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On 2 December 2024, Amna eats ready-to-use-therapeutic food at the health facility where she was referred for treatment in Aroma locality, Kassala state.

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# Humanitarian Situation Report No. 26

Reporting Period
**1 January to 31 December 2024**

# Sudan

## HIGHLIGHTS

- The number of internally displaced persons rose 27 per cent in 2024, from 9 million to 11.5 million. Children made up over 53 per cent of the displaced.[1]
- In 2024, admissions for severe acute malnutrition (SAM) rose by 43.8 per cent compared to 2023, with 431,015 children treated—the highest annual total since the programme's inception.
- Through UNICEF's support, improved water, sanitation, and hygiene services reached 9.8 million people.
- Critical protection services benefited 2.8 million people, including 2.7 million children and 168,792 caregivers.
- UNICEF's 2024 Sudan response remained only 58 per cent funded, underscoring the urgent need for continued resource mobilisation to save lives and secure the future of vulnerable children.

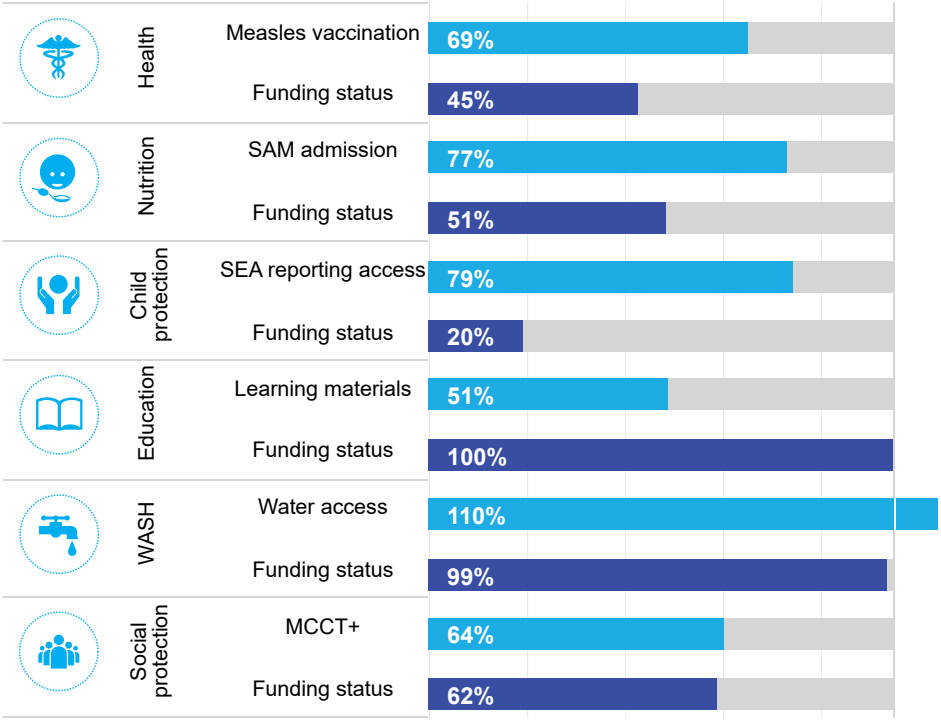
## SITUATION IN NUMBERS

**13,600,000**
Children in need of humanitarian assistance[2]

**24,800,000**
People in need of humanitarian assistance[3]

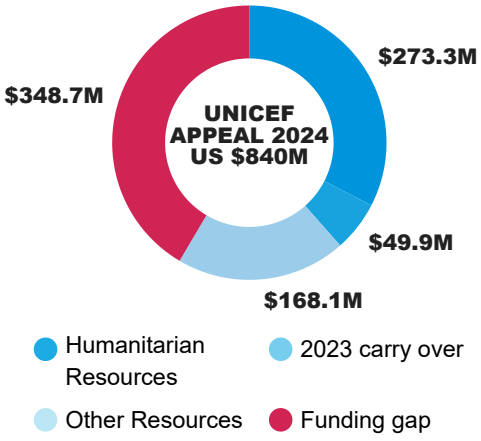
**11,560,000**
Children displaced internally and across borders[4]

## UNICEF RESPONSE AND FUNDING STATUS*




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

## 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

**UNICEF Sudan's Humanitarian Action for Children (HAC) 2024** appealed for **US$ 840 million** to deliver a comprehensive package of child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and cash-plus interventions. These efforts aimed to save children's lives, alleviate their suffering, and preserve their resilience and dignity amid Sudan's ongoing humanitarian crisis. By 31 December 2024, UNICEF had received in total **US $ 491 million funding** for its crisis response. This includes US$ 323 humanitarian funding (including US$ 49.9 million carried forward from 2023). This also included US$ 168 million in other resources to sustain community resilience and essential service delivery systems across Sudan.

UNICEF thanks its donor partners for their continuous and unwavering support of its three-pronged humanitarian, development, and peace nexus response. This includes contributions from the **European Union** , **the governments of Canada, Denmark, France, Germany, Japan, Kuwait, Netherlands, Norway, Sweden, Italy, the United States of America, and the United Kingdom, as well as multilateral partners such as the World Bank, Gavi, the Vaccine Alliance, the Global Fund, the Global Partnership for Education, Education Cannot Wait, the UN Sudan Humanitarian Fund (SHF), the UN Central Emergency Response Fund (CERF), and UNICEF National Committees.**

Despite this critical support, 42 per cent of UNICEF's 2024 funding requirements remained unmet, leaving far too many children behind. The humanitarian situation in Sudan remains acute, with US$ 4.2 billion required under the 2025 Sudan Humanitarian Response Plan (HRP), a 36 per cent increase from 2024. UNICEF will launch its 2025 Humanitarian Appeal for Children (HAC) end of January 2025 in line with this HRP, seeking for renewed attention, funding, and support for the millions of children in Sudan suffering from the impacts of the war. There is thus urgent need for redoubled efforts to mobilise resources to prevent devastating consequences for Sudan's children. Flexible funding is particularly essential to ensure UNICEF's agility in responding to emerging crises and sustaining critical services, particularly in nutrition, child protection, and health. Investments are also urgently needed to strengthen and stabilise social service systems, preventing their collapse and ensuring the continuation of life-saving and essential services.

Beyond funding, intensified and coordinated **advocacy efforts** are imperative to call for an immediate end to grave violations of children's rights, the establishment of a **ceasefire,** and steps toward **lasting peace.** Advocacy must also emphasise the need for **safe, sustained, and unimpeded humanitarian access** throughout Sudan to reach the most vulnerable populations.

# SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2024, **the ongoing conflict displaced 11.5 million** people across Sudan — the **highest number of internally displaced persons globally**[5] . Of these, **53 per cent are children.** Additionally, 3.3 million people fled to neighboring countries, primarily Egypt, Chad, and South Sudan. Escalating clashes across multiple states in Sudan continued to drive widespread displacement and exacerbated humanitarian needs.

Sudan continued to grapple with multiple, overlapping crises, including **severe food insecurity, malnutrition, and disease outbreaks.** An estimated **778,000 children under five will suffer from severe acute malnutrition** (SAM) in 2025[6] . The latest Integrated Food Security Phase Classification (IPC) analysis indicates that **famine conditions are now present in five areas,** including Zamzam, Al Salam, Abu Shouk IDP camps, and in the western Nuba Mountains. It projects five additional areas – all in North Darfur – will be affected between now and May 2025, with risk of famine in 17 other areas.

Heavy rains and flooding between June and October 2024 displaced nearly 190,000 people (37,911 households) across 15 states, destroyed approximately 74,000 homes, and worsened living conditions. **Disease outbreaks surged due to poor sanitation and displacement** . Cholera affected 82 localities across 11 states, with 47,682 cases and 1,239 deaths and case fatality rate (CFR) of 2.6 per cent,[7] while dengue fever (8,340 cases, 15 deaths) and measles (777 cases) spread across multiple states. **Flooding and displacement exacerbated the spread of these diseases, deepening the humanitarian crisis.**

The economic crisis worsened vulnerabilities, with the gross domestic product (GDP) contracting sharply by 29 per cent in 2023 and 13 per cent in 2024, **driving unemployment to 58 per cent and pushing millions into poverty. Women and rural communities are disproportionately affected** , with limited access to resources and livelihoods. The situation is dire for children; **17 million are out of school, and millions more face protection risks**[8] . The **use of more than 3,000 schools as shelters for displaced families** has further restricted access to education for millions of children. With conditions expected to deteriorate further as the conflict continues, urgent humanitarian action is essential to prevent further loss of life and suffering.

In 2024, humanitarian access in Sudan was severely hindered by disruptions at key border crossings, bureaucratic delays, and escalated insecurity, particularly in regions like Darfur and Kordofan. The prolonged closure of border crossings such as Adre and flooding at Tina limited aid delivery routes from Chad to Darfur, forcing convoys to take longer and more dangerous paths. Additionally, attacks on aid workers and widespread looting of food supplies further complicated efforts, leading to significant operational suspensions and increased reliance on local organisations for assistance**. The number of militarily cut-off communities rose sharply, heightening the risk of famine in these areas.** However, some successful aid convoys were organised, reflecting the efforts of the humanitarian community amid a fragile operational environment.

Despite these obstacles, UNICEF continued to provide life-saving interventions across both high-risk and safer regions. Working with a network of national NGOs, grassroots groups, line ministries, civil administration, INGOs, and UN agencies, UNICEF ensured critical support reached the most vulnerable, including children in all 18 states.

# SUMMARY ANALYSIS OF PROGRAMME RESPONSE

## Health

UNICEF extended **life-saving health services to over 1.91 million children and women** , including 800,000 in hard-to-reach areas, through fixed and mobile clinics in Kassala, River Nile, Gedaref, and Northern states. More than 1.8 million children benefited from Integrated Management of Childhood Illness (IMCI) kits, with 1.1 million treated for pneumonia, diarrhoea, and malaria. In cut-off communities areas like Jebel Awlia in Khartoum, UNICEF delivered health supplies for the first time in six months, benefitting 200,000 children and families.

**Maternal and neonatal health efforts supported 17 hospitals and 517 primary healthcare facilities** , with 740 health workers and midwives trained in maternal and newborn care. Supplies benefitted 772,000 mothers and newborns, and two Neonatal Intensive Care Units were rehabilitated to serve as referral centres. To sustain critical services, incentives were provided to 6,000 frontline workers and 4,400 vaccinators across 14 states, **ensuring continuity of care** in both hotspot and calmer areas.

In 2024, **UNICEF delivered essential health supplies to meet the needs of over nine million children and mothers across Sudan** , addressing immunisation, emergency health responses, maternal, newborn, and child healthcare, as well as outbreak management. **Over 60 million vaccine doses targeting 15 deadly diseases** were delivered, **reaching 43.4 million children and adults** . Key vaccination campaigns included measles-rubella for over 7.1 million children and polio for 5.7 million children under five. Cholera response efforts vaccinated 9.2 million people in affected states, while **the first round of the Big Catch-Up campaign immunised 23,000 previously unvaccinated children.**

UNICEF significantly strengthened Sudan's healthcare infrastructure by establishing new supply hubs in Red Sea, Kassala, Gedaref, and White Nile, importing six refrigerated trucks, and installing over 500 cold chain units through the GAVI Cold Chain Equipment Optimization Platform. **Targeted outbreak interventions were pivotal in reducing the cholera case fatality rate** among 49,000 reported cases by year-end. UNICEF set up 237 oral rehydration points, supported five Cholera Treatment Centers (CTCs), and distributed treatment supplies to benefit over 36,700 people. Over 1,600 health workers and community volunteers were trained in cholera management and surveillance. Emergency triage training was conducted for the first time in a decade, benefitting 180 medical doctors working in government facilities in River Nile, Northern, Red Sea, and Gedaref state.

To address malaria, UNICEF **distributed diagnostics, treatments, and kits to support over 900,000 patients,**[9] **including 65,000 children under five** , and introduced a malaria vaccine in two high-burden states. Orders were placed for 16 million bed nets for a 2025 mass campaign. Pre-emptive measures for flood-prone areas included prepositioning supplies in 12 states, supported over 600,000 people. Following the Arba'at Dam collapse, 50,000 flood-affected individuals received healthcare and emergency supplies. **Famine prevention efforts reached 1.5 million mothers and children** with critical resources.

## Nutrition

**Sudan ranks among the top four countries globally with the highest prevalence of acute malnutrition,** a crisis exacerbated by widespread displacement, disease outbreaks, severe hunger, and limited humanitarian access. By mid-2024, famine conditions were reported in Zamzam camp, and SMART surveys conducted across 49 localities revealed that 43 exceeded the WHO emergency threshold for Global Acute Malnutrition (GAM) of 15 per cent, classifying these areas as "very high" risk. Alarmingly, GAM rates in North Darfur (Al-Lait, Al-Tawisha, Um-Keddada, and Tawila) and the Western Nuba region (Habila, Dilling, Lagawa, and As Sunut in South and West Kordofan) were double the emergency threshold, reaching IPC Phase 5 "Catastrophe" levels.

In response, UNICEF scaled up nutrition interventions as part of its comprehensive famine prevention plan, expanding humanitarian support to 144 localities through 1,925 health facilities and 83 mobile teams. In 2024, admissions for severe acute malnutrition (SAM) rose by 43.8 per cent compared to 2023, with **431,015 children treated** —the highest annual total since the programme's inception. This increase reflects both the escalating needs and the effective scale-up by UNICEF and its 31 partners to stabilise the supply chain and enhance service delivery.

UNICEF secured its annual requirements for Ready-to-Use Therapeutic Food (RUTF), procuring **US$ 25.5 million worth of nutrition supplies, of which US$ 21.5 million was distributed.** This included 438,000 cartons of RUTF, with 181,700 cartons delivered to Darfur through crossline and cross-border operations. Nutrition screening efforts were also significantly expanded, reaching **over 6.7 million children** under five through health facilities, mobile teams, and community campaigns. These integrated efforts provided preventive care such as vitamin A supplementation for 2.9 million children, deworming treatments, and iron-folic acid supplements for 443,000 pregnant women. Over 900,000 caregivers received counselling on optimal feeding practices for young children.

UNICEF also **led data collection and analysis efforts** , conducting 31 of the 58 planned SMART surveys across 35 localities through the Nutrition Sector Information Technical Working Group (NISTWG). These surveys provided critical insights for planning and prioritisation. Despite these achievements, challenges remain, including limited access to affected populations due to conflict and displacement. Without significant improvements in access and stability, the risk of widespread deterioration—including increased mortality and destitution—is likely to intensify in 2025. This underscores the **urgent need for sustained humanitarian ceasefires and secure access to all regions of Sudan.**

## Water, sanitation and hygiene

In 2024, UNICEF, in collaboration with national and international NGOs, private sector partners, and the government, delivered **improved WASH services to 9.8 million children and families** across 120 rural and urban localities in 18 states. This achievement represents 110 per cent of the annual target, highlighting **significant progress in addressing the critical needs of populations affected by war, cholera, flooding, and famine risk.**

Around **9.8 million people gained access to improved basic water services** through the construction or rehabilitation of 467 durable water sources, water treatment for 1,300 facilities, household-level water disinfection for 205,000 households, and the delivery of 210,000 cubic meters of water via trucking.[10] Daily water quality monitoring further ensured the safety of water supplies. In urban settlements where infrastructure was severely disrupted by conflict, UNICEF **improved access to water for 4.9 million individuals** in 23 targeted areas, addressing the challenges of increased displacement and resource constraints.

UNICEF reached 291,000 people (97 per cent of the target) with appropriate sanitation facilities through the construction, rehabilitation, or dislodging of 14,000 latrines. **Hygiene promotion efforts benefitted 5.7 million individuals** , emphasising handwashing with soap and the **prevention of WASH-related epidemics such as cholera and diarrhoea** . Critical Infection Prevention and Control (IPC) supplies, including 792,000 bars of soap, 132,000 jerricans, and 45,000 hygiene kits, were distributed to 526,000 people. Menstrual hygiene management (MHM) interventions **supported 80,000 women and girls with essential supplies** and awareness sessions.

Cholera mitigation and control were central to UNICEF's WASH response in 2024. **Interventions reached 7.4 million people** in 11 cholera-affected states with improved water supply, supported by intensive hygiene promotion campaigns targeting 3.1 million people. Cholera Treatment Centres (CTCs), health care facilities, and outpatient therapeutic programmes received packaged WASH services, **contributing to a dramatic reduction in weekly cholera cases, from 5,000 at the epidemic's peak to 400 by December 2024.** In total, 143 health facilities and 105 schools were equipped

with **gender-sensitive and disability-friendly WASH facilities** .

As part of UNICEF's intersectoral famine prevention efforts, **6 million people in 79 high-priority localities were provided with improved water services** . Additionally, 194,000 individuals gained access to adequate sanitation, 4.3 million participated in hygiene promotion campaigns, and 444,000 received critical supplies such as soap, jerricans, and hygiene kits.

UNICEF further strengthened Sudan's WASH response capacity through 14 active coordination forums at the federal level and 13 at the state level, achieving its annual targets. A robust locality-level monitoring system provided monthly, detailed, disaggregated data on beneficiaries and interventions across all 18 states. Capacity-building programmes trained 755 sector partners and 3,750 community members, reinforcing local WASH expertise and sustainability.

## Child Protection

In 2024, UNICEF and its partners **delivered critical child protection services to over 2.8 million children** (52 per cent girls) and 168,792 caregivers. Mental Health and Psychosocial Support (MHPSS) was provided through community mechanisms, child-friendly spaces, and learning environments, fostering emotional resilience, mental well-being, and learning capacities. These safe spaces empowered children, especially girls, to report Gender-Based Violence (GBV) cases, including Female Genital Mutilation (FGM) and Child Marriage (CM), ensuring timely referrals to essential services.

During the reporting period, UNICEF's **Protection from Sexual Exploitation and Abuse (PSEA) interventions reached approximately 2.3 million individuals** , including 930,000 children and 790,000 adults. Around 2,076 frontline workers were trained to prevent, detect, and safely handle cases of exploitation and abuse, bolstering community capacities to respond effectively to SEA. Additionally, **6,473 unaccompanied and separated children were supported** with family reunification or alternative care, individualised case planning, psychosocial assistance, and referrals to health, nutrition, and shelter services.

Comprehensive GBV risk mitigation, prevention, and response services reached 337,231 individuals (71 per cent female). This included case management, psychosocial support, medical assistance, and the distribution of GBV risk reduction materials. Post-exposure Prophylaxis (PEP) supplies were provided in hard-to-reach areas, while capacity-building initiatives engaged Community-based Child Protection Networks (CCPNs) to reduce risks and link survivors to life-saving services. Gender-sensitive awareness campaigns educated communities on gender equality, GBV prevention, and survivor reintegration, reducing stigma and fostering resilience.

UNICEF advanced efforts to combat harmful practices by establishing 430 girls' clubs, reaching 450,000 adolescent girls with life skills and advocacy on CM, FGM, GBV, and child protection services. Through community engagement initiatives, 386,424 individuals were mobilised, and 8,797 people were trained to address harmful practices. The Saleema initiative led 17 communities to publicly commit to abandoning FGM, while UNICEF supported 70 intervention sites staffed with trained service providers. Advocacy efforts with the National Council for Child Welfare (NCCW) contributed to legislative progress, including amendments to the Child Act 2020 and the draft Family Personal Law.

**Mine risk education reached 83,729 individuals** , equipping children and families with life-saving knowledge on unexploded ordnance (UXO). These sessions emphasised safe behaviour, object recognition, and reporting hazardous items to authorities. Sessions were delivered through schools, community centres, and child-friendly spaces, and were implemented in collaboration with the National Mine Action Center (NMAC).

To strengthen the social service workforce, UNICEF partnered with key institutions such as the NCCW, Ministry of Social Development (MoSD), and the Combating Violence Against Women and Children Unit (CVAW). **Over 150 social workers (69 per cent female) were trained in case management, safe identification, referral practices, and monitoring,** reinforcing Sudan's welfare system.

## Education

UNICEF and its partners **reached over 2.3 million children** (51 per cent girls) in 2024 through formal and non-formal education initiatives. UNICEF **supported the reopening of schools** in Northern, River Nile, Red Sea, Blue Nile, Kassala, Gedaref, and White Nile states, providing **essential school grants, learning supplies, and back-to-learning campaigns that benefitted over 1.5 million children.** Additionally, over **1,500 safe learning spaces were established** , offering **structured education programmes and psychosocial support to 690,000 children** (51 per cent girls) to address the impacts of conflict on their mental well-being. To enhance teaching quality, **more than 7,590 teachers and facilitators were trained** , improving learning outcomes and fostering a supportive educational environment.

Digital learning platforms, including the Learning Passport and Let Us Learn, **reached 30,831 children (52 per cent girls) with structured, self-paced education opportunities** , ensuring access to learning for those affected by conflict and displacement.

In December 2024, UNICEF played a pivotal role in **enabling the safe operation of the Secondary Education Certificate Exam** across Sudan, supporting over 340,000 registered students. This was achieved together with the Ministry of Education and the Education Cluster.

## Social Inclusion and Cash Assistance

In 2024, UNICEF significantly expanded its Mother and Child Cash Transfer Plus (MCCT+) programme to support vulnerable women and children impacted by Sudan's humanitarian crisis. Building on its success since 2021 in Kassala and Red Sea states, the programme extended to an additional 27,000 women and 135,000 family members across three existing and one new locality in Kassala, and four existing and two new localities in the Red Sea State. To enhance resilience, **50,000 women from the initial cohort received a US$ 60 top-up payment to mitigate the effects of severe flooding in these states,** highlighting the programme's adaptability to shocks.

In September 2024, the programme expanded to the River Nile state, addressing the needs of 18,500 additional women and their children, including 4,070 internally displaced women. By year-end, MCCT+ had **benefited a total of 95,366 women** and 481,000 family members across Kassala, Red Sea, and River Nile states.

The programme's integration with social and behaviour change (SBC) interventions amplified its impact. Key messages on essential family practices, including antenatal and postnatal care, child nutrition, and FGM prevention, were disseminated through awareness campaigns, mobile cinemas, and other tools. Birth registration was systematically incorporated, ensuring children's access to basic rights. Monitoring data revealed **significant improvements in the utilization of health and nutrition services among pregnant and lactating women and their children.**

Plans are in place to expand MCCT+ in 2025 to Gedaref and other states hosting displaced populations, including those fleeing conflict in Khartoum, Aj Jazirah, and White Nile, ensuring broader support for

Sudan's most vulnerable families.

## Social and Behaviour Change (SBC)

In 2024, UNICEF's Social and Behaviour Change (SBC) interventions addressed critical public health challenges, famine prevention, and community resilience, collectively **reaching 4.5 million people** (60 per cent female) through **participatory community engagement.** These interventions spanned health, nutrition, WASH, education, and child protection priorities. Mass media campaigns targeting information gaps and encouraging service uptake **reached an estimated 10 million people, empowering communities with life-saving knowledge and preventive behaviours** .

UNICEF **trained 112,135 community cadres, including health promoters, to strengthen local capacities.** The Risk Communication and Community Engagement Working Group was reactivated to improve coordination among UN agencies, government, and NGOs, ensuring a unified approach to SBC interventions.

## Accountability to Affected Population (AAP)

In 2024, UNICEF re-positioned Accountability to Affected Populations (AAP) both internally and at the inter-agency level by implementing the seven Pillars and leading the AAP Working Group. **UNICEF is prioritising AAP and localisation through structured integration into programme design and implementation.** Key initiatives include establishing AAP hubs and Community Feedback Mechanism (CFM) hubs across all states, ensuring communities' needs are voiced in close collaboration with UNICEF and inter-agency partners.

A **comprehensive capacity development plan is being rolled out** for UNICEF staff, implementing partners, third-party monitors, and social workers. As part of this effort, over 60 capacity-building sessions have trained 2,000 stakeholders to implement AAP and CFM effectively. To raise awareness and enhance accessibility of AAP and CFM, **sensitisation sessions have reached 66,000 people directly, with millions more informed about available CFM channels.**

Additionally, **more than 33,000 cases have been processed through the CFM, with a 92 per cent resolution rate.** Innovative tools, such as WhatsApp-based two-way communication, have also facilitated the verification of four thousand payment cases as part of monitoring and evaluation, ensuring broader outreach and effectiveness.

UNICEF, as the AAP Working Group (WG) lead, has **initiated the first unified accountability mechanism** through the Interagency CFM (IA CFM) and AAP localization mechanism. This mechanism addresses barriers such as network availability, literacy, and language, while empowering diverse groups, including women-led organisations and disabled people's organisations. The IA CFM currently involves more than 30 humanitarian actors, including clusters, WGs, and AoRs, who use and benefit from two-way communication. This allows proper channeling of information to communities and provides accessible, confidential channels for the affected population to voice concerns, share feedback, and make inquiries. The system ensures high levels of engagement and participation from the population in decisions that affect their lives.

The IA CFM has been able to generate evidence, reflect needs, and provide contextual updates that are referred to relevant actors at the inter-agency level, leading to quality programming and programme adjustments. Additionally, **feedback gathered through the IA CFM will be integrated into response planning** at the coordination level in line with scale-up benchmarks.

To operate the IA CFM, **the AAP WG has initiated inter-agency service mapping and the first inter-agency referral mechanism, with UNICEF as the lead,** directing referrals to clusters, WGs, and AoRs. Furthermore, UNICEF has been closely coordinating under the AAP WG with all structures to ensure proper information sharing, Q&As, and key messages are available, while also strengthening the capacity of clusters in AAP integration and mainstreaming.

Close coordination has been established at the ICCG level with all members, including efforts made during the Sudanese Certificate Exams, to increase awareness among communities about their right to receive up-to-date information. In collaboration with the Education Cluster, daily feedback on the exam process is being referred and communities are being updated with the correct information.

## Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF made substantial progress in implementing the Sudan PSEA Action Plan, prioritising prevention, response, and reporting. **Awareness campaigns, delivered through child-friendly videos, community radios, and culturally relevant materials, increased visibility and reporting of PSEA issues** . Strengthening government protection mechanisms and revising PSEA codes of conduct further bolstered national capacity.

UNICEF **trained 980,909 individuals** (65 per cent female), including staff, contractors, frontline workers, and community members, **to address sexual exploitation and abuse** (SEA). Monitoring visits and 17 field missions ensured effective PSEA integration across sectors. All 69 UNICEF implementing partners met PSEA compliance standards, demonstrating a robust application of UN Common Harmonized Approaches.

## Supply and Logistics

UNICEF **delivered 33,019 metric tons of critical supplies worth US$ 53.1 million** across Sudan in 2024. Of this, approximately **41 per cent or the overall supplies (13,650 metric tons) were dispatched to hotspot areas** like Kordofan, Darfur, Khartoum, and Aj Jazirah, while 19,769 metric tons supported more accessible areas such as Red Sea, Kassala, and White Nile.

Cross-border operations via Chad **transported 4,850 metric tons of supplies** using 111 trucks, including 580 metric tons delivered to Darfur states in December alone. The total procurement throughput reached US$ 173 million (104 per cent of the supply plan), with efforts underway to address a US$ 33 million funding gap for 2025, **ensuring the continued delivery of life-saving supplies to conflict-affected populations.**

# HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF played a pivotal role in Sudan's humanitarian response in 2024, as an active member of the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG). **UNICEF led the Education, Nutrition, and WASH clusters, as well as the Child Protection Area of Responsibility** (CP AoR), coordinating efforts through a dedicated team of national and sub-national coordinators, information management specialists, and double-hatting field-level coordinators. UNICEF has significantly **strengthened cluster capacities** , adding dedicated Information Management Officer (IMO) for each cluster, sub-national coordinators especially for Darfur, institutionalising NGO co-coordination at national and field levels, and capacity building. The adoption of ActivityInfo, a web-based reporting tool, **streamlined cluster reporting.** Additionally, **UNICEF contributed significantly**

**to interagency efforts on access, advocacy, cash assistance, and localisation.** Within the Nutrition Cluster, UNICEF led the SAM without medical complications component and managed the supply pipeline, while also chairing the AAP/Community Engagement (CEA) working group.

To deliver life-saving assistance to vulnerable populations, UNICEF employed strategies such as dedicated access facilitation, partnerships with NGOs and community networks, prepositioning supplies, direct payment to frontline workers and utilising mobile health, nutrition, and protection services. Key hubs were established to strengthen support for crossline and cross-border operations, expanding UNICEF's footprint in strategic areas.

**Child Protection AOR (CP AOR):** In 2024, the CP AoR selected Plan International Sudan (PIS) as NGO co-chair alongside the National Council for Child Welfare (NCCW), enhancing national and sub-national coordination with 60 partners across 18 states and 98 localities. The Case Management Task Force (CMTF), co-led by UNICEF and Save the Children, developed an annual workplan to improve case management systems. A key achievement was the delivery of capacity-building Training of Trainers (ToT) on Unaccompanied and Separated Children (UASC), cascaded to sub-national levels.

CP AoR activities reached over 1.1 million people, including 542,000 individuals benefiting from MHPSS. Awareness campaigns engaged 557,543 people, promoting essential child protection practices. Nearly 2,500 professionals were trained in child protection standards, while 30,468 children experiencing separation or GBV were registered for case management. Radio campaigns in local languages reached 1.4 million people, raising awareness about reducing social stigma and supporting children with disabilities.

In collaboration with the Protection Cluster, the CP AoR finalised vulnerability criteria to prioritise assistance aligned with the Famine Prevention Plan benchmarks. Targeted support included implementing the HCT-endorsed 10-Point Action Plan on Conflict-Related Sexual Violence, benefiting children born of rape and their mothers.

**Education Cluster:** The ongoing conflict left over 80 per cent of schools closed since April 2023, with 3,200 used as shelters. The education cluster, along with UNICEF, played a key role in advocating for and developing strategies for school reopening, including finding dignified solutions for displaced people sheltering in schools in coordination with the Shelter and Protection clusters, as well as local authorities.

By the end of 2024, the Education Cluster, comprising 38 partners, supported the reopening of 4,000 schools, enabling two million children to regain access to education. Additionally, 777,650 children (55 per cent girls) benefited from direct support, including formal and non-formal education, learning materials, and reintegration of out-of-school children.

Cross-sectoral services ensured a safe learning environment for 269,226 children (53 per cent girls) receiving psychosocial support in schools, with 4,799 children referred for specialised child protection services. The cluster also addressed adolescent girls' needs, distributing dignity kits and providing menstrual hygiene education to 42,338 girls. To enhance learning outcomes, 11,283 teachers (60 per cent female) received monthly incentives, and 3,715 educators (63 per cent women) were trained in pedagogy and psychosocial support.

**Nutrition Cluster:** Despite the ongoing conflict, 41 Nutrition Cluster partners scaled up preventive and curative services in 2024, reaching 1.2 million children and pregnant or lactating women, representing 65 per cent of the target. This included treatment of 431,015 children with SAM without medical complications (84 per cent of the target) and 42,000 children with SAM with medical complications (52 per cent of the target). Targeted Supplementary Feeding Programmes (TSFPs) enrolled 574,463 children and 132,381 pregnant or lactating women, reaching 60 per cent and 42 per cent of their respective targets. SMART surveys were conducted across 42 localities, with 33 indicating very high acute malnutrition rates (GAM >15 per cent), including three in Darfur with catastrophic GAM levels (>30 per cent). To strengthen response capacities, UNICEF and partners delivered nutrition information management training for 79 sub-national participants across Darfur, Kordofan, and Eastern states, ensuring better data collection and prioritisation.

**WASH Cluster:** In 2024, the WASH Cluster identified 25.5 million people in need (PIN) and targeted 10.4 million withassistance, achieving 98 per cent of its target by reaching 10.3 million individuals. Key interventions included sanitation services for 1.7 million people, hygiene services for 7.5 million, and water quality interventions benefiting 8.3 million.

Cluster efforts prioritised cholera-affected areas, reaching 3.5 million people across 11 states with water quality interventions, including chlorine distribution and water treatment supplies. In high-risk famine zones, 1.9 million people received water, sanitation, and hygiene services. Hygiene promotion activities reached 1.5 million individuals, with emergency WASH items distributed to bolster community resilience. WASH Cluster partners also implemented strategic water supply measures, including trucking, rehabilitation, and new construction, ensuring safe and sustainable access for vulnerable populations.

UNICEF played a pivotal role contributing to the cluster with funding and critical supplies, especially for water provision, often as the first responder to cholera, famine, and large-scale displacements, notably in North Darfur and from Aj Jazirah states.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Press release: UNICEF Executive Director Catherine Russell warns of a deepening crisis for childre
- Press release: Sudan is facing an unprecedented hunger catastrophe, say UN agency chiefs:
- Article: From risk to relief:
- Article: Explosive remnants of war:
- Video: Story of Fatima, a mother of seven, fled violence in North Darfur, Sudan:
- Voices of children in El Fasher: 7-year-old Retaj fled clashes in North Darfur, Sudan:
- Video: A frontline nutritionist in North Darfur committed to save lives:
- Video: A mother's displacement journey in search for peace & safety in North Darfur:
- Video: Baraa's journey from malnutrition to health:
- Video: UNICEF Representative Sheldon Yett's visit in Sudan's Atbara:

- Video: Volunteers at a safe learning space in Darfur provide healing to children:
- Video: First UN mission to #Darfur's Zelingei, Jebel Marra and Tawilla:
- Article: Generations undernourished
- Article: Reaching the most vulnerable:
- Article: From invisible to seen
- Press release: UNICEF Goodwill Ambassador Ishmael Beah meets children and young people trapped in
- Press release: Gavi, Save the Children and UNICEF collaborate to strengthen immunization services

## 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: FEBRUARY 2025

# 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 | 960,785 | ▲ 69% | - | - | - |
| Children and women accessing primary healthcare in UNICEF-supported facilities | Total | - | 3 million | 2.8 million | ▲ 95% | - | - | - |
| **Nutrition** | | | | | | | | |
| Children 6-59 months with severe wasting admitted for treatment | Total | - | 558,268 | 431,015 | ▲ 77% | 558,268 | 431,015 | ▲ 77% |
| Children 6-59 months screened for wasting | Total | - | 6 million | 7 million | ▲ 115% | 6 million | 7 million | ▲ 115% |
| Primary caregivers of children 0-23 months receiving infant and young child feeding counselling | Total | - | 1.7 million | 911,044 | ▲ 54% | 1.7 million | 911,044 | ▲ 54% |
| **Child protection, GBViE and PSEA** | | | | | | | | |
| Children, adolescents and caregivers accessing community-based mental health and psychosocial support | Total | - | 3.4 million | 2.8 million[11] | ▲ 82% | 373,959 | 553,825 | ▲ 148% |
| Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions | Total | - | 149,766 | 337,231[12] | ▲ 225% | 60,133 | 7,078[13] | ▲ 12% |
| People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations | Total | - | 2.9 million | 2.3 million | ▲ 79% | - | - | - |
| Unaccompanied and separated children provided with alternative care and/or reunified | Total | - | 21,966 | 6,473 | ▲ 29% | 23,933 | 4,922[14] | ▲ 21% |
| **Education** | | | | | | | | |
| Children accessing formal or non-formal education, including early learning | Total | - | 2.9 million | 2.3 million | ▲ 80% | 4.2 million | 527,729 | ▲ 13% |
| Children receiving individual learning materials | Total | - | 1.2 million | 603,761 | ▲ 51% | 4.2 million | 274,797 | ▲ 7% |
| **Water, sanitation and hygiene** | | | | | | | | |
| People accessing a sufficient quantity and quality of water for drinking and domestic needs | Total | - | 8.9 million | 9.8 million[15] | ▲ 110% | 4.9 million | 11.6 million | ▲ 237% |
| People accessing appropriate sanitation services | Total | - | 300,000 | 290,571 | ▲ 97% | 1.5 million | 1.9 million | ▲ 128% |
| People reached with hand-washing behaviour-change programmes | Total | - | 5 million | 5.7 million | ▲ 113% | 6.3 million | 8.1 million | ▲ 129% |

| Sector | | | UNICEF and IPs response | | | Cluster/Sector response | | |
|---|---|---|---|---|---|---|---|---|
| Indicator | Disaggregation | Total needs | 2024 targets | Total results | Progress* | 2024 targets | Total results | Progress* |
| People reached with critical WASH supplies | Total | - | 750,000 | 525,957 | ▲ 70% | - | - | - |
| Social protection | | | | | | | | |
| Households reached with UNICEF-funded humanitarian cash transfers[16] | Total | - | 150,000 | 95,366 | ▲ 64% | - | - | - |
| Cross-sectoral (HCT, C4D, RCCE and AAP) | | | | | | | | |
| People who participate in engagement actions | Total | - | 5.3 million | 4.6 million | ▲ 87% | - | - | - |
| People sharing their concerns and asking questions through established feedback mechanisms | Total | - | 12,500 | 186,659 | ▲ 1493% | - | - | - |

**Progress in the reporting period 1 January to 31 December 2024*

# ANNEX B — FUNDING STATUS

## Consolidated funding by sector

| | | Funding available | | | Funding gap | |
|---|---|---|---|---|---|---|
| Sector | Requirements | Humanitarian resources received in 2024 | Other resources used in 2024 | Resources available from 2023 (carry over) | Funding gap (US$) | Funding gap (%) |
| **Health (including public health emergencies)** | 207,360,985 | 54,506,834 | 24,406,660 | 13,616,447 | 114,831,044 | 55% |
| **Nutrition** | 206,170,626 | 80,666,700 | 8,000,000 | 16,944,836 | 100,559,090 | 49% |
| **Child protection, GBViE and PSEA** | 117,625,351 | 15,614,358 | 6,400,000 | 1,332,123 | 94,278,870 | 80% |
| **Education** | 80,103,091 | 27,127,000 | 50,000,000 | 2,976,090 | 1 | 0% |
| **Water, sanitation and hygiene** | 89,551,000 | 66,686,585 | 17,000,000 | 4,776,455 | 1,087,960 | 1% |
| **Social protection** | 100,000,000 | - | 61,700,000 | 332,897 | 37,967,103 | 38% |
| **Cross-sectoral (HCT, SBC, RCCE and AAP)** | 39,188,947 | 28,707,879 | 600,000 | 9,940,414 | - | 0% |
| **Total** | **840,000,000** | **273,309,356** | **168,106,660** | **49,919,262** | **348,664,722** | **42%** |

***Funding available*** *- funding available in the current appeal year to respond in line with the current HAC appeal.*
***Humanitarian resources****– humanitarian funding commitments received from donors in the current appeal year.*
***Other resources****– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year*
***Resources available from 2023 (carry over)****– funding received in the previous appeal year that is available to respond in line with the current HAC appeal*


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# ENDNOTES

1. https://dtm.iom.int/sudan

2. Sudan Humanitarian Needs and Response Plan 2024 https://reliefweb.int/report/sudan/sudan-humanitarian-needs-and-response-plan-2024-december-2023

3. Humanitarian Needs and Response Plan 2024 https://humanitarianaction.info/plan/1188/population

4. https://dtm.iom.int/sudan

5. https://dtm.iom.int/sudan

6. Nutrition Cluster data.

7. FMOH report & EWARS dashboard

8. Ministry of Education and Education Cluster.

9. World Malaria Report 2024

10. 887,000 were provided with new or rehabilitated durable gender sensitive sustainable domestic basic water service and 8,901,000 were reached with water treatment; O&M services for their water facilities and/or water trucking services.

11. EWAR. Federal Ministry Of Health.

12. Malaria supplies, Integrated Management of Childhood Illnesses (IMCI) and Primary Health Care (PHC) kits.

13. The situation remains fluid. Currently, safe areas are primarily located in the north and east of the country (Northern, River Nile, Red Sea, Kassala, Gedaref), while Blue Nile, Sennar and White Nile states have been partially affected by the ongoing conflict and/or access from Port Sudan has been restricted due to insecurity and poor road conditions. Conflict continues across all the states in Darfur (North, South, East, West and Central Darfur) and Kordofan (North, South and West), as well as Aj Jazirah and Khartoum states.

14. In the response to cholera outbreaks, UNICEF leads community-level interventions, including establishing Oral Rehydration Points (ORPs), community engagement, and Water, Sanitation, and Hygiene (WASH) interventions including in health facilities. The World Health Organization (WHO) oversees surveillance efforts and manages Cholera Treatment Centers (CTCs). UNICEF is providing essential supplies such as oral cholera vaccines and Oral Rehydration Solutions (ORS), along with Primary Health Care (PHC) and Integrated Management of Childhood Illness (IMCI) kits for treatment at the primary healthcare level. These interventions are crucial for mitigating the impact of cholera by ensuring timely access to rehydration therapy and essential medical care for affected populations.

15. Standardized Monitoring and Assessment of Relief and Transitions (SMART) approach provides standardized data on key nutrition indicators and is used primarily in humanitarian contexts to assess and monitor the nutritional status of populations affected by emergencies.

16. Anthropometric measurement used to assess malnutrition and quickly identify children and pregnant women at risk of severe malnutrition.