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Displaced children at a safe learning space in Sudan.

unicef
for every child

Humanitarian Situation Report No. 11

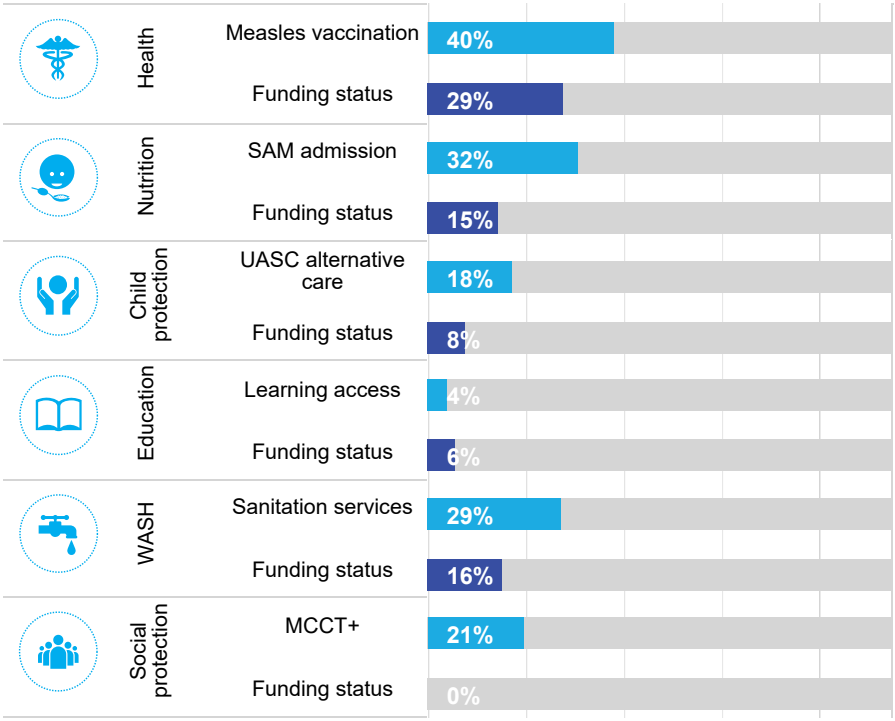
Reporting Period
1–30 September 2023

Sudan

HIGHLIGHTS

- Six months into the conflict, the war in Sudan is severely putting at risk the health and well-being of Sudan's 24 million children.
- 2.6 million children have been forcibly displaced. This is the largest child displacement in the world.
- Basic service delivery systems are on the brink of collapse due to insecurity, lack of access and financial resources to deliver supplies, inability to retain qualified personnel and maintain operation. Without urgent action, over 19 million children will not go to school this year and tens of thousands of Sudanese children will be on the brink of death before the year ends.
- Despite challenges, UNICEF, with partners, has reached 5.7 million people with health supplies, 3.4 million people with safe drinking water, 3.2 million children with malnutrition screening – of whom around 201,500 received life-saving treatment, and over 529,500 children and caregivers with psychosocial counselling, learning, and protection support through 739 safe spaces.

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS

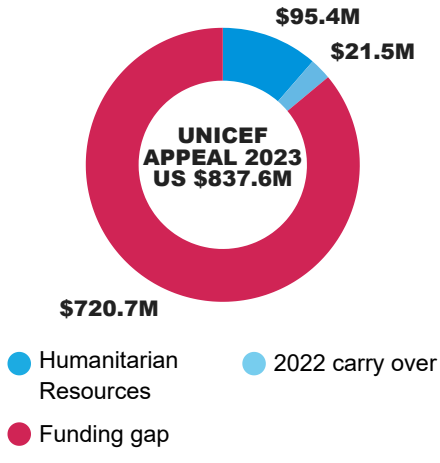
13,600,000
Children in need of humanitarian assistance[1]

24,700,000
People in need of humanitarian assistance[2]

9,400,000
Children targeted by UNICEF response in Sudan[3]

2,600,000
Children displaced internally and across borders

FUNDING STATUS (IN US$)**



** 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

As the conflict in Sudan enters its sixth month, the UNICEF Humanitarian Action for Children (HAC) appeal 2023, which aims to reach 12 million people, including 9.4 million children is only 14 per cent funded. UNICEF has activated additional US$86 million complementary funding for preservation and resilience of systems for delivery of basic services and communities under the crisis response strategy. This makes UNICEF crisis response 24 per cent funded in total.

The Country is faced with several disease outbreaks (cholera, measles, dengue and malaria), while the war in Sudan is resulting into various health system disruptions. The current scale and severity of outbreaks is exceeding initial planning i.e. HAC appeal 2023. UNICEF urgently requires an additional US$17 million in support of its cholera crisis response, and a total of US$30 million to help Sudan's disease outbreak prevention, preparedness and response.

Moreover, an estimated 19 million children in Sudan are out of school as the brutal conflict approaches the six-month mark next week. We call upon the Sudanese authorities to reopen schools in safe areas, while supporting alternative learning modalities in communities where schools can no longer be open due to safety and security concerns. We call on the international community to stand in solidarity with the Sudanese children whose education is at stake, and to provide the necessary resources and support to ensure millions of Sudanese children can go back to school and ensure conflict-affected children have the opportunity to access learning and psychosocial support in safe spaces. UNICEF is facing a US$92 million funding gap to provide urgent support to get children in Sudan back to learning[4] .

UNICEF would like to sincerely thank the donors supporting its humanitarian response in Sudan, in 2023, through 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 Fund (CERF) and UNICEF National Committees.

We call on all partners to shoulder the following:

- Providing essential basic social services is vital to protecting Sudanese people and children from the impact of violence and conflict, displacement, increasing malnutrition, disease outbreaks, and destruction. To achieve this, we must simultaneously and urgently invest in the preservation of systems for delivery of basic services while drastically scaling up the reach and quality of basic services in the country. For this we need unimpeded humanitarian access, including lifting bureaucratic impediments that severely hamper our ability to deliver assistance to those most in need, and flexible fit-for-purpose financing.
- As the multiple impacts of violent conflict erode Sudan's social fabric, building resilience and social cohesion is paramount to foster a safe and healthy environment for children, families, and communities to survive and thrive. To do this we are promoting national and local ownership by delivering services and assistance to the extent possible through national and local actors and local systems and structures, while ensuring conflict-sensitive and risk-informed approaches.
- Necessary funding must be mobilized and committed to the crisis response in order to provide vital assistance to Sudanese children, families, and communities, across the humanitarian, development and peace nexus.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



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UNICEF Representative Mandeep O'Brien (C) interacts with mothers and children at a gathering centre of displaced people during a mission to the Eastern states in Sudan.

After six months, the conflict in Sudan is a deepening children's crisis. Almost 14 million children in Sudan require urgent humanitarian assistance. Millions of these children continue to face multiple protection risks, including grave violations, disease outbreaks and a lack of basic services.

Over 4.4 million people have been internally displaced and an additional 1.2 million people have fled across borders since 15 April 2023[5] . Large displacements continue, with nearly 350,000 people displaced within Sudan and over 104,000 fleeing to neighboring countries in September alone. Almost half of all IDPs are displaced within hotspot states (Darfur and Kordofan), which also have the largest concentration of children in need. Heavy fighting, shelling, air raids continued in Khartoum and Nyala, South Darfur. Deteriorating security

situation, including robberies and looting, and lack of basic services have been reported from hotspot locations[6] . Smaller scale clashes between Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF), as well as inter-communal clashes have been reported across most Darfur states, except East Darfur which in turn hosts the largest number of IDPs in Darfur (over 500,000). Conflict between SAF and Sudan People's Liberation Movement–North (SPLM-N) continued in South Kordofan, especially around Kadugli. Humanitarian situation is worsening across the state as people being displaced largely across tribal lines, into the areas of their tribal affiliation[7] . Situation is increasingly volatile in additional locations, including in Kosti and Wadi Madani.

Basic service delivery systems are on the brink of collapse due to insecurity, lack of financial resources and lack of access. The impacts of the conflict are likely to shrink the economy by 12 per cent and governments revenues by half. Frontline workers – nurses, teachers, doctors, social workers – have not been paid in months. Supplies are depleted. Critical infrastructure is still under attack and not well maintained across the country.

Access to conflict states remains a significant challenge. For instance, humanitarian supplies for Darfur and Kordofan remain prepositioned and awaiting distribution from Kosti, White Nile. The roads between South Kordofan and El Obeid, North Kordofan, remain insecure. Changes in trade routes have also been reported, some coming form South Sudan, which also contributed to the inflation. Bureaucratic impediments are causing further delays in access.

Epidemics continue to affect the country. Cholera outbreak was declared in Gedaref by the Federal Minster of Health on 26 September 2023. As of 30 September, total cumulative cholera cases reached 333 cases, with 21 deaths reported from eight localities (East Galabat, Alguraisha and Gedaref localities had the highest burden of the disease outbreak with 119 cases, 90 cases and 70 cases reported, respectively). Suspected cases have been reported in Khartoum and South Kordofan, however, due to situation, the results have not been confirmed. Over 4,000 measles cases have been reported between 15 April and 15 September, most from White Nile and Gezira. In addition, about 697,000 malaria cases and eight associated deaths were identified, mostly in White Nile, Gezira and Gedaref. While comprehensive information is not available, ad-hoc reports indicated elevated mortality and morbidity risks children are facing due to conflict, displacement, malnutrition, diseases and insufficient basic services.

Reports of increased violence, abuse and exploitation of women and children from hotspot areas are highly worrying, with killing and maiming, child recruitment and sexual violence among the highest cases reported. Girls constituted 38 per cent of reported cases, mostly from sexual violence. Schools remain closed across Sudan despite usual beginning of the new academic year. More than 7 million children were already out of school before the conflict and now another 12 million children (of whom 5 million children remain in conflict states) are waiting for schools to reopen, but there is no sign that the schools will reopen while the war continues. Advocacy efforts are ongoing to reopen schools in safe areas.

Tens of thousands of children’s lives are at risk without urgent action.

- 333,000 children will be born in Sudan by end of 2023. They need skilled delivery care or their lives are at risk.
- 1.1 million children under 2 require vaccinations. If not received, they will not be protected against life-threatening diseases such as measles.
- About 500,000 children with severe acute malnutrition are likely to miss out on treatment, while being 11 times at higher risk of death than their normal peers.
- Already 7.4 million children lack access to safe drinking water and are at risk of waterborne diseases.
- 3.4 million children under-five are at high risk of diarrheal diseases and cholera.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In the nine states[8] with greater access by humanitarian partners, routine immunization service delivery has continued through fixed, outreach and mobile sites, with consistent vaccine distribution. The accelerated child survival campaign vaccinated over 57,000 children under the age of five against measles in response to the measles outbreak among children under the age of five in White Nile and Blue Nile states.

The persistent efforts to establish new supply lines to deliver vaccines and vital supplies to hotspot areas in Darfur, Khartoum and Kordofan states to reach more children with lifesaving vaccines are yielding results. Over 120,000 doses of vaccines have been delivered to Khartoum and 88 fixed sites are now functional and providing immunization services at primary health care level. In South Kordofan, vaccines were delivered to eight localities[9] . In South Kordofan, around 6,700 children received measles vaccines and 4,100 children received polio vaccines in Kadugli locality. In West Kordofan, 183,000 doses of EPI vaccines were delivered for vaccination services in 14 localities. Nearly a million doses of vaccines have been delivered to El Fasher cold chain in Darfur to serve as a supply hub for the five Darfur states to vaccinate over 122,000 children. Despite all the effort, nationwide vaccine coverage continues to decline as majority of the hotspot areas are still inaccessible.

Following the declaration of cholera outbreak in Gedaref by the Federal Minster of Health, UNICEF, WHO, Federal and State Ministries of Health developed an inter-agency multisectoral cholera action plan, and established National and State Emergency Operation Centers (EOCs). According to the risk analysis conducted in 2022, and updated in 2023, 3.2 million people are at risk of getting acute watery diarrhea (AWD) or cholera between July and December 2023. The national vaccine sub-committee has estimated and submitted a request for around 7 million to be vaccinated by Oral Cholera Vaccine in eight high risk states[10] . The outbreak response is organized by pillars of coordination, diseases surveillance, case management, WASH supplies, risk communication and community engagement.

In Gedaref, eight out of 12 localities have been affected by cholera. UNICEF provided AWD kits for treatment of 1,800 cholera cases, oral rehydration salts (ORS), water purification and risk communication materials in the affected localities and IDP camps. In Khartoum, a partner reported 120 suspected cholera cases and 9 associated deaths. UNICEF is closely working with the State Ministry of Health of Khartoum

and partners on the ground, providing health and WASH supplies and direct payment to 150 frontline workers in 40 primary healthcare facilities. Kordofan states reported 464 suspected cholera cases (as of 3 August), including two positive cases through rapid diagnostic test, and 9 deaths, and UNICEF continued responding with its partners in September.

UNICEF and its partners continued to respond to the needs of host and displaced populations in the states with the high influx of IDPs. In Gezira, UNICEF with partners reached 88,000 mothers and children with lifesaving health services through 221 health facilities. To provide timely and quality health services, 24 midwifes and frontline health workers were trained on emergency neonatal care. In Kassala, 348 health facilities (93 per cent) are functioning. In Darfur, UNICEF and its partners continued the provision of lifesaving health services in IDP and refugee camps, reaching around 8,200 people, including over 3,000 children, with essential health supplies in East Darfur, over 11,200 children with integrated management of childhood illness (IMCI) services in North Darfur and 143 children with primary healthcare services in West Darfur. After four months of stock out, lifesaving medicines and supplies were finally delivered to South Darfur in September. UNICEF and its partners continued to respond to IDP influx through integrated primary health care temporary clinic in Alsalam IDP gathering point, in Kassala, reaching over 500 people with critical health services.

Nutrition



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One-year-old Maub eats ready-to-use therapeutic food (RUTF) at Abu Sunun Health Centre, where she receives treatment for malnutrition.

UNICEF and its partners continue to provide integrated lifesaving preventive and curative nutrition services for malnutrition and reduce morbidity and mortality among children under-five in areas with newly displaced people and host communities, and areas affected by conflict. 201,500 children, 32 per cent of the annual target, were admitted for treatment of severe acute malnutrition (SAM), since January 2023 (reporting rate 71 per cent). Overall, nine states[11] continued to show a significant increase in SAM admissions ranging from 16 to 290 per cent in comparison to the same reporting period of last year (January to September).

The functionality of outpatient therapeutic programmes (OTPs) is stable at 84 percent, with 1,601 functional sites across Sudan. Out of those, UNICEF supports 545 OTPs through 34 active partnerships with NGOs across 14 states. In September, UNICEF delivered 595 metric tons of lifesaving nutrition supplies, including ready-to-use therapeutic food (RUTF) to treat 42,500 children with SAM in the coming months. Additionally, a convoy of critical nutrition supplies has reached El Fasher, North Darfur.

Targeted and mass mid-upper arm circumference (MUAC) screening campaigns continued in the Darfur, Gedaref, Gezira, Kassala, Kordofan and Red Sea states. During the reporting period, almost 112,400 boys and girls were screened for malnutrition. To prevent malnutrition, optimal infant and young child feeding (IYCF) practices were promoted and enhanced through the provision of nutrition counselling to over 34,800 caregivers of children under-two at both community and health facility levels.

As part of the integrated nutrition response among IDPs, UNICEF supported IYCF counselling, iron, and folic acid supplementation for pregnant women, MUAC screening, and SAM treatment in 64 IDP gatherings points in Gedaref and Kassala. Overall, more than 1,900 children and 150 pregnant women were reached. Additionally, an IYCF breastfeeding corner was established in Al Salam IDP gathering point in Kassala, to provide a supportive and safe space where pregnant women, mothers, and other caregivers of infants and young children can access support on feeding and caring for their children and themselves.

Water, sanitation and hygiene

UNICEF continued providing lifesaving WASH services to 12 of the most conflict-affected states[12] in Sudan, reaching over 556,000 people (including 306,000 children) with safe drinking water[13] , around 8,700 people (including 4,800 children) with appropriate sanitation services, and over 180,200 people (including 99,000 children) with hygiene promotion interventions. Additionally, almost 14,400 people (including 8,000 children) benefitted from the distribution of critical WASH supplies, mainly hygiene kits, soap and jerrycans.

During the reporting period, UNICEF responded with WASH interventions to a variety of emerging crises. To curb the ongoing cholera outbreak in Gedaref, UNICEF distributed over 110,000 water purification packs (PUR)[14] across nine villages located along the Atbara riverbank (benefitting over 70,000 people, including 38,500 children) and released 60,000 water purification packs in stock to the State Ministry of Health, expected to benefit an additional 40,000 individuals. UNICEF also supported families with reported cases of acute watery diarrhea (AWD) and cholera by providing them with the means to chlorinate water at home, whilst ensuring that around 225,000 affected or

at risk population (including, 123,750 children) benefitted from clean water by distributing water chlorination supplies to 45 water facilities across the state – both key measures to curtail one of cholera's main transmission route, which is contaminated drinking water.

UNICEF complemented its active cholera response by triggering preventive measures in adjacent states, accounting for a potential outbreak spill over. In Gedaref's neighboring state of Gezira, for example, UNICEF ramped up efforts on water disinfection, by distributing chlorine that benefitted around 2,400 IDPs (including, 1,320 children). Additionally, to monitor and swiftly respond to the unfolding cholera situation, UNICEF also actively engaged with key sector partners, whilst placing additional WASH supply orders, including agreement to locally procure key items like soap.

UNICEF also actively responded to the flashfloods that affected three out of seven localities of River Nile, after heavy rains contributed to bursting of riverbanks in September. UNICEF reached almost 8,000 flood-affected people (including 4,400 children) with critical WASH supplies in the most affected localities (Berber, Shendi and Damer), restoring their ability to prevent waterborne diseases.

In parallel to these compounding emergencies, UNICEF continued to respond to the pressing water supply needs of the IDPs and their hosting communities. In September, UNICEF received 500 drums of water treatment chemicals (polymer) with distribution ongoing across seven riverine towns[15] with high number of internally displaced people and where water turbidity is high. Such intervention will ensure that an estimated 1.7 million people (including 935,000 children) will benefit from safe drinking water for three months. Additionally, UNICEF received 15,000 hygiene Kits planned for immediate distribution to an estimated 90,000 people in Gezira, Northern and River Nile states.

All these results continue to reflect UNICEF's commitment and capacity to respond to critical lifesaving WASH needs, at-scale. However, significant funding gap remains and without timely funding, 2.6 million people will remain with no access to basic WASH services, curtailing the consolidation of nutrition and health gains, whilst paving the way for additional water-related outbreaks.

Child Protection

During the reporting period, UNICEF-supported mental health and psychosocial support (MHPSS) interventions reached 73,500 people, including 51,500 children (34,300 girls and 17,200 boys) and almost 22,000 caregivers (15,200 females and 6,800 males). These interventions aimed to help individuals cope with the trauma caused by the war and displacement. Over 36,200 people were provided with gender-based violence preventive services, of whom over 34,900 were children (27,500 girls and 7,400 boys) and 1,300 caregivers and equally were facilitated with access to social interventions responding to gender-based violence risks. Furthermore, over 64,700 people, including more than 32,800 children (15,600 girls and 17,200 boys) and 31,900 caregivers (19,300 females and 12,600 males), were provided with a safe and accessible channel to report instances of exploitation and abuse. A total of 663 unaccompanied minors, including over 200 females, separated from their caregivers and family members were identified, provided with basic needs, and integrated within their families and community structures to ensure their well-being. Over 14,100 children and their caregivers received information on mine risk education and preventive measures to avoid exposure to the risk of unexploded ordinances.

The security situation and denial of humanitarian access continue to be one of the major challenges affecting the verification and documentation of grave child rights violation. Killing and maiming, child recruitment and sexual violence remain the highest forms of violence against children in the hotspot states of Northern Darfur and Khartoum. At least 69 per cent of reported cases were of killing and maiming, while child recruitment constituted 16 per cent of the reports. As a result of the successful advocacy of humanitarian actors, including ICRC and UNITAMS, 30 children alleged to be associated with armed groups and forces were released and handed over to the Ministry of Social Development. The poor health and signs of severe malnutrition prompted UNICEF to provide immediate life-saving medical and nutrition support.

UNICEF's priority is to provide a comprehensive reintegration package, including safe shelter, psychological first aid, medical services, family tracing, vocational training, and education to children released by armed groups and forces. Without adequate funding, children are at risk of re-recruitment and missing out on the progressive recovery they need from traumatic events of conflict. It is crucial that we secure the necessary resources to ensure their successful reintegration into society.

Education

Sudan is facing one of the largest learning crises in the world, with more than 7 million children out of school before the war, and another 12 million now waiting for schools to re-open. UNICEF remains deeply concerned that an estimated 19 million children may not be able to return to learning.

Despite the challenging environment, UNICEF reached over 140,400 crisis-affected girls and boys through the establishment of 739 child-friendly safe learning spaces, since January 2023, with a focus on addressing their psychosocial needs and safeguarding them against exploitation. Since January 2023, learning and recreational materials were distributed to over 90,000 internally displaced girls and boys in the child-friendly safe learning spaces, including around 3,700 children in September. Additionally, UNICEF trained over 4,000 facilitators (including over 500 in September) in the safe learning spaces, equipping them with the skills needed to support children in their healing process. Furthermore, over 40,000 adolescent girls and boys are participating in adolescent-led initiatives in rural and urban IDP gathering points.

The federal government has not yet confirmed the reopening of the schools. Without schools and safe learning spaces, children will continue to miss out on urgent psychosocial support, protection from physical threats, social emotional learning and recreational services. As a result, children are exposed to increased protection risks and exploitation, including early marriages, child labor, trafficking, forced recruitment, and gender-based violence. UNICEF will continue to advocate for the reopening of schools, where it is safe to do so, and support collective solutions for schools used as shelters by IDPs. UNICEF, together with partners, is ready to ensure children's return to learning and psychosocial support in schools and alternative learning spaces, as well as online learning through the free zero-rated Learning Passport. Currently, around 26,300 newly displaced children, youth, and teachers in Sudan and neighboring countries are successfully registered on this digital learning platform.

Social Inclusion and Cash Assistance

At the beginning of September, UNICEF completed its sixth payment cycle for its flagship Mother and Child Cash Transfer Plus (MCCT+) programme which is implemented in four localities of River Atbara, Aroma, North Delta and Telkok in Kassala and five localities of Port Sudan, Sinkat, Tokar, Haya, Agig in Red Sea. Out of close to 53,800 women enrolled in the programme, over 51,200 mothers and their 256,200 family members received their entitlements, along with health and nutrition services and information about essential family practices on newborn care, infant and young child feeding, hygiene and protection. Post-distribution third-party monitoring surveys for the latest payment cycle will take place in all localities in October.

UNICEF has initiated preparations for MCCT+ expansion to reach an additional 30,000 women and 150,000 family members in seven existing localities and two new localities of Hameshkureib in Kassala and Dordieb in Red Sea. Ahead of the new registration, a series of community engagement and mobilization events as well as refresher training are planned for frontline workers including midwives, social workers and health and nutrition workers. UNICEF continues to make enhancements to its system and capacity for cash programming to be able to expand MCCT+ and other cash programmes beyond the two eastern states of Kassala and Red Sea.

The MCCT+ programme recently participated in a global UNICEF study on gender-responsive social protection programming in Africa and was classified as a gender-responsive programme which empowers women and girls to contribute more meaningfully to their society.

Cross-cutting areas



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A group of children at a gathering centre of displaced people in Sudan.

Cross-cutting areas:

Social and Behaviour Change (SBC)

UNICEF and its partners reached nearly 600,000 people with life-saving messages via online and in-person channels, and engaged a further 200,000 people, of whom 182,800 were engaged face-to-face during trainings, home or shelter visits, and community dialogues on essential family practices, as well as over 15,000 people via online channels.

UNICEF and partners shared essential lifesaving information on availability and utilization of essential services, including on priority topics like immunization, cholera and dengue fever outbreak prevention and response, supporting children and staying safe during armed conflict, avoiding explosives, purifying water at home, UNICEF's Learning Passport and getting back to learning generally, prevention of sexual exploitation and abuse, accountability to affected population and immunization. About 59 per cent of those engaged face-to-face are women and girls, 36 per cent children, and 382 people with disabilities.

UNICEF Sudan conducted a U-Report poll on back to learning among its over 5,000 registered U-Reporters, indicating the key challenges respondents face in returning to learning opportunities, their preferences on alternative forms of education, and more. Several hundred poll participants indicated willingness to support UNICEF and partner's efforts for learning on the ground as volunteers.

On- and offline community feedback (including complaints and concerns) from both IDPs and host community members in the reporting period includes availability of services and information, safety and security, and outbreaks of cholera and dengue fever. In response to feedback, a cholera task force committee was constituted at federal level and weekly emergency coordination and risk communication and community engagement (RCCE) meetings are conducted focusing on outbreak trends and to assess ongoing interventions.

Accountability to Affected Population (AAP)

UNICEF continues to ensure systematic integration of Accountability to Affected Populations principles across all interventions, including those delivered through implementing partners. Plans are in place for continuous capacity strengthening for UNICEF staff and partners to promote mainstreaming of participatory approaches. UNICEF Complaints and Feedback Mechanisms (CFM) channels (toll-free hotline, email address, community help desks and focal points) remain active, responding to the needs and adjusting response based on the feedback from communities.

During the reporting period, over 750 calls were received through the toll-free hotline. Eighty per cent of the calls were resolved as first case resolution after detailed counselling and information provision, whilst 20 per cent were referred for case management, processed and actioned by the focal points. Ten percent of the issues recorded and referred were fully resolved and feedback was provided to the complainant, closing the loop. A round of feedback provision is taking place for all open cases that required technical information to safeguard the two-way communication and closing the loop. Due to connectivity challenges, over 500 calls were dropped and disconnected – 60 per cent were successful and eventually connected, and UNICEF made outbound calls to the remaining 40 percent. UNICEF is working closely with mobile phone companies and finalizing the work on enhancing the quality of network to mitigate the challenges of dropped/disconnected calls. In addition to the hotline, the CFM team supported the database management of the community help desks managed by social workers under the MCCT+ to ensure linkages to CFM system hub, as well as maintain standard information and feedback provision. The CFM channels supported the MCCT+ programme with outreach to more than 1,500 beneficiaries for data changes and updates affecting payments, payment verification and overall monitoring and evaluation. Through the inter-agency CFM taskforce, led by UNICEF, referral pathways are continuously strengthened and relevant resources, like service mapping, shared with CFM partners.

Prevention of Sexual Exploitation and Abuse (PSEA)

Reports of gender-based violence, missing young girls, rape cases and sexual exploitation are still being received from Khartoum, with some women and girls who managed to escape to Gezira state were found to be pregnant. UNICEF and partners continue to ensure that the survivors are receiving assistance.

As a co-lead of Sudan AAP/Community Engagement (CEA) working group, UNICEF continues coordinating with partners to strengthen response. In Gezira, the AAP/CES and PSEA working group (co-led by UNICEF) organized refresher sessions and training for 32 members of the working group on the planned community consultation questionnaire and guidance for focus group discussions ahead of the community consultation exercise. The consultations would provide an opportunity for communities to express their concerns and identify solutions, enabling communities to set the objectives of services and programmes. In collaboration with UNOCHA and Sudan PSEA working group, the PSEA/AAP online sessions reached 15 volunteers and staff of the Emergency Response Rooms Khartoum, Shareg El Neel and Omdurman areas. In September, the PSEA awareness-raising sessions reached over 45,500 IDPs in Atbara, Gezira and Kartoum, including through dissemination of key messages and information, education and communication material.

Supply and Logistics

Since the start of the conflict, over 9,000 metric tons of critical lifesaving supplies have been dispatched across Sudan, including the hotspot areas in Darfur, Kordofan and Khartoum. In September, health, nutrition and WASH supplies worth US$2.6 million were dispatched from Port Sudan and Madani to all states, including supplies worth US$1 million to Darfur and Kordofan states. UNICEF supported and facilitated the transportation and delivery of vaccines to Darfur states (El-Nihoud and El Fasher) via two trucks. During the reporting period, health, nutrition and WASH supplies worth US$7 million arrived in Port Sudan, including around 70,900 cartons of RUTF worth US$3.7 million. Additionally, supplies worth US$2.8 million are undergoing customs clearance at Port Sudan. The immediate offshore supply pipeline of lifesaving supplies worth US$4.3 million is expected to arrive in Port Sudan in October. In addition to 55,750 kg of liquid chlorine gas worth US$400,000 arriving in Port Sudan from Egypt, 1,000 cartons of RUTF worth US$63,500 arrived in Chad from Nigeria, currently under customs clearance process following which the shipment will be released to the Darfur region. Additional supplies are being prepositioned in Chad to be delivered into Darfurs (Central, North and West), as and when possible.

Approximately US$30 million worth of critical supplies have been ordered, and UNICEF needs an additional US$47 million to urgently restock lifesaving humanitarian supplies to sustain and scale-up the response.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF leads Education (co-led by Save the Children), Nutrition and WASH Sectors, in addition to Child Protection Area of Responsibility (AoR) in Sudan. UNICEF is also a key actor in Health Sector, and is co-leading AAP/CEA working group. UNICEF has full coordination capacity at national level, and is strengthening coordination at sub-national levels, increasing information management capacity and bringing on board roving coordinators to strengthen support to the sub-national coordinators and partners, while capacity-building efforts are ongoing across the sectors.

Advocacy at the highest level is ongoing to reopen schools in safe areas for the new academic year, along with the efforts to find alternatives for a number of schools currently used by IDPs as shelters[16] . Inter-sector strategy has been developed to address the issue of schools used as shelters, to ensure children can return to learning while displaced people have dignified alternatives. Sectors are also coordinating inter-sectoral response (Health, Nutrition and WASH) to cholera outbreak, declared in Gedaref state, while preparing for other high risks states/states with suspected cases. WASH sector continues to support coordination of WASH response in Khartoum among various actors including community structures, local actors and non-sector partners. Child Protection AoR introduced a uniform response reporting mechanism tool (5WS) for both UNICEF and sector partners. To expedite the registration of unaccompanied and separated children (UASC), 61 individuals were trained on CPIMS, which enables rapid registration of UASC, bringing the total trained to 125. Of this, 37 have been registered as users. At the state level, 29 social workers were trained on rapid registration of UASC in White Nile for both IDP gathering sites and refugee camps. The Nutrition Sector held a consultation with all the sub-national level coordinators and discussed key strategic issues and recommendations to improve and strengthen sector coordination. Some recommendations are being implemented, and others will be presented to the cluster lead agency for decision and support. The sector also conducted orientation for partners on roles and responsibilities in newly established coordination for Nutrition in Madani and Kosti. The challenges across the sectors continue to be insecurity, access, lack of capacity on the ground, limited available information in hotspots, limited number of partners in states receiving large number of IDPs, quality of reporting, and connectivity issues for partners to operate and for the sector to reach out to partners.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



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Roaa, 12, is a regular visitor to the UNICEF-supported safe learning space in the Abu-Shamal IDP gathering site, Port Sudan, where she actively engages in UNICEF supported e-learning programme.

During the reporting period, UNICEF Sudan published the following articles, press release and videos.

- Article: Displaced by conflict and floods: Zubeida's story
  https://www.unicef.org/sudan/stories/displaced-conflict-and-floods-zubeidas-story
- Article: Clean hands, latrines, and safe water for displaced communities in El Fasher
  https://www.unicef.org/sudan/stories/clean-hands-latrines-and-safe-water-displaced-communities-el-fasher
- Statement: Tens of thousands of Sudanese children on the brink of death before the year ends
  https://www.unicef.org/sudan/press-releases/tens-thousands-sudanese-children-brink-death-year-ends
- Photo essay: Learning and healing through play
  https://www.unicef.org/sudan/stories/learning-and-healing-through-play
- Video: UNICEF spokesperson James Elder shares the cost of inaction for children in Sudan
  https://www.youtube.com/watch?v=8dRmwp5uYBc
- Video: Voices of children and women caught in the Sudan crisis
  https://www.youtube.com/watch?v=UDVPCIxJmxM
- Video: Child friendly e-learning centres offer hope and healing for children in crisis
  https://www.youtube.com/watch?v=3s2qo-xCDvM

HAC APPEALS AND SITREPS

- Sudan Appeals
  https://www.unicef.org/appeals/sudan
- Sudan Situation Reports
  https://www.unicef.org/appeals/sudan/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 1–31 OCTOBER 2023

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
Health								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	3.2 million	1.3 million	▲ 3%	-	-	-
Children vaccinated against measles	Total	-	1.7 million	662,197	▲ 1%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.9 million	3.2 million	▲ 2%	5.9 million	3.2 million	▲ 2%
Children 6-59 months with severe wasting admitted for treatment	Total	-	621,600	201,498	▲ 3%	559,446	201,498	▲ 3%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.6 million	309,976	▲ 2%	1.6 million	309,976	▲ 2%
Pregnant women receiving preventative iron supplementation	Total	-	1.6 million	30,610	▲ 1%	1.6 million	30,610	▲ 1%
Children 6-59 months receiving Vitamin A supplementation	Total	-	5.9 million	18,641	0%	5.9 million	18,641	0%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	349,213	389,083[17]	▲ 24%	446,153	78,936	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,956	134,177	▲ 173%	70,979	27,376	▲ 1%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2.3 million	87,154	▲ 3%	-	-	-
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	352,128	68,723	▲ 4%	2 million	24,328	0%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	13,968	2,549	▲ 5%	16,224	11,605	0%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	3.5 million	140,433	0%	4.3 million	189,922	0%
Children receiving individual learning materials	Total	-	3.5 million	94,266	0%	4.3 million	147,753	0%
Trained teachers/ECD facilitators	Total	-	57,915	4,016	▲ 1%	-	-	-

Adolescents and young people who participate in or lead engagement initiatives through UNICEF-supported programmes	Total	-	173,746	44,939	▲ 2%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	4 million	3.4 million	▲ 14%	4.4 million	1.1 million[18]	▲ 2%
People accessing appropriate sanitation services	Total	-	300,000	85,587	▲ 3%	911,181	1.1 million[19]	▲ 6%
Health facilities with basic WASH services	Total	-	30	11	0%	-	-	-
Learning facilities and safe spaces reached with basic WASH services	Total	-	50	62	0%	-	-	-
People reached with hand-washing behaviour-change programmes	Total	-	4 million	1.4 million	▲ 5%	4.9 million	334,867[20]	▲ 1%
People reached with critical WASH supplies	Total	-	200,000	210,175	▲ 7%	-	-	-
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers[21]	Total	-	250,000	51,651	0%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								
People who participate in engagement actions	Total	-	1.8 million	803,859	▲ 10%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	1.3 million	7,293	0%	-	-	-

**Progress in the reporting period 1–30 September 2023*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US$)	Funding gap (%)
Health	67,612,858	15,685,812	4,085,551	47,841,495	71%
Nutrition	346,245,840	40,499,385	11,055,464	294,690,991	85%
Child protection, GBViE and PSEA	86,016,472	6,028,553	787,780	79,200,139	92%
Education	123,211,757	5,782,865	1,958,076	115,470,816	94%
Water, sanitation and hygiene	80,325,302	11,079,825	2,015,963	67,229,514	84%
Social protection	100,000,000	-	-	100,000,000	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	34,198,848	16,327,285	1,573,183	16,298,380	48%
Total	**837,611,077**	**95,403,725**	**21,476,017**	**720,731,335**	**86%**

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ENDNOTES

1. UNICEF Sudan Humanitarian Action for Children 2023 (revised in May 2023) https://www.unicef.org/media/141031/file/2023-HAC-Sudan-revised-May.pdf

2. Sudan: Revised Humanitarian Response Plan 2023 (Revision issued on 17 May 2023) https://reliefweb.int/report/sudan/sudan-revised-humanitarian-response-plan-2023-revision-issued-17-may-2023-enar

3. UNICEF Sudan Humanitarian Action for Children 2023 (revised in May 2023) https://www.unicef.org/media/141031/file/2023-HAC-Sudan-revised-May.pdf

4. UNICEF has around US$7.7 million available for Education directly against HAC (as included in Annex B on funding status). In addition, US$26.3 million are available as other resources that are supporting UNICEF's crisis response strategy for Education. Altogether, this leaves a funding gap of US$92 million.

5. DTM Sudan – Weekly Displacement Snapshot, 3 October 2023 (data as of 30 September).

6. DTM Sudan – Monthly Displacement Overview, September 2023.

7. ibid.

8. Blue Nile, Gedaref, Gezira, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile.

9. Abasya, Abugebeha, Abukrshola, Eliri, Gadeer, Rashad, Talodi and Tamadon.

10. Blue Nile, Gedaref, Gezira, Khartoum, River Nile, Sennar, South Kordofan and White Nile.

11. Al Gazeera, Blue Nile, East Darfur, Gadarref, Kassala, Northern, River Nile, Sennar and White Nile.

12. North, Central and East Darfur, South and West Kordofan, Blue and White Nile, Gezira, Red Sea, Kassala, Gedarif and River Nile States.

13. Including 6,270 provided with durable newly constructed/rehabilitated basic water sources and 549,784 provided with water chlorination, operation and maintenance support for existing water facilities and water trucking.

14. PUR is a household water treatment product commonly used to chlorinate river water, which is usually characterized by a higher percentage of sediments and therefore requires the action of ferric sulfate (a flocculant) and calcium hypochlorite (a disinfectant) to ensure successful treatment.

15. Atbara, Damazine, Kosti, Sennar, Shandi and Wad Madani.

16. Preliminary analysis based on discussions with state level Ministries staff and feedback from parents indicate that around 8 per cent of all schools are used as shelters.

17. MHPSS results achieved through shared Education and Child Protection interventions.

18. UNICEF results are only partially reflected under sector results due to the different indicator definition.

19. UNICEF results are only partially reflected under sector results due to the different indicator definition.

20. UNICEF results are only partially reflected under sector results due to the different indicator definition.

21. MCCT+ cash distribution results were achieved using traditionally resilience/development-focused funding, which is why they are not reflected here even though the result is intrinsically HPD nexus.