



On 21 November 2023, children display vaccination cards after receiving doses of cholera vaccine during a cholera vaccination campaign in Madani, Gezira State.

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for every child

Humanitarian Situation Report No. 13

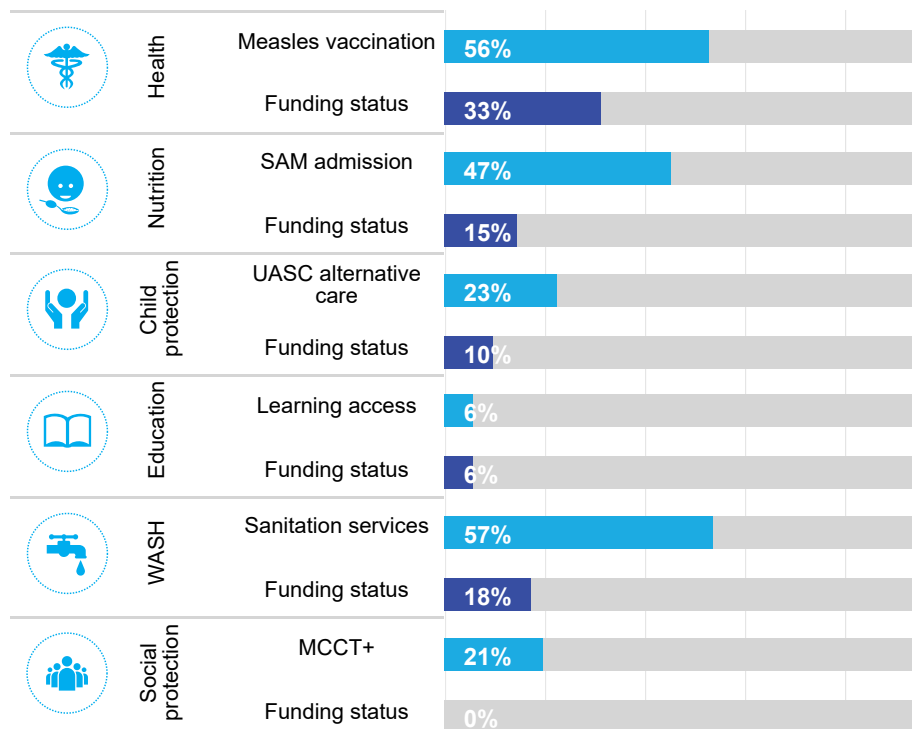
Reporting Period
1–30 November 2023

Sudan

HIGHLIGHTS

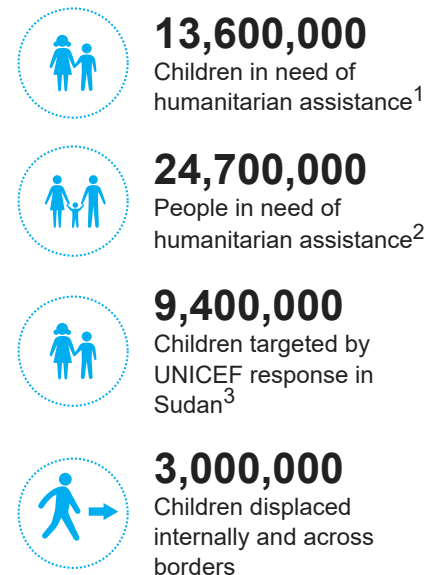
- Sudan remains largest child displacement crisis in the world, with over 3 million children fleeing the war.
- Over 3,130 allegations of severe child rights violations have been reported, with Darfur bearing at least half of the cases.
- Despite challenges, UNICEF and partners reached 6.1 million people with health supplies, 5.8 million people with safe drinking water, 5.2 million children with malnutrition screening – of whom almost 295,300 received life-saving treatment, 752,900 people with psychosocial counselling, learning, and protection support, and 300,000 people with cash, information and services to preserve health and resilience.
- UNICEF appeals for US\$840 million in 2024 to sustain and scale lifesaving and resilience services for 8 million of the most vulnerable children of Sudan. Let us redouble advocacy and actions to stand in solidarity with the children of Sudan.

UNICEF RESPONSE AND FUNDING STATUS*

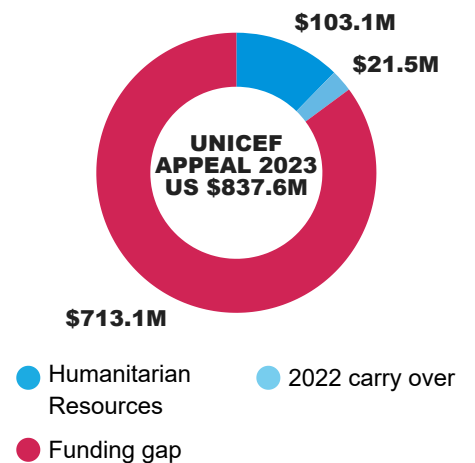


* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS



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

The UNICEF Humanitarian Action for Children (HAC) appeal 2023, which aims to reach 12 million people, including 9.4 million children, is only 15 per cent funded. UNICEF has repurposed an additional US\$87 million of complementary funding for preservation and resilience of systems for delivery of basic services and communities under the crisis response strategy. This makes the UNICEF crisis response 25 per cent funded in total.

The country is faced with several disease outbreaks (cholera, measles, dengue, and malaria) and UNICEF urgently requires US\$40 million just to help Sudan's disease outbreak prevention, preparedness, and response.

UNICEF is deeply grateful for the donor partners supporting its humanitarian response in Sudan, in 2023, including the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, Canada, the United Kingdom, Norway, Sweden, Kuwait, Japan, France, as well as Gavi, the Vaccine Alliance, Education Cannot Wait (ECW), Central Emergency Response Fund (CERF) and UNICEF National Committees

UNICEF is calling on the warring parties to:

- Stop the fighting now; its toll on children is unthinkable, Sudan needs peace to avert a generational catastrophe.
- Protect children and families respecting international humanitarian and human rights laws, including halting grave violations of children's rights, and destruction of critical infrastructure (hospitals, water and schools).
- Remove bureaucratic impediments to deliver in speed and scale, ensure unhindered and safe humanitarian access to people in need and guarantees to safely move humanitarian workers and supplies across conflict lines.

UNICEF is appealing its partners and the international community to:

- Prevent social systems from collapsing by paying frontline workers, availing lifesaving supplies, and maintaining critical infrastructure.
- Provide support to re-open schools so that millions of Sudanese children can go back to classrooms, and conflict-affected children can learn and heal in safe spaces.
- Accelerate funding for lifesaving services: health and nutrition, water and sanitation, education and child protection.

UNICEF will launch in December 2023, its US\$840 million HAC appeal 2024 to sustain and scale lifesaving and resilience services for 8 million of the most vulnerable children of Sudan. Let us continue to stand in solidarity with the children of Sudan and redouble our advocacy and actions to prevent a generational catastrophe in Sudan.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The armed conflict between the Sudanese Armed Forces (SAF), the Rapid Support Forces (RSF) and other armed actors continues across Khartoum, Kordofan and Darfur regions resulting in massive displacement. In November alone, over 550,000 people were displaced within Sudan and across borders, bringing the total number of displaced people to over 6.7 million since April⁴. Over 40 per cent of internally displaced people remain in conflict zones in Darfur and the Kordofans⁵.

Sudan has become the largest child displacement crisis in the world, with over 3 million children displaced by the war. The humanitarian situation is most severe in conflict hotspot areas. Living conditions for internally displaced persons (IDPs) across the country remain dire. Millions of vulnerable children have been denied access to learning as a result of the crisis, particularly in areas of active conflict, where 5 million school-aged children remain out-of-school. Despite the government's announcement to reopen schools primarily in eastern states, only one state (River Nile) has officially resumed learning. Nearly 5.5 million children in these states (Blue Nile, Gedarif, Gezira, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile) are still waiting for schools to reopen.

As of 30 November, over 5,000 cases of cholera and 165 associated deaths have been reported across Blue Nile, Gedarif, Gezira, Kassala, Khartoum, Red Sea, Sennar, South Kordofan and White Nile states. Responding to the cholera outbreaks remains a top priority for the office, especially for health, WASH and SBC. The situation is further exacerbated by the already stretched services even in states without active conflict, overcrowding in displacement areas, and lack of funding for services and salaries, including to pay frontline workers. It is estimated that 70 per cent of hospitals in hotspot states are not working, while the remaining ones are overwhelmed by the influx of people seeking care⁶. Additionally, the cumulative number of suspected measles cases has reached over 1,100 with active cases in Blue Nile, Gezira, Sennar and White Nile states⁷.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF continues to support the immunization programme in Sudan. Over 8.6 million doses of various vaccines have been distributed to nine accessible states⁸, including some hotspot areas, to support the continuity of routine immunization services in the fourth quarter of 2023. The payment of incentives for over 1,500 vaccinators also continued in Kassala, Khartoum, Northern, Red Sea, Sennar and White Nile. During the reporting period, UNICEF continued to support planning and preparations to implement a Measles-Rubella catch up campaign in nine accessible states before the end of the year. The campaign will help to raise population immunity, stop the frequent outbreaks of measles and rubella infections and associated morbidity and mortality.

Massive displacement triggered by the ongoing war has resulted in damage to critical health, water, sanitation and hygiene (WASH) infrastructure, and large population movement has led to highly congested displacement sites. The health system is at the brink of collapse.

Case fatality rates (CFR) for cholera are well above (5.1 – 9.8%) the acceptable one per cent – especially for children and adolescents. There is a high risk of further spread of cholera to other states due to continuous movement of people from conflict-affected areas, and potential for regional spread.

In response to cholera, UNICEF, jointly with all partners, developed and implemented an integrated multisectoral cholera preparedness and response action plan in May 2023. The response focuses on pillars: coordination, diseases surveillance, case management, WASH, risk communication and community engagement (RCCE) and health promotion.

UNICEF expanded the cholera outbreak response to the new reporting states and continued sustaining the cholera treatment centres (CTCs) and oral rehydration therapy (ORT) corners through funding and supplies. During the reporting period, UNICEF released special AWD/cholera kits to health facilities at community levels in Gedarif, Kassala, Khartoum, Sennar, and White Nile to treat over 3,000 mild and severe cholera cases. UNICEF and partners established 80 ORT corners in Gezira, Gedarif, Kassala, Red Sea and White Nile and plan to establish an additional 60 ORT corners in Khartoum, Sennar and Red Sea new hot spot areas.

UNICEF, in coordination with WHO, conducted oral cholera vaccination campaigns in high-risk localities in Gedarif and Gezira, vaccinating over 2.2 million people or 98 per cent of the target.

UNICEF distributed 6,500 packs of malaria medicines in Gezira state to treat 195,000 cases, including 135,000 (70 per cent) children.

Through partners, UNICEF also provided maternal and newborn health related supplies to health facilities and community midwives in the 17 states (all states except Khartoum), which were enough for over 23,900 mothers and 28,700 newborns. To improve the quality of maternal and newborn services, 18 medical doctors in Red Sea state were trained on early essential newborn care and 47 midwives were trained on standard obstetric care in Gezira state.

Nutrition

UNICEF and its partners continue to provide integrated lifesaving nutrition services to prevent and treat malnutrition and reduce morbidity and mortality among children under-five in areas with newly displaced people and host communities, and areas affected by the conflict. 274,059 children were admitted for treatment of severe acute malnutrition (SAM), since January 2023 (reporting rate 72 per cent). A significant number of outpatient therapeutic programmes (OTPs) have reopened in Khartoum (14) and West Darfur (59) states, providing greater access to lifesaving treatment for SAM. UNICEF continued its support of the orphanage transition center in Gezira state, where children are receiving nutritional support including food assistance and treatment services for acute malnutrition.

To enhance service delivery, capacity-building continued for front line nutrition staff in November. Community management of acute malnutrition (CMAM) training was held for 117 nutrition service providers in Gedarif and North Darfur states. To increase the treatment coverage and ensure early detection of acutely malnourished children, 426,799 children were reached through routine and targeted mid-upper arm circumference (MUAC) screening activities for malnutrition. Out of those screened, 25,194 children were identified as severely acutely malnourished and were referred to the nearest OTP centres.

As part of efforts aimed at ensuring good nutrition and preventing the incidence of acute malnutrition, infant and young child feeding (IYCF) services were enhanced through the formulation of 65 mother support groups (MSGs) and the expanded provision of nutrition counselling to caregivers of children under-two at both community and health facility levels in Blue Nile, Gedarif and North Darfur. Additionally, 735 pregnant women, mothers, and other caregivers of infants and young children benefitted from access to support on feeding and caring for their children and themselves in newly established breastfeeding corners. UNICEF trained 22 nutrition workers on the Complementary Feeding Bowl innovation in Kassala state, which will help ensure children receive a diverse and nutrient-dense diet at the right frequency.

In the last week of November, UNICEF held annual review meetings with 21 NGO partners which have 28 programme agreements valued at over US\$44 million. Partners are continuing to successfully deliver health and nutrition services across Sudan, despite the current crisis. Key actions identified during the review included – increasing access for the most vulnerable children and women to critical health and nutrition services, strengthening coordination among all stakeholders, increasing the integration and modalities of service delivery, and supporting front line health and nutrition workers. In addition, UNICEF is continuing advocacy for access to all parts of Sudan and mobilising resources to extend and increase the reach of NGO partnerships in the coming year.

Water, sanitation and hygiene⁹

UNICEF continued providing lifesaving WASH services to 17 of the most affected states in Sudan¹⁰, reaching over 1.4 million additional people (including 800,000 children) with safe drinking water¹¹, around 63,000 people (including 35,000 children) with appropriate sanitation services, and around 476,000 (including 262,000 children) with hygiene promotion interventions. Additionally, around 42,000 people (including 23,000 children) benefitted from the distribution of critical WASH supplies, mainly hygiene kits, soap and jerricans.

During the reporting period, UNICEF continued deploying WASH interventions to cholera-affected/at-risk states in response to the ongoing outbreak which expanded to an additional three states¹² over the last month. In total, over 1.4 million people (including over 770,000 children) benefitted from this response, aimed at breaking the chains of transmission through several complementary interventions. For example, to ensure clean drinking water, UNICEF scaled up chlorination at the point of consumption, distributing over 100,000 water purification sachets to families in most affected localities (in Gezira, Red Sea and Sennar). At community level, over 250 water supply points were chlorinated across all seven states, including sources (one of shock chlorination in suspected/identified contaminated ones), points of storage, as well as distribution lines/carriers (donkey carts and water tankers for example). UNICEF also supported community water quality surveillance efforts by conducting water quality control checks as part of mass chlorination monitoring (in Gedarif, Gezira and Kassala) and trained 40 chlorinators (in Gedarif and White Nile).

These activities were complemented with distribution of critical supplies. For example, UNICEF distributed water treatment chemicals (chlorine products of different concentration or packaging for household and institutional level use) to nine major water urban treatment plants (Gezira, Kassala, Khartoum and Sennar) and assisted 28 ORT centres with critical supplies (soap, chlorine, and jerricans) in Gezira.

To ensure a clean environment, UNICEF desludged over 800 latrines, benefitting more than 19,000 people (including, 9,500 children) (in Gedarif, Gezira, Sennar and White Nile). To embed hygiene behavior change, UNICEF reached over 220,000 people (including 121,000 children) with mass hygiene promotion activities (in Gedarif, Gezira, Red Sea, Sennar and White Nile), emphasizing key cholera-related preventive measures. These initiatives were complemented with distribution of handwashing soap, jerrycans and hygiene kits to consolidate the acquired knowledge. UNICEF also supported efforts to overcome negative community perceptions around drinking chlorinated water, by engaging private water owners (Gezira) and religious leaders (Kassala) in sensitization campaigns.

With ongoing mass displacement, UNICEF has also continued assisting IDPs and host communities across some of the highest IDP-hosting states¹³, reaching over 240,000 people (including over 133,000 children) with safe drinking water for example (in East Darfur, River Nile, and South Darfur)¹⁴. UNICEF also continued to capitalize on cross-border response from Chad, with 150 metric tons of WASH Supplies (water purifiers, dignity WASH kits, plastic tarpaulins as well as water bladders) finally reaching Zalingei in Central Darfur to support around 200,000 people in need.

Despite insecurity and bureaucratic impediments, these results showcase UNICEF's capacity to respond to Sudan's crisis, providing a continuous lifeline of WASH services, at-scale, regardless of the emergency. However, a US\$83 million funding gap remains. If not addressed, 1.5 million people will continue with no access to basic WASH services, jeopardizing their coping capacity to face such a multifaceted crisis.

Child Protection

UNICEF, in collaboration with partners, is committed to delivering essential protection services to children and their families who have been impacted by the war in Sudan. Over 68,000 people have received psychosocial support services (PSS), including close to 43,000 children (22,600 girls and 20,400 boys). Following this, these individuals were referred to the necessary services to receive additional assistance.

Furthermore, over 10,300 children (6,500 girls and 3,800 boys) and over 9,300 caregivers, including around 5,700 women, were provided access to interventions aimed at mitigating, preventing, or responding to gender-based violence risks. Close to 27,800 people, including 11,700 children (6,800 girls and 4,900 boys) and around 16,100 caregivers, including 5,500 women, were provided with a safe and accessible channel to report instances of exploitation and abuse by aid workers.

More than 32,000 children actively engaged in community awareness sessions focused on the prevention of mine risks, unexploded ordnance (UXO), peacebuilding, and fostering social cohesion. This inclusive initiative involved over 16,600 girls and 15,400 boys, ensuring a comprehensive approach to educating and safeguarding the younger generation.

In addition, efforts were extended to addressing the needs of vulnerable unaccompanied and separated children, who often lack family care. UNICEF and partners successfully provided alternative care and facilitated the reunification of 100 such cases (18 girls and 82 boys) with their families. By prioritizing community engagement and targeted interventions, UNICEF has made significant strides in promoting awareness, safety, and the well-being of children in our region.

Recruitment of children into armed forces remains a grave concern in Sudan, impacting the lives of countless children. Addressing the recruitment of child soldiers and providing psychological support is vital for the well-being and future of Sudan's youth.

Education

As the conflict escalates, the learning crisis in Sudan deepens, with 19 million children still unable to return to classrooms. In the regions of active conflict, 5 million school-aged children remain out-of-school. As a result of the war, 2 million school-age children, including 51 per cent girls, have been internally displaced, and half a million school-age children have crossed international borders. Schools where children play, learn, and grow remain closed. UNICEF is advocating for the immediate re-opening of schools, where safe and possible to do so. So far, River Nile state is the first of 18 states to officially reopen most schools with support from UNICEF on readiness and school grants.

Despite the challenges, UNICEF with partners, reached over 207,600 children, including around 105,800 girls through the creation of 801 safe learning spaces, providing them with protection, social connection and learning opportunities.

During the reporting period, UNICEF established 59 new safe learning spaces, benefitting over 18,600 additional children, including close to 9,910 girls. Among them, over 13,251 girls and boys were provided with essential learning materials and around 5,961 adolescents actively engaged in sports, cultural, and health clubs. In addition, more than 600 teachers were equipped with required skills to further children's learning and wellbeing through UNICEF-supported trainings.

UNICEF strives to ensure uninterrupted education for displaced children through its Learning Passport programme, reaching over 35,606 children, with more than 3,500 users in November alone.

Social Inclusion and Cash Assistance

UNICEF continued to support vulnerable women and families through its flagship Mother and Child Cash Transfer Plus (MCCT+) programme, launched in 2021 with the aim of increasing social protection coverage in Sudan's fragile political and economic context. The programme is implemented in nine vulnerable localities in Kassala and Red Sea states, which have some of the highest maternal and child mortality and malnutrition rates in the country.

During the latest cash payment cycle in November – the second cash payment since 15 April – the programme reached over 51,000 mothers and their 255,000 family members (32,000 mothers in Kassala and 19,000 mothers in Red Sea). Overall, 96 per cent of MCCT+ beneficiaries were reached at primary healthcare facilities, where health and nutrition services and social behaviour change interventions about essential family practices are provided. Efforts are also underway to strengthen integration with other services, including protection and women empowerment.

UNICEF has initiated community sensitization and outreach efforts for a new phase of MCCT+, where an additional 30,000 pregnant women

will be recruited from seven existing localities and two new localities in Kassala and Red Sea states. The new registration in the existing localities is scheduled to take place in January 2024.

The MCCT+ has attracted EUR 100 million in financing in the past three years, reflecting donors' faith in UNICEF's ability to deliver social protection and resilience programming in the midst of crisis. The most recent financing of EUR 30 million will allow expansion of the MCCT+ to states outside Kassala and Red Sea, including those more stable, while experiencing large influx of internally displaced populations.

Cross-cutting areas

Cross-cutting areas:

Social and Behaviour Change (SBC)

During the reporting period, UNICEF and partners reached 1.4 million people via on- and offline communication channels with life-saving SBC messages, focusing on cholera prevention and oral cholera vaccination (OCV). In addition, UNICEF directly engaged more than 116,000 individuals with household visits, group discussions, interactive theatre and capacity building activities. Among those engaged in these interactive activities are 57 per cent women, 46 per cent children, and 645 people with disabilities.

Priority topics in November for one-way and interactive SBC activities include health emergencies (especially cholera and OCV), routine immunization, nutrition, and child protection.

Socio-behavioral data collection continues via on- and offline community feedback mechanisms. Coding of the data reveals top priorities from affected communities are the cholera outbreak and vaccine, its safety, and waste management and latrine functionality at IDP gathering points specifically. Data analysis of community feedback is shared with UNICEF and partners for immediate response.

Accountability to Affected Population (AAP)

UNICEF continues to mainstream and integrate Accountability to Affected Population (AAP) across all interventions, including those through partners. During the period under review, focus has been on the strengthened coordination patterns where AAP capacity-building was actively and continuously implemented with different sector partners along with support to the inter-agencies platform in equipping their staff on AAP and community feedback mechanism (CFM) related matters. The AAP component is now being embedded in on-going activities to standardize implementation and response, while providing safe accessible channels to the communities. In addition, AAP engagement related questions on information provision, access to assistance and complaints feedback mechanism awareness and preferences were incorporated in the mobile cinema activities implemented in Gedarif, Red Sea, Gedarif and Northern and Gezira states, of which 70 per cent of the engaged groups reported the toll-free hotline as their preferred communication channel and their full awareness on how to reach UNICEF.

UNICEF complaints and feedback mechanisms channels (toll-free hotline, email address and community help desks) remain active, while expanding the sensitization for wider outreach. All received cases have been handled, referred and processed according to the protocols. In November 2023, more than 1,900 calls were received through the toll-free line – 78 per cent of the calls were resolved as first case resolution after comprehensive counseling along with the newly coordinated system integration that allowed the staff to cross-check databases for accurate information provision, whilst 22 per cent were referred to case management according to the set pathways and protocols. As a result, to the actioned, referred and resolved cases, more than three per cent individuals (whose cases were resolved) shared positive feedback and appreciation on the resolution of their complaint and on being able to receive assistance accordingly.

With the implementation of the MCCT+, the trained social workers occupying and handling the community help desks at distribution sites (primary health care centres) were able to benefit from the newly built coordination and integrated system whilst the approached beneficiaries were well counselled on UNICEF CFM channels mainly the toll-free and urgent cases were collected, referred and coordinated with the CFM system on spot throughout the newly built communication line.

Prevention of Sexual Exploitation and Abuse (PSEA)

Reports of gender-based violence, missing young girls, rape cases and sexual exploitation are increasingly being received from hot spot states, especially Darfur and Khartoum. Gezira state continues to receive survivors of sexual and gender-based violence from conflict-affected areas like Khartoum and other states. UNICEF and partners are providing services to assist the survivors, but significant gaps remain. Notably, the lack of safe shelters and financial assistance hinders effective support for survivors. According to the emergency response rooms operating in Khartoum, the first aid post-exposure prophylaxis (PEP) kits are not available, and survivors are exposed to lots of pressures and psychological problems as some of them were identified to be pregnant.

Missions were conducted in Atbara, Dongola, Gedarif, Kassala and Wadi Halfa to address gaps in survivor support and sexual exploitation and abuse reporting by strengthening coordination structures, conducting training workshops, and organizing community outreach activities. PSEA coordination structures were strengthened in Gedarif and new platforms were established in Atbara, Dongola, Kassala and Wadi Halfa. PSEA training workshops were organized for relevant actors and UNICEF partners in Atbara, Dongola, Gedarif, Kassala and Wadi Halfa, reaching 160 participants in November 2023. PSEA outreach activities reached over 5,000 individuals in IDP gathering sites, promoting zero tolerance and accountability. In addition to these achievements, mission reports were shared with relevant teams to follow up on recommendations and action for improvement. These recommendations include increasing women's involvement in decision-making processes and service delivery, strengthening collaboration between humanitarian actors and government agencies, advocating for a stronger legal framework to support child survivors, mobilizing resources to support PSEA initiatives and survivor services, ongoing capacity-building for responders, and awareness-raising activities within communities. These PSEA missions have led to significant progress in strengthening the protection environment for vulnerable individuals in Gadarif, Kassala, Northern, Red Sea and River Nile. By addressing identified gaps and implementing the recommendations, UNICEF, with partners, aims to create a safer and more supportive environment for

children.

Supply and Logistics

Since the start of the conflict, over 12,000 metric tons of critical lifesaving supplies worth US\$13.3 million have been delivered across Sudan, including 3,950 metric tons in hotspot areas and 8,100 metric tons in non-hotspot states. During the reporting period, 1,850 metric ton of supplies worth US\$2.5 million were loaded on to trucks ready to be dispatched to the hotspot areas. In addition, UNICEF supported and facilitated the transportation and delivery of 8.9 million doses of oral cholera vaccines and measles and rubella vaccines (received in Sudan on 14 November 2023) to nine states – Blue Nile, Gedarif, Gezira, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile.

During the reporting period, child protection, health, nutrition, education and WASH supplies worth US\$8.2 million (including 140,299 cartons of RUTF worth US\$6.5 million) arrived in Port Sudan. Additionally, supplies worth US\$5.2 million are undergoing customs clearance at Port Sudan and Port Sawakin. The immediate offshore supply pipeline of lifesaving supplies worth US\$5.1 million is expected to arrive in Port Sudan by mid-January 2024. In addition, 55,750 kg of liquid chlorine gas worth US\$400,000, which arrived from Egypt through Wadi Halfa, has been distributed to Blue Nile, Kassala, Khartoum, River Nile, Northern, Sennar and White Nile.

On Chad cross border operations, UNICEF delivered supplies worth over US\$287,000 to West Darfur. The second batch of supplies through Chad worth US\$1 million have been ordered and the delivery dates are being finalised.

The supply plan is now at US\$88 million (including shipping cost), with approximately US\$42 million worth of critical supplies already ordered, and approximately US\$46 million funding gap to urgently restock lifesaving humanitarian supplies to sustain and scale-up the response. Approx. US\$3.55 million of the supply plan is allocated to regional and local procurement. There is good improvement in local supplier's responsiveness and availability of more supplies locally, which calls for the need to increase value to US\$4.43 million. To improve on last mile and end user monitoring of supplies, Supply Division is providing technical support on reporting and monitoring tools to include in the Supply Downstream Dashboard and the Real-Time Monitoring checklist has been finalised and incorporated into the programme monitoring tool.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF leads Education (co-led by Save the Children), Nutrition and WASH sectors, and Child Protection Area of Responsibility (AoR) in Sudan. UNICEF is also a key actor in Health sector, and is leading AAP/Community Engagement (CEA) working group. Sectors have finalized Humanitarian Needs and Response Plan (HRP) 2024.

With UNICEF leading the AAP working group, strengthened coordination is being built at inter-agency level to ensure AAP mainstreaming across inter-agency work, including in the HRP 2024 plans and monitoring framework, the common position paper on relocation and alternative solutions for gathering, Joint Operational Procedures (JOP). In addition, AAP working group participated in AAP/CFM related training on joint needs assessment in Khartoum for the inter-agency NGO forum to ensure AAP integration and CFM awareness to the communities.

The Education Sector response prioritizes immediate critical life-saving education needs of the vulnerable school-aged children who are at increased risk of dropping out of schools and out-of-school children as a result of the ongoing crisis. Safe learning centres have been established to ensure children safe and protective learning environment. There is also ongoing advocacy for education support to ensure that displaced children are protected from physical threat through provision of safe schools and alternative safe and child friendly learning spaces. A guidance note on the displaced population and a position paper on relocation and alternative solutions to the displaced community have been jointly developed by the Education, Protection, Shelter and Site Management sectors. The paper offers practical solution for IDPs schools used as shelters in advocating with the relevant authorities at the state level, including consolidation or merging of the schools and moving displaced population to one schools to free up learning space; establishing the alternative learning spaces (temporary learning spaces) around the occupied schools; use of public facilities such mosques as temporary learning spaces, and if a school only partially used as a shelter, use remaining classrooms should learning; and adopting learning shift to ensure all children have access to learning.

Despite the announcements to reopen schools in non-conflict areas, nearly 5.5 million children in these states are still waiting for schools to reopen. While the sector is still collecting information on the total number of reopened institutions, only a few schools have actually reopened in November, mainly in River Nile state. Reportedly, around 1,500 schools of the total 19,300 schools in Sudan are being used as shelter by the displaced community.

Child Protection AoR continues to enhance sub-national coordination in Sudan. During the reporting period, the Sector Coordinator visited Gezira, the River Nile, and the Northern state, meeting the affected populations in gathering sites and with child protection actors to develop state-tailored coordination strategies to serve the most vulnerable population. As a result of this and previous efforts, 16 state and locality-level working groups and sub-national coordination forums are currently active, overseen by the Sudan Child Protection AoR. More specifically, in Wadi Halfa, due to the severity of needs, a Child Protection working group has been established at a locality level. In Gezira state, Child Protection AoR successfully advocated for the deinstitutionalization of children, and a government-led task force was established to support children's needs without parental care. The Child Protection and gender-based violence (GBV) AoRs in Sudan agreed on coordinated strategy in hotspots areas, establishing a joint Child Protection and GBV working group in Khartoum, given the limited number of partners, the need for synergy between AoR and internet connectivity challenges.

With the active coordination mechanisms nationwide, including hotspot areas, Child Protection AoR members strived to provide various life-saving assistance to children and their families with child protection services. In terms of service disaggregation, close to 46,000 children and caregivers accessed mental health and psychosocial support; over 5,100 women, girls, and boys accessed GBV risk mitigation, prevention, and response interventions; around 89,500 children were provided with landmine or other explosive weapons prevention and survivor assistance intervention; and 329 unaccompanied and separated children were provided with alternative care or reunified through case

management. Unaccompanied and separated children were provided with alternative care or reunified through case management.

With the support of the Global AoR, the Child Protection AoR finalized the Child Protection Mainstreaming Strategy for Cholera Response in Sudan and shared it with the key sectors, including WASH, child protection, social and behavioral communications, and health. In turn, the health and child protection shared the strategy with their respective members' sectors to mainstream child protection into the ongoing cholera prevention and response.

Nutrition sector is strengthening its response with the establishment of a dedicated coordination forum for Khartoum and response strategy for Khartoum being in the final stages. Several initiatives are also ongoing, including strengthening of partners with support from the global and preparations for MAMI pilot, which focuses on nutritionally at-risk infant under six months and their mother to survive and thrive. The sector also continues to monitor the pipeline and stocks of critical supplies for malnutrition management to avoid stock running out.

WASH sector humanitarian interventions reached 2.4 million affected people in November. Sector activities supported 1.6 million people to access basic water services, close to 428,900 people to access adequate protected and gender-sensitive sanitation services and over 567,300 people to access gender-sensitive hygiene and environmental health interventions.

WASH sector continues to coordinate a wide range of actors for response in hotspot areas, especially in Khartoum. WASH sector cholera response plan supported scale up of water quality monitoring activities. WASH sector coordination forum at national and sub-national level have been critical in development, implementation and monitoring of state-level cholera task force response plans. Furthermore, the WASH sector collaborated with the SBC forum to optimize community engagement activities complemented with distribution of information, education and communication materials and WASH non-food items to influence positive behavior.

Dynamic population movement affect delivery of appropriate WASH services to meet increased demands. Limited funding impact WASH sector life-saving activities to prevent further deterioration of humanitarian situation in hotspot and IDP hosting areas. Evolving security situation continues to constrain access to hotspot areas including Khartoum, Darfur and Kordofan states to dispatch emergency WASH supplies and monitoring of sector response activities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

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

- UNICEF Statement: At least 5 million children at the brink in Darfur as unchecked conflict worsens
<https://www.unicef.org/sudan/press-releases/least-5-million-children-brink-darfur-unchecked-conflict-worsens>
- Article: A toilet at home changes lives
<https://www.unicef.org/sudan/stories/toilet-home-changes-lives>
- Article: Safe Learning Spaces
<https://www.unicef.org/sudan/stories/safe-learning-spaces>
- Document: When can children learn?
<https://www.unicef.org/documents/when-can-children-learn>
- Video: How do UNICEF life-saving supplies reach children in Sudan?
<https://www.youtube.com/watch?v=ZYFR7HHi2g4>
- Video: UNICEF Regional Director Adele Khodr spoke to a community midwife in Atbara, Sudan
<https://www.youtube.com/watch?v=c-BI286yj4c>
- Video: What has changed in one year for the children in Sudan? #WorldChildrensDay
https://www.youtube.com/watch?v=mBiY_-VLh7U
- Video: The power of partnership transforms the lives of children through e-learning programme
<https://www.youtube.com/watch?v=gETD90sX9aM>

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 DECEMBER 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	2.5 million	▲ 6%	-	-	-
Children vaccinated against measles	Total	-	1.7 million	923,592	▲ 3%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.9 million	5.2 million	▲ 14%	5.9 million	5.2 million	▲ 14%
Children 6-59 months with severe wasting admitted for treatment	Total	-	621,600	295,253	▲ 7%	621,600	295,253	▲ 7%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.6 million	852,053	▲ 9%	1.6 million	852,053	▲ 9%
Pregnant women receiving preventative iron supplementation	Total	-	1.6 million	101,085	▲ 1%	1.6 million	101,085	▲ 1%
Children 6-59 months receiving Vitamin A supplementation	Total	-	5.9 million	714,825	▲ 2%	5.9 million	714,825	▲ 2%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	349,213	545,264 ¹⁵	▲ 25%	446,153	199,933	▲ 10%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,956	162,888	▲ 94%	70,979	47,234	▲ 7%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2.3 million	129,554	▲ 1%	-	-	-
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	352,128	122,622	▲ 9%	2 million	166,246	▲ 4%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	13,968	3,275	▲ 1%	16,224	12,677	▲ 2%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	3.5 million	207,638	▲ 1%	4.3 million	216,138	▲ 1%
Children receiving individual learning materials	Total	-	3.5 million	113,182	0%	4.3 million	167,179	0%
Trained teachers/ECD facilitators	Total	-	57,915	5,773	▲ 1%	-	-	-

Adolescents and young people who participate in or lead engagement initiatives through UNICEF-supported programmes	Total	-	173,746	66,444	▲ 4%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	4 million	5.8 million	▲ 36%	4.4 million	3.9 million ¹⁶	▲ 36%
People accessing appropriate sanitation services	Total	-	300,000	170,044	▲ 21%	911,181	1.6 million ¹⁷	▲ 47%
Health facilities with basic WASH services	Total	-	30	28	▲ 33%	-	-	-
Learning facilities and safe spaces reached with basic WASH services	Total	-	50	65	▲ 2%	-	-	-
People reached with hand-washing behaviour-change programmes	Total	-	4 million	2.5 million	▲ 12%	4.9 million	1.7 million ¹⁸	▲ 12%
People reached with critical WASH supplies	Total	-	200,000	276,358	▲ 21%	-	-	-
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers ¹⁹	Total	-	250,000	51,651	0%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								
People who participate in engagement actions	Total	-	1.8 million	1.2 million	▲ 7%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	1.3 million	10,816	0%	-	-	-

*Progress in the reporting period 1–30 November 2023

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	67,612,858	18,347,674	4,085,551	45,179,633	67%
Nutrition	346,245,840	41,272,747	11,055,464	293,917,629	85%
Child protection, GBViE and PSEA	86,016,472	7,898,410	787,780	77,330,282	90%
Education	123,211,757	5,782,865	1,958,076	115,470,816	94%
Water, sanitation and hygiene	80,325,302	12,544,825	2,015,963	65,764,514	82%
Social protection	100,000,000	-	-	100,000,000	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	34,198,848	17,219,164	1,573,183	15,406,501	45%
Total	837,611,077	103,065,685	21,476,017	713,069,375	85%

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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. 470,000 people were internally displaced and 114,000 crossed borders, bringing total number of people displaced to 5.3 million and 1.4 million respectively. DTM Sudan Monthly Displacement Overview (03). November 2023
5. Displacement Tracking Matrix | DTM Sudan Monthly Displacement Overview (03). November 2023
6. World Health Organization (WHO) Report.
7. Federal Ministry Of Health (FMoH) Report / WHO-FMoH Disease Outbreaks Dashboard.
8. The vaccines have been distributed to nine accessible states include Blue Nile, Gedarf, Gezira, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile. For the Darfurs and Kordofans, the vaccines have been prepositioned in Gedarf and White Nile, waiting for the convoy arrangement to move. Of the 8.6 million doses, 2.6 million doses of Oral Cholera vaccine were delivered and used immediately in Gedarf and Gezira states to respond to Cholera (1.6 million in Gedarf and over 692,700 doses in Gezira). The total vaccinated population over one year is 2.3 million (1.6 million in Gedarf and over 692,600 in Gezira).
9. Achievements are driven through the engagement with 22 implementing partners (82% of which national NGOs) operating with a portfolio of over USD \$13 million (94% of which funded by UNICEF).
10. North Darfur, South Darfur, East Darfur, West Darfur, Central Darfur, South Kordofan, West Kordofan, Blue Nile, White Nile, Sennar, Gezira, Red Sea, Kassala, Gedarf, Northern, River Nile and Khartoum States.
11. Including around 67,000 provided with durable newly constructed/rehabilitated basic water sources and over 1.3 million provided with water chlorination, operation and maintenance support for existing water facilities and water trucking.
12. Since the last sitrep, cholera has been confirmed in the three additional states of Red Sea, Sennar and most recently in White Nile; bringing the total number of states now affected to 7 of the 18 states in Sudan (Gedarf, Gezira, Khartoum, White Nile, Red Sea, Kassala and Sennar).
13. As per the latest IOM DTM report, South Darfur, East Darfur and River Nile are the main IDP-receiving states, accounting for 12.86%, 11.38% and 11.56% respectively (<https://dtm.iom.int/reports/dtm-sudan-monthly-displacement-overview-03?close=true>)
14. Results were due to the rehabilitation of 8 water sources and provision of water treatment chemicals to 12; as well as distribution of tablets/sachets to 15,200 households and 4,800 m3 of trucked water.
15. MHPSS results achieved through shared Education and Child Protection interventions.
16. UNICEF results are only partially reflected under sector results due to the different indicator definition.
17. UNICEF results are only partially reflected under sector results due to the different indicator definition.
18. UNICEF results are only partially reflected under sector results due to the different indicator definition.
19. 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.