



Ekhlhas and her children at a gathering point in Kassala, waiting to move to Atbara. After the recent escalation of fighting in Gezira state, they have had a long displacement journey.



Humanitarian Situation Report No. 15

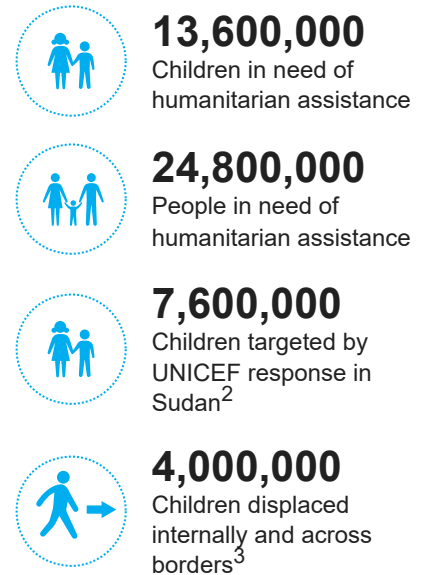
Reporting Period
1–31 January 2024

Sudan

HIGHLIGHTS

- Sudan continues to be the world’s largest child displacement crisis, with 4 million children displaced¹ – 13,000 children every single day for 300 days. Widespread malnutrition and a shattered health system threaten to kill far more children than the armed conflict itself - with 17.7 million people acutely food insecure across the country. 19 million school-aged children still remain out of school.
- Since the start of the conflict in April 2023, and despite challenges, UNICEF and partners have reached 8.4 million people with safe drinking water, 3.7 million children with malnutrition screening, of whom over 231,000 received life-saving treatment, 783,000 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 7.6 million of the most vulnerable children of Sudan.

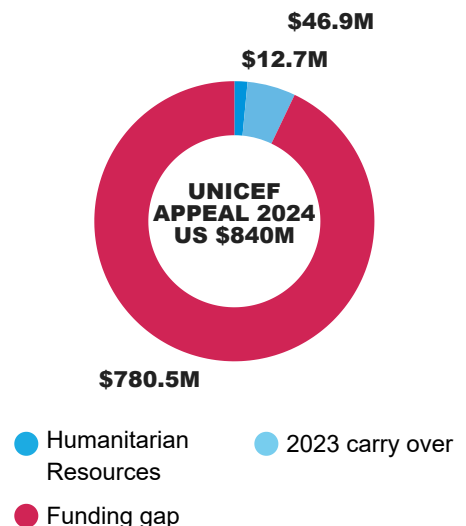
SITUATION IN NUMBERS



UNICEF RESPONSE AND FUNDING STATUS*

	Health	Measles vaccination	1%
		Funding status	11%
	Nutrition	SAM admission	1%
		Funding status	8%
	Child protection, GBVIE and PSEA	UASC alternative care	1%
		Funding status	1%
	Education	Learning access	2%
		Funding status	4%
	Water, sanitation and hygiene	Sanitation services	5%
		Funding status	6%
	Social protection	MCCT+	34%
		Funding status	0%

FUNDING STATUS (IN US\$)**



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

** 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 2024 for Sudan requires US\$840 million to deliver a package of child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and cash plus interventions to save children's lives, alleviate their suffering and preserve their dignity. As of 31 January 2024, UNICEF has received approximately US\$60 million in humanitarian funding and has leveraged an additional US\$146 million complementary funding for preservation and resilience of systems for delivery of basic services and communities.

UNICEF is deeply grateful for the donor partners supporting its humanitarian response in Sudan in 2024, including the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, the United Kingdom, Norway, Kuwait, Japan, France, as well as Gavi, the Vaccine Alliance, Central Emergency Response Fund (CERF), and UNICEF National Committees.

UNICEF continues calling on warring parties to:

- Implement an immediate ceasefire.
- Respect international humanitarian and human rights law. This includes ensuring that children are protected, and facilitating rapid, safe, unimpeded humanitarian access to children and families.
- Remove bureaucratic impediments to rapid delivery of humanitarian assistance at scale and ensure access and guarantees to safely move humanitarian workers and supplies across conflict lines.

UNICEF is appealing for its partners and the international community to:

- Prevent the collapse of essential systems by paying frontline workers, providing lifesaving supplies, and maintaining critical infrastructure.
- Provide support to the re-opening of schools so that children can go back to classrooms, and conflict-affected children can learn and heal in safe spaces.
- Accelerate funding for lifesaving health and nutrition, water and sanitation, education, and child protection services.

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 clashes between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) have continued to intensify over nine months. The war has extended from the capital to most states in Darfur, Greater Kordofan and Gezira state, and has caused civilian casualties. Sudan has the largest internally displaced population in the world, with 9.1 million internally displaced people, 6.1 million of whom have been displaced since April 2023 (IOM, as of 06 February 2024). The highest proportions of IDPs were observed across South Darfur (12 per cent), River Nile (11 per cent), East Darfur (11 per cent), White Nile (8 per cent), North Darfur (8 per cent), and Gezira (7 per cent). Prior to 15 April 2023, Sudan already had an estimated 3.8 million IDPs. An estimated 1.8 million people crossed borders into neighboring countries.

Humanitarian needs in Sudan were at record levels even before the outbreak of conflict in April 2023. With the current context, the country will continue facing longer-term challenges of internal displacement, stemming from various conflicts and environmental factors. Thousands have been killed and injured, and countless more are exposed to grave protection violations, including sexual violence and recruitment or use in the conflict. According to the latest Integrated Food Security Phase Classification (IPC) report, 17.7 million people across Sudan are now acutely food insecure, including 4.9 million who are in emergency levels of acute food insecurity. Around 18.9 million individuals (38 per cent of the population) are estimated to require some form of WASH assistance.

The malnutrition situation across the country is alarming. In 2024, a total of 4.7 million are estimated to be acutely malnourished, of which 3.5 million are children under five and 1.2 million are pregnant and lactating women. This reflects an increase of approximately 4.1 per cent from the May 2023 HRP and an over 13 per cent increase compared to the beginning of 2023. A recent rapid nutrition and mortality assessment undertaken by the medical humanitarian organization Médecins Sans Frontières (MSF) reveals a catastrophic nutrition situation in Zamzam camp, North Darfur State. Almost a quarter of children screened during the assessment were found to be acutely malnourished, with seven per cent having severe acute malnutrition (SAM), with an overall crude mortality rate of 2.5 per 10,000 people per day in the camp -- more than double the emergency threshold. 40 per cent of pregnant and breastfeeding women were also found to be malnourished⁴.

Water, sanitation, and hygiene (WASH) needs are also severe. With the onset and the expansion of the war, the number of people in urgent need of WASH services is estimated to be 19 million (42 per cent of Sudan's total population). Widespread insecurity, complete or partial destruction of WASH facilities, coupled with disruption to WASH services and supply chains, lack of supplies and funds for operation, maintenance and repairs as well as a brain drain of technical staff have all contributed to a significant decline in access. Such context has led, for example, to deteriorating menstrual health and hygiene (MHM) conditions. Impacting women and girls, this means they are no longer able to source menstrual hygiene products due to interrupted supply chains and hyperinflation; or secure regular access to water and bathrooms, as they are either sheltering from active conflict, on the move or displaced -- overall curtailing their dignity and increasing their risk to infections.

As of end of January 2024, 10,440 cholera cases have been registered in Sudan (60 per cent confirmed through lab tests), with 292 associated deaths across 63 localities in 11 states⁵. This represents a 17.3 per cent increase over the number of cases reported on 31 December 2023, highlighting the fragile and overstretched state of the health system across the country, despite the combined efforts from Ministry of Health and humanitarian actors to maintain efficient and accessible health care services.

Various challenges have been affecting the delivery of humanitarian assistance in many parts of the country. Despite all these constraints - lack of communication infrastructure, insecurity, limited access, looting, bureaucratic impediments, limited access to internet, shortage of cash and fuel - UNICEF with its humanitarian partners continue to provide life-saving assistance to the vulnerable people they can reach.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



Wijdan Mahmoud, a vaccinator and volunteer displaced from Gezira state, vaccinates a child at the Al adad gathering shelter for displaced families in Kassala state.

In line with its commitment to enhance vaccination outreach, UNICEF, in collaboration with the Federal Ministry of Health (FMoH) organized the Measles Rubella campaign across seven states (Blue Nile, Gedarif, Kassala, Northern, Red Sea, River Nile and White Nile) from 22 to 27 January 2024. This initiative aimed to reach 5.6 million children across 64 localities. The campaign reached 5.7 million children (9 months to 15 years) across 64 localities with vaccines against measles and rubella, resulting in 102 per cent coverage. UNICEF also supported over 28,000 dedicated vaccinators who were instrumental in the campaign's success with incentives.

As of end of January 2024, 10,440 cholera cases have been registered in Sudan (60 per cent confirmed through lab tests), with 292 associated deaths. In response to this public health crisis, UNICEF continued to work closely with partners including WHO, guided by the integrated multisectoral response plan. UNICEF took active part in FMoH-led Cholera Taskforce, developing and refining common response strategies based on the latest updates from heavily impacted states (Gedarif, Kassala, Northern, Red Sea and White Nile states). In regions with new cases i.e., River Nile and Northern, UNICEF played a pivotal role in supporting the FMoH in developing and operationalizing a comprehensive cholera response plan to curb the spread of cholera, mitigate its impact and safeguard the well-being of the affected communities.

To strengthen the community surveillance component of the cholera response, UNICEF supported the training of 210 community health workers to enhance their ability to easily identify cholera cases for prompt treatment. In managing the reported cases, UNICEF played a crucial role in supporting 28 oral rehydration therapy (ORT) corners across high-risk regions, including Gadarif, Kassala, Red Sea, River Nile and White Nile, ensuring the availability of essential supplies to effectively treat and manage cholera cases. Recognizing the importance of building capacity within the healthcare system, UNICEF conducted comprehensive training sessions in Gedarif targeting 100 medical doctors and medical assistants, along with 280 paramedical professionals. The sessions focused on cholera case management, malaria case management, patient triage, and infection prevention and control.

To foster a culture of awareness and promote active participation of the community in cholera response, over 30,000 individuals have been mobilized and actively engaged in cholera response efforts to prevent further outbreaks. Recognizing the pivotal role of effective communication, the state radio continues to disseminate key messages on cholera prevention, raising awareness on the importance of adhering to preventive measures as well as emphasizing the number of needed doses of oral cholera vaccines (OCVs).

Beyond the ongoing cholera response, UNICEF, alongside other health partners, remains committed to supporting people affected by the conflict. In conflict-affected areas, specifically Madani in Gezira state, UNICEF with its health partners played a crucial role in sustaining essential healthcare services by supporting 11 primary health care centers and two hospitals, ensuring their continued operation and functionality despite the challenging circumstances. Recognizing the heightened vulnerability of populations in conflict hotspots, UNICEF distributed supplies that address the needs of 90,000 highly vulnerable mothers and children.

In non-conflict areas, including in Blue Nile, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile, UNICEF continues to support large numbers of IDPs. These efforts are focused on scaling up lifesaving health interventions at the primary health care and referral hospitals levels. As part of this initiative, two additional emergency clinics were launched in Kassala, further expanding the reach and impact of essential healthcare services for the displaced populations. This approach underscores UNICEF's dedication to address the multifaceted health needs of internally displaced communities in accessible and stable regions.

Nutrition

Over 17.7 million people are facing high levels of acute food insecurity, the highest ever recorded that coincides with Sudan's harvesting season. The lethal confluence of food insecurity, poverty, civil war, mass displacement, and disease outbreaks is rapidly intensifying and can lead to an increased risk of famine and catastrophic hunger conditions by the next lean season in parts of Khartoum, Kordofan, and Darfur states. Children are most at risk in these conditions and face a greater risk of severe malnutrition and death in early childhood. While January is a post-harvest season in Sudan, there are already worrying signs of a worsening nutrition situation leading to emergency levels of acute malnutrition and mortality rates. An assessment undertaken in Zamzam IDP camp in January by MSF showed over 7 per cent SAM and emergency levels of mortality among children. To take into consideration the impact of the deterioration in the food security situation, the nutrition cluster released an interim update to its earlier estimate with number of children under five suffering from wasting increasing from 3.5 million to over 3.7 million in 2024, out of which the number with severe acute malnutrition will increase from 710,000 to 730,000, the highest ever estimated in the last 10 years.

UNICEF and WFP are working together to integrate Mid-Upper Arm Circumference (MUAC) measurement within the comprehensive food security assessment (CFSA) that is planned to start in February, to be completed by early March. The findings of the assessment will contribute to the updating of the food security and nutrition situation analysis in March 2024. This will allow identification of areas with most needs and prioritization of areas that require urgent scale up of the response.

To address the increasing nutritional needs and prevent further deterioration of nutrition situation, morbidity and mortality associated with malnutrition among children and women, UNICEF is accelerating the scale up of life-saving preventive and curative nutrition interventions, including through ramping up nutrition supply prepositioning and buffer stocks, expanding partnerships to increase the reach of critical nutrition interventions, investing in assessments and information systems to better inform timely and appropriate response, and strengthening multi-system engagement. In January, almost 71,800 boys and girls (6-59 months) were screened for malnutrition, of whom 4,600 children were admitted for treatment of severe acute malnutrition (SAM). To support optimal infant and young child feeding practices, almost 12,600 caregivers received counselling. In December/January, UNICEF has supported the screening of 45,500 children from 10 localities of Red Sea state with 1,695 (3.7 per cent) classified as SAM and 12,180 (26.8 per cent) as MAM respectively. The children identified as malnourished were enrolled for treatment.

UNICEF is taking all possible measures to ensure severely malnourished children in Darfur and other states access life-saving therapeutic feeding supplies. While waiting for 32,000 cartons of ready-to-use therapeutic food (RUTF) to arrive in Darfur in February and March via El Obeid and Northern route, UNICEF Sudan has delivered close to 10,500 cartons of RUTF to the Darfurs (via Chad) to support the treatment of around 10,500 children with SAM in February. An additional 23,000 cartons of RUTF are expected to arrive in Chad between February and March 2024 to cover the needs of SAM children in Darfur for the remainder of first quarter and part of second quarter.

In the relatively stable states, around 44,300 cartons of RUTF have been delivered to Blue Nile, Gadaref, Kassala, Red Sea, River Nile, Sennar, South Kordofan, and White Nile states, enough to treat the expected number of children with SAM up until the end of March.

Water, sanitation and hygiene

UNICEF expanded its response and is now providing lifesaving WASH services across Sudan's 18 states, benefitting an additional 3 million people (including 1.7 million children) with safe drinking water – an equivalent of over 60 per cent of its 2024 target that will likely be sustained for much of 2024, as it was mainly driven by water treatment interventions, which remain a critical component in reaching population at-scale, with immediate lifesaving solutions⁶. UNICEF also reached over 15,200 (including 8,300 children) with appropriate sanitation services, around 281,600 (including 154,800 children) with hygiene promotion interventions, and over 10,000 people (including 5,520 children) benefitted from the distribution of WASH supplies⁷.

UNICEF remained a critical responder in hotspot conflict areas. To ensure access to clean drinking water in Khartoum state, UNICEF provided and organized the transportation of 30 barrels of water treatment chemicals (polymer) from Blue Nile to one of the largest water treatment plants in Omdurman; enabling resumption of daily supply of clean drinking water to around 600,000 people (including 330,000 children), after a 12-day hiatus. In the Darfur States, UNICEF continued to capitalize on the opening of the humanitarian space, reaching over 104,000 people (including 57,200 children) with hygiene promotion (North Darfur) and over 8,000 people (including 4,400 children) with WASH supplies (in East Darfur, North Darfur, and West Darfur). In the Kordofan States, 2,800 people (including 1,540 children) gained access to appropriate sanitation services through the construction of 155 emergency latrines (West Kordofan) and desludging of 18 latrines in IDP gathering centers (North Kordofan). Additionally, UNICEF supported 3 health facilities with WASH services, including one of the main hospitals in North Kordofan, by providing a submersible water pump and conducting maintenance of the hospital's latrines and water network connection between the water tank to the hospital facilities and dialysis center. To address the ongoing severe menstrual hygiene management challenges, around 500 women and girls benefitted from the distribution of 500 hygiene kits (in East Darfur and West Kordofan), inclusive of menstrual pads and awareness raising sessions.

UNICEF continued to support the increasing number of cholera-affected states⁸ with a range of interventions aimed at breaking transmission but also sustaining lifeline services, since most of these are also IDP-hosting states. To ensure clean drinking water, UNICEF provided supplies (by distributing water purification tablets to around 12,200 of the most affected/at-risk families, in Gedarif, River Nile and Sennar), and promoted water chlorination at points of consumption and shock chlorination of over 4,000 water supply points⁹ across White Nile, Blue Nile, Kassala, Red Sea, Gedarif and Khartoum. To enhance community water quality monitoring, over 4,000 water quality control checks were conducted both at source as well as household levels (in White Nile, Kassala, Gezira and Gedarif), whilst technical guidance was provided to disinfection teams, State Ministry of Health, and local water authority to strengthen monitoring and supervision of ongoing activities in White Nile. To ensure a clean environment, 16 emergency latrines were built and 22 dislodged in Gedarif; whilst 33 cleaning campaigns and solid waste collection were held (Gezira, Sennar, Red Sea and River Nile). To reinforce cholera-preventative hygiene behavior, UNICEF trained an additional 95 hygiene promoters (in Gezira and River Nile) and conducted mass hygiene sensitization, benefitting over 78,500 people (including 43,200 children) in Gedarif, Kassala, Northern, North Kordofan, Red Sea, River Nile and Sennar.

UNICEF also engaged over 270 religious and key community leaders in debunking myths around water chlorination in White Nile, Gedarif, Gezira, and River Nile, capitalizing on their role as influencers to increase community uptake.

Despite the complex operational environment (insecurity, bureaucratic impediments, poor connectivity), the results above attest once more to UNICEF's ability to respond to Sudan's crisis at scale, as well as the critical lifeline UNICEF support represents to vulnerable communities. However, with a USD 71 million funding gap in 2024, the hopes of 4.7 million people to receive basic WASH services remain unfulfilled, further jeopardizing their coping capacity to face such a multifaceted crisis.

Child protection, GBViE and PSEA

UNICEF, in collaboration with its partners, remains dedicated to providing vital protection services to children and their families affected by the recent conflict in Sudan. To date, 74,513 people have received psychosocial support services (PSS), helping them deal with the distressing effects of war and displacement. This includes over 61,361 children (over 32,784 girls / 30,558 boys) and 11,171 caretakers. The mental health and psychosocial support (MHPSS) services provided included PSS activities in combination with sports, art, and other individual and group activities to effectively address the emotional well-being of individuals. Following this diverse support, children and their families were referred to relevant services for further support fostering an effective approach to their health and mental well-being.

Furthermore, close to 3,900 people, including over 1,700 children, have been granted access to interventions aimed at mitigating, preventing, or responding to gender-based violence risks. Women-led organizations actively participated in mitigating, preventing and responding to GBV risks, playing a key role in the grassroots referral mechanism.

In addition, a secure and easily accessible channel has been provided to around 15,600 people to report instances of exploitation and abuse by aid workers. This includes over 12,400 children (7,000 girls) and 3,200 adults or caregivers, 2,481 females and 680 males.

Lastly, UNICEF and its partners have successfully addressed 163 cases involving unaccompanied and separated children, including those without family care. These children have been provided with alternative care and/or reunited with their families. Among these cases, there were 91 boys and 72 girls.

Education

Sudan is on the verge of becoming home to the worst learning catastrophe in the world – with 19 million school-age children not in school and over 10,000 schools forcefully closed. UNICEF, alongside its partners, is urgently advocating for the swift reopening of schools wherever it is safe and feasible.

In January 2024, UNICEF reached over 36,900 children, including over 19,700 girls through the establishment and support of 65 safe learning spaces, providing them an opportunity to reconnect with friends, interact with peers, and immerse themselves in both recreational and structured learning programme. Moreover, around 6,100 girls and 4,500 boys were provided with essential learning materials, and approximately 2,600 adolescents (1,600 girls and 1,000 boys) leading and/or meaningfully engaged in sports, cultural, and health clubs to further nurture their development and well-being. UNICEF is expanding the learning passport to include additional grades, by incorporating high school curriculum content, which will allow for more children from higher grades to access learning passport and continue their learning.

UNICEF, in accordance with the new 2023-2024 school year calendar, and to avoid further learning losses, advocates with federal and local states education authorities, all over Sudan, to reopen schools where the security situation allows. Furthermore, UNICEF advocates for parties to the conflict to respect education facilities and other civilian objects, and immediately end the military use of education facilities.

Social protection

UNICEF working with partners is expanding its flagship Mother and Child Cash Transfer Plus (MCCT+) programme, as the main platform for increasing social protection coverage in Sudan and supporting women and children in communities affected by the conflict. In the month of January 2024, about 15,000 pregnant women from seven localities of Kassala (Aroma, North Delta and Telkok) and Red Sea state (Agig, Haya, Sinkat and Tokar) were registered into the programme. In the coming month, a second phase of registration is planned to take place in new localities of Dordieb in Red Sea state and Hamashkureib in Kassala state.

Ahead of the registration, UNICEF worked with partners to sensitize stakeholders and communities about the objective and design of MCCT+ programme, including programme eligibility, cash and other entitlements, grievance redressals, monitoring and evaluation, and prevention of sexual exploitation and abuse (PSEA). Intense sensitization efforts were mobilized for communities with stricter social norms and practices towards women.

In health facilities where registration was taking place, UNICEF and partners ensured that health and nutrition services were made available to all women who came to visit the facilities. Social and behavioral change communication about key essential family practices was also provided at the campaign.

In connection to the registration campaign, UNICEF paid incentives to about 75 frontline workers (local health staff, midwives, and social workers) to assist with the registration and verification of pregnancy of the women.

MCCT+ programme 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 humanitarian crisis. The most recent financing of EUR 30 million will allow expansion of the programme to states outside Kassala and Red Sea that are experiencing substantial influx of internally displaced populations.

Cross-cutting areas



Ohag shares a light moment with her son Idriss after a nutritious meal.

Social and Behaviour Change (SBC)

UNICEF and its partners have successfully disseminated life-saving messages to over 125,000 individuals, with a particular focus on the campaign launch of the measles and rubella vaccines, newly introduced in Sudan. Additionally, priority topics addressed in January encompassed physical safety for both adults and children during armed conflict and evacuation, as well as awareness, prevention, and treatment of cholera and dengue fever. Approximately 96,000 individuals (56.9 per cent women and 42.3 per cent youth) were engaged through household visits, group discussions, interactive theatre and capacity building activities in Gedarif and Kassala. These activities serve to empower communities with vital information and skills necessary to safeguard their health and well-being in the face of prevalent health challenges and emergencies.

Accountability to Affected Population (AAP)

UNICEF continues to mainstream and integrate Accountability to Affected Populations (AAP) across all interventions, including activities implemented by partners. The mainstreaming and integration of AAP is continuously implemented through capacity-building of staff, partners and all stakeholders at community level. With UNICEF leading the AAP working group, strengthened coordination is being built at inter-agency level to ensure AAP mainstreaming across inter-agency work.

UNICEF is scaling up its AAP through different pillars, which remain active, and widened approach is being planned for implementation with more stakeholders and implementing partners. The role of the complaints and feedback mechanisms and channels as an AAP tool is being considered as support to evidence generation, monitoring and evaluation of programming and implementation, of which sample payment verification has been conducted for the MCCT+ payment cycle 7, along with Measles and Rubella campaign verification and data collection. These exercises equip UNICEF with relevant community-based information and generates evidence/knowledge to support in quality programming and response adjustment. Furthermore, complaints and feedback mechanisms channels are now mandatory information to be included in our communication materials like the Cholera response.

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UNICEF complaints and feedback mechanisms channels (toll-free hotline, email address and community help desks) remain active, while expanding sensitization for wider outreach along with assessing initiation of additional channels responding to needs and preferences. All referred cases for the last reporting period were handled and feedback provided back to the complainants. In January 2024, more than 700 calls were received through the toll-free line – 90 per cent of the calls were resolved as first case resolution after equipping the team with comprehensive up-to-date information and counseling lines and the integrated systems allowing staff to analyze the cases from the database for accurate responses, whilst 10 per cent were referred to respective focal points as per the referral pathways protocols for case management. With the country level network shutdown and impact on the channels, UNICEF initiated “Abshir community focal points” as outreach volunteers in different states supporting to inform people on the CFM channels as well collecting confidential questions/concerns while when network permits, supporting the complainant to reach the toll-free line.

Prevention of Sexual Exploitation and Abuse (PSEA)

The displaced population, particularly women and girls in Khartoum, Gezira, and other hotspot states, continue to be at high risk and exposure to all forms of violence including sexual and gender-based violence. Due to high dependency on humanitarian aid, the affected population are at heightened risks of exposure to sexual exploitation and abuse (SEA). In January 2024, rapid SEA risk assessments were conducted in the hotspots and actions taken to address the identified risks accordingly. Findings included need for more interpersonal outreach alongside other communication channels and inclusive service delivery strategies are crucial to address these inequalities, among

others.

UNICEF and its partners continue to mitigate SEA and GBV risks, as well as providing support to the survivors of violence while providing information to the communities on available accessible reporting mechanisms to report SEA incidents/allegations safely and confidentially. In addition, the capacity of 375 front-line workers in the hotspots (Gezira, Singha, and Sinnar), was strengthened through virtual sessions on PSEA Key messages, handling SEA disclosures and protecting children among other critical sessions. During the reporting period, AAP/Community Engagement (CEA) and PSEA working group led by UNICEF in Gezira, held two meetings, and discussed collaboration and intervention strategies, including sharing lifesaving messages, mapped and updated the database of actors, which is useful in facilitating timely referrals. UNICEF in Gezira participated in GBV working group, Protection Working Group, and Coordination meetings to enhance coordination and championed PSEA issues.

Also, in efforts to enhance PSEA knowledge and accountability among UNICEF staff, a total of 133 staff, participated in an interactive PSEA session. Similar sessions are on-going and will also include support personnel. Furthermore, to establish PSEA institutional capacity among the implementing partners, PSEA assessment was conducted for one new partner, and reassessment for one existing national implementation partner. UNICEF in Sudan continues to work with the partners to implement their respective action plans to strengthen PSEA mechanisms within their organizations.

Supply and Logistics

Since the start of the conflict, over 13,700 metric tons of critical lifesaving supplies worth US\$17.3 million have been delivered across Sudan, including 4,000 metric tons in hotspot areas and 9,700 metric tons in non-hotspot states. Out of the 1,850 metric tons of supplies worth US\$2.5 million previously dispatched to the hotspot areas, 550 metric tons of supplies worth US\$636,000 have so far been delivered to Kassala, Khartoum, Red Sea and South Kordofan. In January 2024, 12 trucks (15 metric tons each) with lifesaving supplies worth approximately US\$ 400,000 were distributed within Madani localities, Gezira state. In addition, UNICEF supported and facilitated the transportation and delivery of over 2.2 million doses of oral cholera vaccines, inactivated polio vaccines, pneumococcal vaccination and rotavirus vaccines to six states – Blue Nile, Gedarif, Kassala, Northern, River Nile and Sennar.

During the reporting period, child protection, health, nutrition, education, and WASH supplies worth US\$4.3million, including more than 58,600 cartons of RUTF worth US\$2.5 million, arrived in Port Sudan. Additionally, supplies worth US\$1.7 million are undergoing customs clearance in Port Sudan. The immediate offshore supply pipeline of lifesaving supplies worth US\$5.6 million is expected to arrive in Port Sudan in February 2024. On Chad cross-border operations, the second batch of supplies worth US\$2.1 million have been ordered, over US\$351,400 worth of supplies have arrived and are undergoing customs clearance, while the third batch supply plan of US\$2 million is under processing.

The supply plan (from 2023 onwards to date) remains within US\$86 million, with approximately US\$52 million worth of critical supplies already ordered, leaving around US\$34 million funding gap to urgently restock lifesaving humanitarian supplies to sustain and scale-up the response. Approximately US\$5.1 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. To improve on last mile and end user monitoring of supplies, UNICEF 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 Sudan continues its response to the widespread conflict and displacements based on a three-pronged strategy: responding in hotspot areas, addressing the needs of displaced people in safer areas, and sustaining national structures for the provision of basic services to children and their families. UNICEF continues its efforts to reach more children and their families in hard-to-reach areas through diversifying partnerships – working with local actors, community organizations, and independent humanitarian organizations, while continuing support to existing systems and capacity to reach more children and families.

There are continuing challenges of access, bureaucratic impediments, procurement, warehousing, transportation of supplies, for example. These are critical issues that continue to impact the overall humanitarian response, especially for sectors that UNICEF leads or plays a critical role, and including supply pipelines for Nutrition, WASH and Health (vaccines and supplies for children).

UNICEF remains a key member of Humanitarian Country Team (HCT) and Inter-cluster Coordination Group at the country and field levels, and contributes to interagency efforts including access group and logistics. 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. All UNICEF led sectors have conducted annual Cluster Coordination Performance Monitoring exercise, to collectively review and improve performance of the sectors, and currently undergoing verification with partners.

Nutrition sector has been working to address alarming signs of food insecurity and malnutrition among children and pregnant lactating women, revising projections for the sector, updating needs and critical nutrition supply pipeline status, and developing strategies to address the gaps, and advocating for funding through intensive consultation with partners, donors and other key stakeholders. The sector reviewed project sheets for Humanitarian Response Plan (HRP) 2024 from 42 partners.

During the reporting period, Child Protection AoR regular coordination continued in 16 states and at the national level in response to the humanitarian crisis. In addition, child protection coordination is ongoing in nine localities in White Nile state in response to the influx of displaced people from Gezira state. Due to instability and insecurity caused by the Wad Madani crisis, some partners have moved from Wad Madani to Gandaf and Kassala. As per the preparedness plan, the Child Protection AoR has mapped partners' presence in Madani, Singa, Kassala and Sinnar to ensure the coordinated response continues to meet the humanitarian needs of increasing IDPs. Through this coordination initiative and the members' commitment, partners have included new cases of the Madani crisis in their existing and active

programs. Child Protection AoR has received around 47 project sheets, both dedicated child protection and multisectoral, for 2024 Humanitarian Response plan. Overall, Child Protection projects covered wider areas including hotspots with the focus on life saving activities.

In collaboration with Street Child UK and the Global Child Protection AoR, the Child Protection AoR in Sudan hosted a two-day localization workshop featuring 67 participants from diverse organizations, of which 65 per cent were local NGOs, 29 per cent were international NGOs, and 6 per cent were UN agencies. The workshop achieved two crucial milestones: validating Sudan's Child Protection AoR localization dashboard, with an overall score of 4.1, and drafting a localization action plan. Discussions concerned key pillars such as governance, decision-making, participation, influence, institutional capacity, partnerships, and funding.

In January 2024, education partners supported 33,600 children access safe and protective learning facilities. They also provided teaching and learning materials to 10,394 children. Additionally, 5,322 children received psycho-social support to help them cope with the crisis. The Education Cluster reviewed 30 projects for the 2024 Humanitarian Response Plan. Out of these, 10 projects were approved, with a total appeal of US\$131 million. These projects aim to meet the educational needs of 4.2 million children across the country. Cluster members are regularly advocating with the state-level Ministry of Education to reopen schools safely. They are also looking for alternative ways to ensure that affected children have access to education, as the number of schools used by IDPs is increasing every month.

Early and continued response activities targeted existing and newly displaced populations following the deterioration of the security situation in Gezira state, and Darfur and Kordofan regions. During January, WASH sector partners reached 3.4 million affected people, including 3.1 million who accessed basic water services (85 to 90 per cent of it has been reached by continued water treatment and operation and maintenance of bulk urban water systems primarily by UNICEF and partners), 20,000 benefited from adequate protected and gender-sensitive sanitation services, and 300,000 were reached with gender-sensitive hygiene and environmental health interventions. WASH sector preventive interventions mitigated favourable conditions for disease outbreaks in IDP gathering sites. In collaboration with the SBC forum and health cluster, inter-sectoral interventions resulted in decreased reported cases in hotspot areas such as Gedarif state. The WASH sector cholera response plan reached at-risk populations to access safe water supply and benefit from improved sanitation services that complimented hygiene promotion campaigns.

The improved security situation in some hotspot areas facilitated the delivery of emergency WASH supplies to hard-to-reach places. The WASH sector supply distribution plan has been revised to take advantage of accessible humanitarian routes, including cross-border routes to dispatch supplies from Chad to Darfur States. Advocacy efforts coordinated by OCHA to access Darfur and Kordofan are ongoing, both cross-line and cross-border. Diversified routes for supply delivery into the areas will facilitate the work of WASH partners to reach people in need, given constantly changing security situation and access, significant barriers and delays in transporting supplies cross-line and access to some areas - some trucks have been stranded in El Obeid, North Kordofan state, waiting for clearance and improvement security situation along the routes.

A total of 57 Humanitarian Response Plan (HRP) projects supporting the WASH sector response strategy in 2024 were reviewed and reached the final stage. Around US\$ 240 million will be needed for these projects in 2023. A new tool on Activity Info has been introduced to the WASH partners. This will ease reporting and monitoring in the months to come. Sessions were organized for sector partners and stakeholders to endorse Cluster Coordination Performance Monitoring (CCPM) assessment and sector 2024 annual work plan to strengthen sector coordination and response.

The AAP Working Group, led by UNICEF, has initiated a second co-lead opportunity to support the leadership with good resources to better integrate, mainstream and coordinate the AAP at inter-cluster coordination group level. The Working Group is currently working on the 2024 strategic priorities with very close coordination with all clusters and high representation and support.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In January 2024, UNICEF Sudan published the following articles, press release and videos.

- Article: Displaced but not deterred
<https://www.unicef.org/sudan/stories/displaced-not-deterred>
- Article: How poor access to nutrition made Arafa almost lose her twins
<https://www.unicef.org/sudan/stories/how-poor-access-nutrition-made-arafa-almost-lose-her-twins>
- Article: Standing up for self
<https://www.unicef.org/sudan/stories/standing-self>
- Article: The power of art
<https://www.unicef.org/sudan/stories/power-art>
- Photo essay: This is my Makanna – my safe space
<https://www.unicef.org/sudan/stories/my-makanna-my-safe-space>
- Press release: Record numbers of children seek life-saving care
<https://www.unicef.org/sudan/press-releases/record-numbers-children-seek-life-saving-care-sudan-war-drives-worlds-worst>

- Remarks by James Elder, UNICEF Spokesperson – 300 days of the war in Sudan
<https://www.unicef.org/sudan/press-releases/300-days-war-sudan>
- Video: Executive Director Catherine Russell Remarks on Sudan Crisis
<https://www.youtube.com/watch?v=L8ImC7t-59g>
- Video: Solarized water system transformed the life of 7-year-old Madina from Sudan's Red Sea state
<https://www.youtube.com/watch?v=cfBPQqUdggE>
- Video: Voices from the field: UNICEF's Jill Lawler sheds light on displacement crisis in Sudan
<https://www.youtube.com/watch?v=xVsCEWcxVUg>
- Video: Voices of children: What does mean to be a child in Sudan?
<https://www.youtube.com/watch?v=adVG3qy4IMU>
- Video: Voices from the field: Gavi's Anne Cronin visited immunization programme in Sudan
<https://www.youtube.com/watch?v=oak1beCPWqo>
- Video: Hana & her baby combatted malnutrition through UNICEF integrated health & nutrition campaign
https://www.youtube.com/watch?v=74_pUEegc4o
- Video: Interactive theatres raise awareness through the art of play
<https://www.youtube.com/watch?v=TX1xvym1C2s>

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: 1–29 FEBRUARY 2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Health								
Children vaccinated against measles	Total	-	1.4 million	8,549	▲ 1%	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	3 million	59,279	▲ 2%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	540,000	4,616	▲ 1%	540,000	4,616	▲ 1%
Children 6-59 months screened for wasting	Total	-	5.9 million	71,783	▲ 1%	5.9 million	71,783	▲ 1%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.6 million	12,558	▲ 1%	1.6 million	12,558	▲ 1%
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	2 million	74,513 ¹⁰	▲ 4%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	59,176	3,870	▲ 7%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2.9 million	15,570	▲ 1%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	21,966	163	▲ 1%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.7 million	36,518	▲ 2%	4.2 million	19,651	0%
Children receiving individual learning materials	Total	-	1.2 million	5,840	0%	4.2 million	5,225	0%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	5 million	3.1 million	▲ 61%	4.9 million	3 million	▲ 62%
People accessing appropriate sanitation services	Total	-	300,000	15,270	▲ 5%	1.5 million	17,520	▲ 1%
People reached with hand-washing behaviour-change programmes	Total	-	5 million	281,618	▲ 6%	6.3 million	281,618	▲ 4%

People reached with critical WASH supplies	Total	-	500,000	10,047	▲ 2%	-	-	-
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers ¹¹	Total	-	150,000	51,445	▲ 34%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								
People who participate in engagement actions	Total	-	5.3 million	95,875	▲ 2%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	1.3 million	720	0%	-	-	-

*Progress in the reporting period 1–31 January 2024

**Results are against the newly established 2024 HAC targets.

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	207,360,985	9,646,858	13,304,868	184,409,259	89%
Nutrition	206,170,626	200,000	16,744,836	189,225,790	92%
Child protection, GBViE and PSEA	117,625,351 ¹²	598,201	1,055,337	115,971,813	99%
Education	80,103,091	475,000	2,601,090	77,027,001	96%
Water, sanitation and hygiene	89,551,000	657,065	4,419,390	84,474,545	94%
Social protection	100,000,000	-	332,897	99,667,103	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	39,188,947 ¹³	1,082,211	8,411,081	29,695,655	76%
Total	840,000,000	12,659,335	46,869,499	780,471,166	93%

Who to contact for further information:

Mary Louise Eagleton
Deputy Representative Programmes
meagleton@unicef.org

Jill Lawler
Chief of Field Operations and Emergencies
jlawler@unicef.org

Ruben Vellenga
Chief of Partnerships, Advocacy and Communications (OIC)
rvellenga@unicef.org

ENDNOTES

1. 300 days of the war in Sudan - <https://www.unicef.org/sudan/press-releases/300-days-war-sudan>
2. UNICEF Sudan: Humanitarian Action for Children Appeal 2024 <https://www.unicef.org/media/149971/file/2024-HAC-Sudan.pdf>
3. 300 days of the war in Sudan - <https://www.unicef.org/sudan/press-releases/300-days-war-sudan>
4. Relifweb - Sudan: Alarming death rates and desperate malnutrition crisis in Zamzam camp, North Darfur; MSF calls for urgent, mass mobilization of international community to save lives.
5. Sudan Outbreak Dashboard
6. Although the majority of the target has been achieved; the remainder will be concretized by deploying a mix of durable solutions (e.g. construction/rehabilitation, solarization) coupled with Operation and Maintenance support beyond water treatment solutions (e. provision of fuel, spare parts, minor rehabilitation and maintenance interventions).
7. Mainly soap, jerrycans and hygiene kits as way to help maintain communities, especially women and girls', sense of dignity.
8. Since the last sitrep, cholera has been confirmed in the additional states of North Kordofan, River Nile and Northern; bringing the total number of states now affected to 11 of the 18 states in Sudan (Gedarif, Gezira, Khartoum, White Nile, Red Sea, Kassala, Sennar, Blue Nile, North Kordofan, River Nile and Northern).
9. Including water supply 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).
10. MHPSS results achieved through shared Education and Child Protection interventions.
11. 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.
12. This includes \$8,600,733 (7.3 per cent) for providing accessible ways to report sexual exploitation and abuse and \$23,670,400 (20 per cent) for prevention and response to gender-based violence.
13. This includes \$1,250,250 (3.2 per cent) for accountability to affected populations; the remaining amount is for social and behavioural change communication, including community engagement activities.