Highlights

- **The first 100 days of the conflict have had a devastating impact on children and families.** Without concerted action, including the commitment of parties to the conflict to stop the fighting and uphold international law, severe violations of children's rights will only worsen.

- **Almost 14 million children, are in need of humanitarian assistance.** Over 3.3 million people have fled their homes (half of whom are children), including 757,000 crossing borders.

- **Delivery of humanitarian assistance** is essential to protect the Sudanese people and children from the impact of conflict. Denial of humanitarian access, targeting of aid workers, ongoing looting and bureaucratic impediments, including travel permits and visa limitations, are hampering assistance.

- Since the conflict began, UNICEF has reached over 3 million children and women with health supplies, 1.7 million children with malnutrition screening, 300,000 women and their families with cash assistance, and 100,000 children and caregivers with protection support through over 400 safe spaces established across Sudan.

- **Over the next 100 days, UNICEF urgently needs US$400 million to sustain and scale its crisis response to support the most vulnerable children.** As of mid-July, the UNICEF US$838 million Humanitarian Action for Children (HAC) 2023 appeal is only 9 per cent funded.

- **The cost of inaction is unacceptably high** – close to 14 million children will not receive the essential services they require to survive and thrive, including 1.7 million children under 1 at risk of not receiving life-saving vaccines.

UNICEF funding needs by programme area

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Funding Needed</th>
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<tr>
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*Funding available includes funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
Funding Overview and Partnerships

The conflict in Sudan is a deepening children's crisis severely putting at risk the future of the country and heavily affecting the wider region.

**Necessary funding must be mobilized and committed to the relief efforts** to sustain and scale-up our support to the children, their families, and communities in Sudan. As of mid-July, the UNICEF US$838 million Humanitarian Action for Children (HAC) 2023 appeal to reach around 12 million people, including 9.4 million of the most vulnerable children in Sudan is only 9 per cent funded. Over the next 100 days, UNICEF urgently requires US$400 million to sustain and scale up critical life-saving health, nutrition, water, sanitation, learning and protection assistance to the most vulnerable children caught in this crisis. **Flexibility in managing committed and additional funding** is critical in this complex and quickly evolving context to sustain essential social services for vulnerable children and families across Sudan.

**The cost of inaction is unacceptably high** and Sudan's future is at stake. Close to 14 million children will not receive the essential services they require to survive and thrive: 690,000 children with severe acute malnutrition are at high risk of not surviving without treatment; 1.7 million children under-one risk missing critical lifesaving vaccinations to protect them and their families and communities from disease outbreaks; a generation of children will miss out on education; and millions of boys and girls will lack a sense of safety and psycho-social well-being.

Without an immediate and extensive crisis response, the consequences of displacement, lack of basic social services, and protection will have devastating, long-term effects on children, and therewith the future of Sudan, the region, and globally. All efforts must focus on stopping the war, stopping the killing of civilians/children, stopping the destruction of civilian infrastructure. UNICEF is calling on all partners and friends of Sudan to:

1. **Protect the rights of children** caught in the middle of this devastating crisis in Sudan
2. **Advocate for unimpeded humanitarian access**
3. **Advocate for alleviation of bureaucratic impediments**
4. **Advocate for necessary funding to be committed** to sustain and scale-up our support to the children, their families, and communities in Sudan.

UNICEF Sudan would like to sincerely thank the donors supporting its humanitarian response in Sudan, in 2023, by the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, Canada, the United Kingdom, Norway, Kuwait, Japan, France, as well as Gavi, the Vaccine Alliance, Education Cannot Wait (ECW), Central Emergency Response Funds (CERF), and UNICEF National Committees.

**Situation Overview & Humanitarian Needs**

The conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has now continued for 100 days, with violence reported in the Blue Nile, Darfur, Khartoum and Kordofan states. In the recent weeks, fighting has involved various branches of Sudanese People's Liberation Movement – North (SPLM-N) in Blue Nile and South Kordofan, thereby worsening the humanitarian crisis.¹

Sudan is faced with a catastrophic humanitarian crisis which is projected to deteriorate further if fighting does not immediately stop, pushing the already vulnerable, including millions of children whose lives are threatened daily, into a further state of desperation. Half of Sudan's population — **more than 24.7 million people, almost 14 million of whom are children** — are in need of humanitarian assistance. Over 3.3 million people have fled their homes, 757,000 of whom have crossed borders. The majority of displaced people have come from Khartoum state (73 per cent or 1.9 million), followed by West Darfur (8 per cent), North Darfur (7 per cent), South Darfur (6 per cent) and Central Darfur (5 per cent). The highest IDP recipient states are River Nile (427,895); Northern State (358,645); White Nile (267,899); Al Jazirah (211,760); and Sennar (211,011).²

As the conflict in Sudan passes 100-days, UNICEF has received credible reports that **at least 2,500 children have been killed** (435) or **injured (2,025)**. This is an average of at least **one child injured or killed every hour since fighting started on April 15**. These are just the cases reported to UNICEF sources. The true extent is likely to be far higher and a grim reminder of day-to-day impact of the conflict on children.

This is in addition to other **severe violations of children's rights**, including abduction, recruitment into armed groups, attacks on hospitals, occupation of schools and denial of humanitarian access. An estimated 68 per cent of hospitals in the worst-affected areas have had to suspend service and another 17 per cent are estimated to have been bombed. Several more hospitals are believed to have been turned into military bases and there have been repeated reports of ambulances coming under attack.

¹ OCHA - Situation Report 14 July 2023
² IOM DTM: https://dtm.iom.int/node/24896
Before the crisis, nearly 3.8 million people were internally displaced in Sudan, 1.9 million of whom were children. 1.7 million additional children have been driven from their homes and are now on the move within Sudan and neighbouring countries, vulnerable to hunger, disease, violence, and separation from their families. At least 690,000 children are now exposed to severe acute malnutrition and 1.7 million children under the age of one are at risk of missing critical vaccinations.

Reports of abductions and sexual and gender-based violence against women and girls are on the rise, with 4.2 million women and girls at increased risk. Deeply concerning reports of conflict related sexual violence against women and girls in conflict hotspots and those being displaced by the fighting are increasing. UNICEF and the wider UN are calling for an immediate end to gender-based violence, including sexual violence as a tactic of war to terrorize people; for prompt, impartial and independent investigations into all alleged gross violations and abuses of human rights and serious violations of international humanitarian law; and for perpetrators to be held accountable.

Each day fighting continues, the misery deepens for Sudanese civilians. With the onset of the rainy season there are increased risks of disease outbreaks, compounded by lack of access to health care and parts of the country being cut off due to physical access challenges.

UNICEF remains very concerned for the safety and wellbeing of its staff, partners and frontline workers who risk being caught in the crossfire of the ongoing conflict and is urging for safe humanitarian pathways that ensure the protection of humanitarian workers.

Delivery of Humanitarian Assistance is paramount to protect the Sudanese people and children from the impact of conflict, displacement, disease outbreaks, and widespread destruction across the country. To do this we need:

- **Unimpeded humanitarian access**
  Denial of humanitarian access, targeting of aid workers and ongoing looting is significantly impacting timely and effective humanitarian response.

- **Elimination of bureaucratic impediments**
  Bureaucratic impediments are severely hampering our ability to deliver assistance to those who need it most. Over 100 visa applications for UN and INGOs are still pending. Extensive and lengthy procedures for travel permits in and across states for goods and people is slowing down and restricting the humanitarian response further.

Despite all challenges, UNICEF is staying and delivering for the children of Sudan across the country and including in areas with active conflict – where assistance is needed most (Darfur, Kordofan, and Khartoum), through a three-pronged strategy:

1. **HOTSPOTS**: Maintain critical and lifesaving basic services in the nine states of Khartoum, Darfur, Kordofan regions, through local partners and staff on the ground (focus on delivery of programme criticality one in these areas).
2. **DISPLACED POPULATIONS**: Providing urgent assistance to the newly displaced and host communities in the seven states with minimal ongoing conflict and where there are the largest gathering points: Gedaref, Jezira, Kassala, Red Sea, White Nile, Northern State, and River Nile.
3. **BASIC SERVICES (ONGOING)**: Treatment of children with severe acute malnutrition, primary healthcare, including vaccinations, water, sanitation and hygiene (WASH), child protection and education in emergencies, cash plus programming, including emergency preparedness response for recurrent emergencies such as floods and epidemics.

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**IOM DTM, 18 July**
Summary Analysis of Programme Response
UNICEF Sudan is staying and delivering essential WASH, health, nutrition, child protection and learning services across the 18 states of Sudan. UNICEF is delivering its response through 15 international NGO partners, 43 national NGO partners, and directly through line ministry institutions and facilities, as well as with community groups, women-led organizations and private sector. Since the start of the current conflict, UNICEF has reached:

- Over 3 million children and women with health supplies and vaccines.
- Over 2 million people with safe drinking water.
- Over 1.2 million children with malnutrition screening
- 300,000 pregnant and lactating women and their families with cash assistance, information and vital services to sustain their resilience, health and wellbeing.
- 100,000 children and caregivers are benefitting from psychosocial-counselling, protection and learning support, including through over 400 safe-spaces established across Sudan.

Since the start of the year, 107,225 children with SAM have been provided with treatment. It is vital for frontline workers, children and their care givers to have access to lifesaving supplies for critical services to continue. Since 15 April, over 5,500 metric tons of WASH, Health and Nutrition, Child Protection and Education supplies have been dispatched across Sudan, including hotspot areas in Darfur, Kordofan and Khartoum.

UNICEF is putting all efforts to reach the most vulnerable children in Darfur, exploring and using all options to deliver support to where it’s needed most. This has included working with NGOs in Geneina to release pre-positioned supplies to 12 health centres and enabling treatment and management of child illnesses and malnutrition. UNICEF also succeeded in transporting health and nutrition supplies to South and North Darfur and from North Darfur to Central Darfur state. In North Darfur, UNICEF and partners constructed 25 latrines and conducted water trucking to healthcare facilities and IDP gathering sites. In Chad, jointly with partners, UNICEF is positioning 60 metric tonnes of life-saving health, nutrition and WASH supplies for cross-border support into West and Central Darfur.

Health
UNICEF implements health and nutrition interventions through partnerships with 24 active implementing partners in Sudan, operating in 13 out of the 18 states and covering 105 localities of Sudan, reaching over 23,000 mothers, pregnant women and children with essential health and nutrition services at community and health facilities levels.

During the reporting period, over 1,800 children were vaccinated against measles, including 650 children under the age of one in Darfur. Efforts continue to reach hotspot areas to deliver critical supplies and provide assistance and access to basic services. This includes in Darfur where 61 primary healthcare centers and 29 outpatient therapeutic programme (OTP) centers/integrated health nutrition facilities continued providing health and nutrition services to more than 8,000 pregnant women, mothers, and children (such as antenatal care, normal deliveries and post-natal care). In Central Darfur, Zalingei hospital has started to operate at minimum capacity. In North Darfur, eight health facilities stopped functioning due to looting and insecurity.

UNICEF continues to support 16 health facilities with providing lifesaving interventions to new IDPs in El Fasher town, Abu Shouk and Zamzam IDP camps. Over 2,200 children and women accessed primary healthcare in UNICEF-supported facilities, with over 500 children vaccinated against measles.

In South Kordofan, reports of suspected cholera outbreak have been received, with over 300 cases of acute watery diarrhea (AWD). Additionally, 268 suspected cases of Cholera were reported in Dilling locality, with one confirmed case of cholera by rapid diagnostic test. As per the contingency plan, UNICEF prepositioned AWD kits, personal protective equipment and chlorine tablets in June. Case management, health awareness, water chlorination and investigation of contamination sources has been conducted with the activation of locality cholera task force. In addition, the State Ministry of Health (SMoH) has established two Cholera Treatment Corners in affected communities.

Nutrition
The functionality of OTP centers across Sudan is stable at 76 per cent. Currently, 12 states have sufficient quantities of ready-to-use therapeutic food (RUTF) for the next two months and three states have sufficient quantities for a month. To ensure continuity of services and in preparation for the rainy season, UNICEF supported the distribution of RUTF across the country and managed to deliver 1,000 cartons of RUTF to nine OTP sites in Geneina locality, West Darfur, for the first time since the onset of conflict. Additionally, UNICEF managed to deliver 1,890 cartons of RUTF to South Kordofan which will be distributed to 50 OTP sites. This brings the total distributed RUTF since the beginning of the conflict to 623 metric tons, enough for managing 44,890 children under-five with severe acute malnutrition (SAM).
Over 107,200 children between 6-59 months of age were admitted for SAM treatment between January to July 2023 (cumulative reporting rate 67 per cent).

To ensure early detection of acutely malnourished children, routine and targeted mid-upper arm circumference (MUAC) screening activities were scaled up significantly. As a result, 2.1 million girls and boys (6-59 months) have been screened for malnutrition across the country since January 2023, including 1.2 million since the start of the conflict. In a recent screening of over 3,200 children conducted in West and East Darfur, close to 500 children were identified as severely acutely malnourished – indicating high and worsening levels of acute malnutrition across conflict affected states.

As part of the integrated health and nutrition response among refugees, over 112,000 children under-five were screened for malnutrition. Almost 6,600 of these children were identified with severe acute malnutrition and were admitted for treatment. Furthermore, 9,500 caregivers of children (0-23 months) received counselling on optimal infant and young child feeding practices.

UNICEF received 6.2 million doses of vitamin A, which are being distributed to 10 accessible states – Blue Nile, Gedaref, Gezira, Kassala, North Kordofan, Northern, Red Sea, River Nile, Sennar and White Nile. Over 8,500 iron and folic acid PACs were released targeting around 9,500 pregnant women.

Child Protection
UNICEF and its partners provided 75,700 children, adolescents and caregivers access to community-based mental health and psychosocial support since January 2023, including around 70,200 people since the start of the conflict. Over 800 unaccompanied and separated children have been given alternative care or reunified with their families and community members since January 2023, including around 600 children since the start of the conflict. In addition, 30,600 children were provided with messages/training on landmine and other explosive weapon prevention and the dangers of unexploded ordnance and/or remnants of war since January 2023, including over 29,700 children since the start of the conflict.

Community structures, including child clubs and community-based child protection networks, have been activated to facilitate emergency response activities and denounce and report violence against children. Since the start of the conflict, over 48,300 women, girls, and boys gained access to gender-based violence risk mitigation, prevention and/or response interventions, and 10,700 women girls and boys gained access safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations. UNICEF continued to facilitate the referral of children affected by armed conflict (CAAC) and their families to basic social services.

UNICEF coordinates and leads on Monitoring and Reporting of Grave Child Rights Violations including the prevention, monitoring and response to grave violations of child rights in conflict situations, namely recruitment and use of children, killing and maiming, sexual violence against, attacks on schools and hospital, abduction of children, and denial of humanitarian access.

The Monitoring and Reporting Mechanism (MRM) on grave child rights violations was activated at the onset of the crisis but faces some challenges in verifying the incidents. The trained community-based child protection network members actively monitor and report violence against children. UNICEF, in coordination with the State Councils for Child Welfare (SCCW) and the MRM working group, is focusing on ensuring all reported MRM cases are verified across the country. During the reported mobilization of youths by parties to the conflict to join their ranks in various Darfur states, UNICEF and partners have increased awareness raising sessions (in accessible camps and communities across the region) focusing on the danger and harm of using children during armed conflicts.

On June 8, UNICEF Sudan, together with ICRC, secured the relocation of 297 children without parental care from Maygoma orphanage in Khartoum to a safer location where they are receiving emergency care and support, and where efforts are ongoing for all children to be placed with foster families. So far, 27 children (17 girls and 10 boys – aged between 7 months and 3 years) have been placed with foster families. An additional 10 children are in the process of being placed with foster families and 13 foster families in the Red Sea have been assessed and are ready to take care of children in the coming days.

UNICEF continued providing technical and material support for the operation of the Transitional Care Center for children without parental care, which admitted five more children during the reporting period. The Standard Operating Procedures for children without parental care have been shared with the Directors of Social Welfare of Khartoum and Gezira states as well with the Director of the Transitional Care Center.

Education
Since the crisis began, a total of 424 child-friendly and safe learning spaces have been established by UNICEF and partners, benefiting an additional 26,600 boys and girls (during the reporting period) who have experienced the devastating consequences of conflict. These spaces immediately offer children an opportunity to socialize with their peers, engage in playful learning, and receive care by trained facilitators, with an aim to support their psychosocial well-
being, while also safeguarding them against the grave risks of exploitation, abuse and involuntary recruitment by armed groups.

During the reporting period, UNICEF established 12 child-friendly and safe learning spaces, providing vital support to around 1,000 internally displaced girls and boys. UNICEF’s distribution of learning and recreational materials reached 435 girls and boys. Moreover, UNICEF established five adolescent-led child clubs within these learning spaces. Active participation of 540 adolescent girls and boys in sports, cultural, and health clubs further contributes to their overall well-being and holistic development.

UNICEF’s Learning Passport program supports the continuity of learning for affected children, with content aligned to the Sudanese national curricula. Approximately 22,400 children, including 12,700 girls, who have been recently displaced, youth, and teachers are benefiting from this program inside Sudan and in neighbouring countries.

UNICEF’s efforts continue to prioritize the well-being of children, ensuring access to structured learning opportunities, comprehensive psychosocial support, and essential teaching and learning resources.

WASH
UNICEF continued providing lifesaving WASH services to 16 of the most conflict-affected states in Sudan\(^3\). During the reporting period, 331,395 people gained access to clean water through chlorination, water-trucking, the construction/rehabilitation of water sources, and other methods. Major progress was driven by the distribution and utilization of UNICEF-supported water treatment chemicals through Khartoum Water Corporation, benefitting an estimated 650,000 people in Khartoum. In Gedaref and Kassala, over 700,000 people gained access to safe water through operation and maintenance/water chlorination of existing water supply facilities\(^4\).

An additional 73,000 individuals (\(\uparrow 9\) per cent)\(^5\) (including 40,100 children) were reached with hygiene promotion messages, 8,300 people benefitted from WASH supplies (\(\uparrow 7\) per cent)\(^6\) (including 4,600 children), and 5,000 people (\(\uparrow 10\) per cent)\(^7\) gained access to appropriate sanitation services.

UNICEF supported the response to acute watery diarrhoea cases in South Kordofan by mobilizing stocks of chlorine, soap, and latrine construction materials. UNICEF also continued its support for the implementation of more sustainable initiatives, recognizing the needs of different communities, including the certification of open defecation free of four communities in Kassala and training of youth in sanitation marketing in Gedaref.

Social Inclusion and Cash Assistance
After the outbreak of the conflict, UNICEF has strengthened its risk management processes and tools for cash-based responses, including its flagship Mother and Cash Transfer Plus (MCCT+) for the First 1,000 Days of Life programme launched in 2021. UNICEF conducted a risk and cash feasibility assessment in Kassala and Red Sea states, where the MCCT+ is currently implemented. Findings suggest that the supply chains of essential goods remain stable and markets are functional. Based on these findings, UNICEF has launched a new cash payment cycle for the MCCT+ starting with two localities in Kassala and Red Sea states.

Refresher training for frontline workers, including midwives and social workers, was successfully conducted in both states. Out of 13,870 registered women in the Port Sudan locality, about 11,000 households (55,000 women, children and their families) have received their cash entitlements since the start of the payment cycle. Antenatal and postnatal care, nutrition services for malnourished children, as well as social and behaviour change (SBC) on essential family practices, were provided along with a cash benefit of US$45 per child. The cash payments will continue for a second week in Port Sudan, followed by a reflections and lessons learning phase.

Social and Behaviour Change (SBC)
UNICEF, in partnership with Ministry of Health and civil society organizations, engaged over 36,600 individuals through SBC interventions during the reporting period. These included IDPs and host community members in Gezira, Kassala, Red Sea and White Nile. A total of 36 lifesaving communication products across seven key theme areas (first aid, self-prevention during conflict, SEA, mental health, hygiene promotion, routine immunization, measles and water-borne diseases/rainy season) were designed, tested, and distributed. Additionally, nine posters raising awareness on breastfeeding, vaccination, diarrhoea and malaria are in the design pipeline.

\(^3\) North Darfur, East Darfur, West Darfur, Central Darfur, South Kordofan, North Kordofan, Blue Nile, White Nile, Sennar, Gezira, Red Sea, Kassala, Gedaref, Northern State, River Nile and Khartoum.

\(^4\) These results in Khartoum, Gedaref, and Kassala are not currently reflected in Annex A, as the chemicals have not been fully utilized yet to reach the target beneficiaries.

\(^5\) ibid

\(^6\) ibid

\(^7\) ibid
UNICEF is supporting the National Polio response and the Draft National Polio Emergency Action Plan. Community engagement in IDP camps included trust committees, media personnel, community and religious leaders, vaccinators and health promoters. SBC is currently conducting social profiling of the high-risk populations, particularly IDPs. A total of 652 RI (IEC) materials have been distributed and 11 trained health promoters and community leaders visited 352 households, targeting close to 1,600 children. Community leaders have organized 23 community dialogues in IDP camps engaging over 900 people, 40 per cent of whom are women.

More than 20 complaints were recorded through offline community feedback. Emerging concerns from IDPs included snakes and scorpions in three gathering points, lack of sufficient water and latrines in some gathering points, lack of shelter for new IDP’s arriving from Khartoum and concerns around the upcoming rainy season and disease outbreaks. Relevant actions are taken to address information gaps and adapting SBC interventions. SBC is providing cross-sectoral support to AAP and prevention of sexual exploitation and abuse functions though integration in all community engagement activities for promotion of Community Feedback Mechanism (CFM) channels in capacity-building and other messaging and engagement channels. Mapping of mass media, social media and community influencers to enhance dissemination and engagement is ongoing.

Accountability to Affected Population (AAP)
Following the on-set of the emergency, UNICEF continues to fulfill its accountability towards affected population with the increase of needs and gaps in outreaching and accessibility, by launching five complaints and feedback mechanism channels: a call centre in Port Sudan operating a toll-free short code hotline; WhatsApp Chatbot; email address; community help desks; and Abshir focal points. These channels support the provision of strengthened two-way communication platforms while listening, consulting, assessing, empowering and processing cases through coordinated inter-sectoral referral pathways. As UNICEF continues to scale up response, this information will be used to reflect on programme design and planning. Massive sensitization has been launched starting from the distribution sites of the MCT+; social media, community networks, partners of all sections and at inter-agency level. To strengthen the performance of the CFM, UNICEF is leading the CFM technical task force under the AAP working group.

Prevention of Sexual Exploitation and Abuse (PSEA)
The PSEA training plan continues to be implemented with targeted UNICEF partners. Five PSEA sessions were organized for 155 staff of the State Ministry of Health, Youth Scientific Organization, and WASH cluster members. Four PSEA orientation sessions targeting over 300 people in four gathering sites accompanied were done along with the distribution of Information Education Communication (IEC) materials. UNICEF co-chairs the Sudan AAP/Community Engagement (CEA) working group, which is continuing to share the live-saving messages with the affiliated people. The working group established a state level AAP/CEA and PSEA working group in Gezira state, co-chaired by UNICEF and Adventist Development and Relief Agency (ADRA) Sudan, which is going to collaborate with the national working group and PSEA network. The group intends to organize community consultations, CFM mapping, and SEA risk assessments in the near future.

UNICEF coordinated and provided technical support to 28 mental health and psychosocial support (MHPSS) actors and established the Gezira MHPSS technical working group, which will be supported directly by the Sudan MHPSS technical working group, chaired by UNHCR.

During the reporting period, a joint child protection, health and nutrition mission was organized to Hasahisa locality, where PSEA, gender-based violence, and protection concerns were captured to be addressed jointly with related actors. gender-based violence cases are still reported and referred for appropriate assistance through actors in Khartoum.

Humanitarian Leadership, Coordination and Strategy
UNICEF plays a key role in humanitarian coordination in the country by leading the Education, Nutrition and WASH clusters, and the Child Protection sub-cluster. UNICEF is a vital partner in the inter-agency prevention of sexual exploitation and abuse (PSEA) task force, AAP working group, the Access working group and the refugee coordination forum.

Despite great challenges, cluster partners supported humanitarian WASH interventions to reach 1.3 million people from April to June 2023, during which around 957,200 people accessed basic water services, over 4,600 accessed adequate, protected, and gender-sensitive sanitation services, and over 617,400 accessed gender-sensitive hygiene and environmental health interventions. Inter-sectoral linkages optimized interventions in host and camp settings, including health and nutrition service sites, focused on safe maternal and child feeding practices in emergencies. Strong collaboration with UNHCR helped the delivery of WASH services in refugee settings. Collaboration with the Logistic Cluster and Access Working Group has led to plans for potential cross border movement of emergency WASH supplies from Chad.
The WASH cluster emergency flood preparedness and response plan guided pre-positioning of emergency supplies, particularly in hard-to-reach areas. Dedicated information management is supporting monitoring and reporting mechanisms including partner mapping and strengthening information sharing to guide timely and appropriate interventions.

**Child Protection Area of Responsibility (AoR)** finalized around 47 Humanitarian Response Plan (HRP) project sheets aiming to provide lifesaving child protection services to vulnerable populations in the hotspot and high severity areas. The Child Protection AoR has revamped a dedicated information management system that allows for the registration and reunification of unaccompanied children. The Child Protection Information Management System (CPIMS) will also play a crucial role and support child protection case management services.

Sub-national coordination has started in Wad Madani through the newly established Child Protection Working Group (CPWG). Plans to reactivate the CPWG in Gedaref and establish a CPWG in Atbara are underway. The Child Protection AoR has conducted a series of coaching sessions on Core Commitments for Children in Humanitarian Action for Child Protection Cluster partners. Child Protection AoR has undertaken a series of capacity-building initiatives (focused on MHPSS, parenting, gender-based violence; monitoring and reporting mechanism on grave child rights violations, and family tracing and reunification) as part of identified lifesaving activities in the revised Humanitarian Response Plan.

**Education Cluster** engagement with Education Cannot Wait (ECW) and Global Partnership for Education (GPE) secretariat has resulted in funding US$5 million for school-age children affected by the current crisis. Despite ongoing access challenges there have been substantial achievements, including providing essential humanitarian education support to 65,000 school-age children. The productive UNICEF-Save the Children co-leadership of the Education Cluster has ensured strong coordination and active participation by education partners across the country.

Continued inadequate funding for education is leading to a huge number of children having no access to education services, which decreases the likelihood of enrolling out-of-school children while also increasing teacher attrition. Funding for the Sudan Education Cluster is at 9.3 per cent against a requirement of US$131 million to support 4.3 million conflict affected children in Sudan. Education support is urgently needed to keep children in safe and protective learning environments.

The **Nutrition Cluster** finalized the review and approval of 39 HRP projects with an overall funding requirement of US$421 million of which UNICEF budget account for 55.7 percent (US$ 234.7M) of the total sector budget. Between January and June, the nutrition cluster reached a total of 7,768 SAM children with medical complications, 108,621 SAM children without medical complications, 76,323 moderate acutely malnourished under-five children and 25,215 malnourished PLW. This is a total of 217,927 beneficiaries in this year. Despite these achievements there are still gaps in coverage that the cluster is mobilizing partners to fill in both host and IDP sites. Only 48 per cent of the 93 camp like IDP sites have at least one nutrition response (i.e., OTP) as of mid-July 2023. In view of this, the cluster has mobilized partners and expressed commitment to initiate and/or improve nutrition responses in 11 out of the 13 IDP camps and 51 of the 93 camp like IDP sites. By end of June, 78 per cent of OTP sites, 80 per cent of stabilization centers, and 30 per cent of TSFP were reported to be operational by UN agencies and NGOs partners. With all the above glaring response gaps, the cluster is just 16.2 per cent funded (US$56.6 million) out of the US$350 million HRP requirements for May to December 2023. Continued advocacy to secure more resources is one of the top priorities within the cluster.

In addition, the Nutrition Cluster has been working to draft two important documents, one to prepare for response scenarios, and another to optimize utilization of the community level nutrition workforce displaced during emergency.

**Human Interest Stories and External Media**

- Article: [Conflict in Sudan deepens malnutrition crisis](#)
- Article: [Supplies – a lifeline for children during crisis](#)
- Article: [UNICEF responding to water needs of communities during the crisis](#)
- Article: [New water system brings relief to communities in East Darfur](#)
- Press release: [Severe violations of children’s rights an ‘hourly occurrence’ in Sudan, warns UNICEF](#)
- Press release: [Sudan: Top UN officials sound alarm at spike in violence against women and girls](#)
- Video: [Diary of Rahaf: follow the day of a girl at an internally displaced persons camp at Medani](#)
- Video: [The impact of the 100 days of violence in Sudan](#)
- Video: [Driver in North Darfur delivers water to those who are in need](#)
- Video: [The journey of a mother who fled Khartoum with her children](#)
Next SitRep: 16 - 30 July 2023

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## Summary of Programme Results

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<td></td>
<td></td>
<td>2023 target (revised)</td>
<td>Total results</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and women accessing primary health care in UNICEF-supported facilities</td>
<td>11 million</td>
<td>3,163,728</td>
<td>471,564</td>
</tr>
<tr>
<td># children vaccinated against measles</td>
<td></td>
<td>1,655,308</td>
<td>262,541</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children 6-59 months screened for wasting</td>
<td>4.6 million</td>
<td>5,917,508</td>
<td>2,098,179</td>
</tr>
<tr>
<td># children aged 6 to 59 months with severe wasting admitted for treatment</td>
<td></td>
<td>621,600</td>
<td>107,225</td>
</tr>
<tr>
<td># primary caregivers of children 0-23 months receiving IYCF counselling</td>
<td></td>
<td>1,637,337</td>
<td>156,703</td>
</tr>
<tr>
<td># pregnant women receiving preventative iron supplementation</td>
<td></td>
<td>1,637,337</td>
<td>2,287</td>
</tr>
<tr>
<td># children 6-59 months receiving Vitamin A supplementation</td>
<td>6 million</td>
<td>5,917,508 9</td>
<td>-</td>
</tr>
<tr>
<td>Child protection, GBVie and PSEA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td></td>
<td>349,200</td>
<td>75,704</td>
</tr>
<tr>
<td># women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions</td>
<td>4.3 million</td>
<td>21,000</td>
<td>49,505</td>
</tr>
<tr>
<td># people with safe and accessible channels to report SEA by personnel who provide assistance to affected populations</td>
<td></td>
<td>2,346,921</td>
<td>10,699</td>
</tr>
<tr>
<td># children provided with landmine or other explosive weapons prevention and/or survivor assistance intervention</td>
<td></td>
<td>352,000</td>
<td>30,600</td>
</tr>
</tbody>
</table>

8 For Health, Nutrition, and WASH, total achievement figures and change since the last report have been updated based on data alignment and verification with partners.

9 The Vitamin A supplementation of 1st dose received by 7.46 million children, will be counted once they received 2nd dose during the nutrition screening of children.
**# unaccompanied and separated children provided with alternative care or reunified**

| 14,000 | 830 | ▲200 | 16,224 | 3,367 | ▲3,367 |

**Education**

| # children accessing formal or non-formal education, including early learning | 3,473,900 | 99,639 | ▲852<sup>10</sup> | 4,300,000 | 64,551 | ▲64,551 |
| # children receiving individual learning materials | 3,473,900 | 81,740 | ▲435 | 4,300,000 | 37,493 | ▲37,493 |
| # trained teachers/ECD facilitators | 57,915 | 1,218 | - |

**Adolescents and young people who participate in or lead engagement initiatives through UNICEF-supported programmes**

| 173,746 | 758 | ▲540 |

**Water, Sanitation & Hygiene**<sup>11</sup>

| # people accessing a sufficient quantity of safe water for drinking and domestic needs | 4,000,000 | 2,122,904 | ▲331,395 |
| # of people reached with critical WASH supplies | 200,000 | 121,894 | ▲8,319 |
| # of people reached with hand-washing behaviour-change programme | 4,000,000 | 900,874 | ▲77,551 |
| # of people accessing appropriate sanitation services | 300,000 | 51,880 | ▲3,125 |
| # health facilities with basic WASH services | 30 | 9 | - |
| # learning facilities and safe spaces reached with basic WASH services | 50 | 37 | - |

**Social Protection & Humanitarian Cash Transfer (HCT)**

| # of households reached with UNICEF funded humanitarian cash transfers | 250,000 | 51,651<sup>12</sup> | - |

**Cross-sectoral (HCT, SBC, RCCE, gender and AAP)**

| # of people participating in engagement actions | 2,000,000 | 512,041 | ▲36,638 |
| # of people sharing their concerns and asking questions through established feedback mechanisms | 1,250,000 | 2,063 | ▲2,063 |

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<sup>10</sup> The security situation continues to impede the delivery of education services and supplies. Amendment of Programme Documents with Implementing Partners is in progress.

<sup>11</sup> WASH Cluster results are being analyzed and calculated.
## Annex B

### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements (Revised HAC 2023)</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian resources received in 2023</td>
<td>Resources available from 2022 (Carry-over)</td>
<td>$</td>
</tr>
<tr>
<td>Health</td>
<td>67,612,858</td>
<td>8,703,576</td>
<td>4,085,551</td>
</tr>
<tr>
<td>Nutrition</td>
<td>346,245,840</td>
<td>17,385,527</td>
<td>11,055,464</td>
</tr>
<tr>
<td>WASH</td>
<td>80,325,302</td>
<td>9,096,416</td>
<td>2,015,963</td>
</tr>
<tr>
<td>Education</td>
<td>123,211,757</td>
<td>5,389,532</td>
<td>1,958,076</td>
</tr>
<tr>
<td>Child Protection</td>
<td>86,016,472</td>
<td>5,085,649</td>
<td>787,780</td>
</tr>
<tr>
<td>Social Protection</td>
<td>100,000,000</td>
<td>-</td>
<td>100,000,000</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>34,198,848</td>
<td>9,362,717</td>
<td>1,573,183</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>837,611,077</strong></td>
<td><strong>55,023,417</strong></td>
<td><strong>21,476,017</strong></td>
</tr>
</tbody>
</table>

*Humanitarian resources received in 2023 and Resources available from 2022 (Carry-over) are in USD.*