget is US$500,000.
39. This increase in funds over 2021 is due to targeting 20 per cent of total 2021 PIN per locality. This has led to a significant increase in the number of classrooms and supplies required. This funding asks reflects an increase in requirement for temporary and permanent classrooms. This is outlined in The Joint Education Needs Assessment (JENA, 2021), which found a significant need to invest in school infrastructure, including water and sanitation facilities. Of the schools assessed, 52 per cent require major rehabilitation and 22 per cent of classrooms are damaged.