



Children collect chlorinated drinking water from a UNICEF supported water point in Roseires locality, Blue Nile (© UNICEF/UNI236282/Noorani)

SUDAN Humanitarian Situation Report

Final 2019

Highlights

- UNICEF response helped halt the cholera outbreak in Blue Nile and Senar states that killed eight (four children) and affected 332 people including (69 children). This involved an integrated response from UNICEF Health, Water, Sanitation and Hygiene (WASH), Communication for Development (C4D) and sector/cluster leadership which resulted in 1.6 million cholera vaccinations being administered and hygiene messaging reaching 4.5 million.
- UNICEF participated in the joint UN, inter-agency missions into the SPLM-N controlled areas in Blue Nile and South Kordofan and distributed education supplies to over 800 children for the first time since 2011. Multi-sectoral assessments are informing how UNICEF will support the ongoing peace process in 2020.
- The last days of 2019 saw tribal conflict displace around 48,000 people in and around Geneina in West Darfur. UNICEF responded with coordination support, WASH, health and nutrition supplies and services. Humanitarian support will continue into 2020.

SITUATION IN NUMBERS

2.6 million children among **5.5 million people** who need **Humanitarian Assistance**

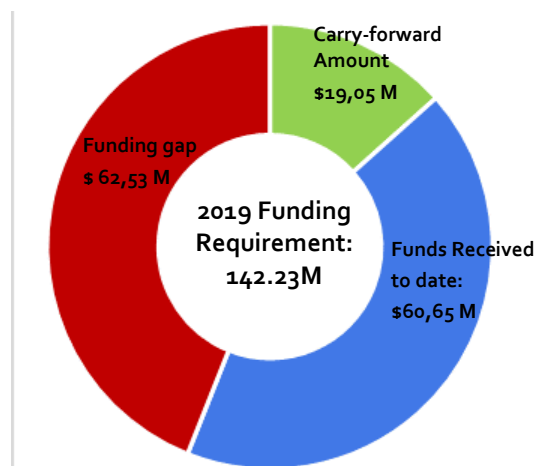
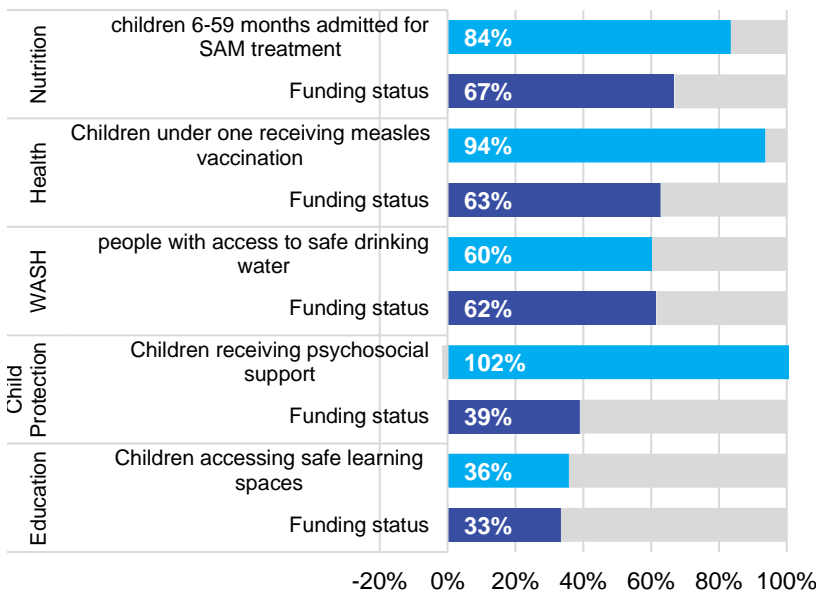
(Source: Sudan Humanitarian Needs Overview 2018¹)

960,000² children among **2 million internally displaced**

(Source: Sudan Humanitarian Needs Overview 2018)

438,184 children³ among **811,452 South Sudanese refugees**

UNICEF Appeal 2019
US\$ 142.23 million



¹ 2018 Sudan Humanitarian Needs Overview (HNO). The 2018 HNO is utilised as the 2019 HNO is has not been validated by the Government of Sudan.

² This number is calculated based on 48 per cent of the total displaced population as indicated in the HNO 2018.

³ The number of children among South Sudanese refugee (SSR) children is calculated based on 54 per cent of the number of the total population of SSRs. Total number of SSR is 811,452 as of 30 November 2019, (Source: UNHCR Sudan population Dashboard, <https://reliefweb.int/sites/reliefweb.int/files/resources/72839.pdf>).

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Situation Overview and Humanitarian Needs

The peace talks between the Sudanese government and the armed movements in Darfur, Blue Nile and South Kordofan resumed in Juba following a standstill of nearly two months. The third round of negotiations started on 14 December 2019 and negotiators expressed their willingness to reach a comprehensive and sustainable peace agreement, ending the state of war in Sudan and fulfilling the peace priorities of the Sudanese revolution. On 17 December 2019, a framework agreement for continued cessation of hostilities and humanitarian access to the war-affected areas in the Blue Nile and South Kordofan was signed by Mohamed Hamdan Daglo, the Vice-President of the Transitional Supreme Council and head of the Government peace delegation, and Malik Agar SPLM-North leader.

On 16 October 2019, the Forces of Freedom and Change (FFC) revealed their "rescue and alternative policies" containing five main pillars: 1) ending war and peacebuilding; 2) democratic transition; 3) economy, development and financial policies; 4) citizens' rights; 5) external relations and investment. The program will be discussed through sectoral conferences and professional workshops to be conducted in the coming seven months.

On 31 October 2019, US President Donald Trump issued a notice to continue the national emergency declared in Executive Order 13067 on Sudan over the government's failure to address the cause of the country's political crisis. On the same day, the UN Security Council extended the mandate of the Darfur peacekeeping mission (UNAMID) for one year.

UN inter-agency teams visited the rebel-held areas of Yabus in the south of Blue Nile (14-16 December) and Kauda in South Kordofan (30 December). David Beasley, Executive Director of the UN World Food Program (WFP), met with the Sudan People's Liberation Movement-North (SPLM-N) faction's leader, Abdelaziz El Hilu, initiating humanitarian access for WFP, UNICEF, WHO, UNHCR and other UN Agencies. This is the first time since 2011 UN personnel have been able to visit this region. In anticipation and preparation to the opening of the "Two Areas", UNICEF sent health supplies, medicine and schools supplies to reach approximately 35,000 people and 6000 pupils respectively.⁴

On 2 September 2019, the first case of cholera was reported in Roseires locality in Blue Nile. Following lab testing and confirmation of the strain, the Federal Minister of Health officially declared a cholera outbreak in Blue Nile on 9 September 2019 in accordance with international health regulations; a welcome departure from previous years. Further cases were identified in Sennar demonstrating the spread of the disease and need for containment. Overall, 202 cases were admitted in Blue Nile and 132 in Sennar, with eight and three deaths recorded respectively. The declaration was met with support from the international community and over the next two months an overwhelming response led by the government and sector partners in the origin and adjacent states halted the outbreak by 17 November 2019. The response included procurement of 1.6 million vaccinations, widespread hygiene campaigns, and health care. The UNICEF-led sectors alongside the WHO-led health sector developed a six-month inter-agency response plan. Efforts to prevent and mitigate future outbreaks in 2020 are ongoing.

On 28 December 2019, violence erupted between communities in and around El Geneina, West Darfur. At least 54 people were reportedly killed including 11 children, 60 injured and an estimated 48,000 were displaced from their homes. Displaced communities gathered at 32 points throughout El Geneina city, mostly in schools and governmental buildings. Humanitarian agencies undertook initial assessments and delivered non-food items (NFIs), food, health, nutrition and WASH services in the gathering places. Cases of sexual and gender-based violence (SGBV) were reported. Security forces from Khartoum were deployed to El Geneina and a delegation from the federal government was present for one week to ensure the situation remains stable.

The economic situation continues to cast its shadow across the country. While the Government has initiated structural adjustments to improve the long-term outlook, poverty continues to encroach on the everyday lives of people in Sudan. Hyper-inflation continues and the exchange value of the Sudanese pound remains in decline, raising the cost of living while wage rates remain stagnant. More families and communities are becoming vulnerable and resorting to coping mechanisms that are detrimental to the wellbeing of children across all of UNICEF's sectors.

Humanitarian Leadership and Coordination

In December, the Sudan Humanitarian Country team endorsed the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2020. The HNO outlines that 9.3 million Sudanese are in need of humanitarian assistance. The humanitarian community requires around US\$1.4 billion to respond. The Nutrition sector partners need to reach around 1.5 million under-nourished children and women. Approximately 7.6 million people require WASH assistance, including 2 million displaced people who rely on WASH partners for the provision of safe drinking water. About three million school-aged children are out of school in Sudan. This is attributed to poverty, insecurity, and socio-cultural norms. This puts children at risk of sexual and gender-based violence, exploitative labour, early marriage, and involvement in conflict among other protection concerns. Children with disabilities are among the most vulnerable, with some 450,000 disabled children out of school. Around 1.8 million people need specialized protection services, and of these 80 percent are children.

⁴ Education supplies have been distributed to 830 children, the remainder of supplies delivered are prepositioned ready for distribution according to needs assessments as feasibility allows.

Humanitarian Strategy

UNICEF and humanitarian partners will continue to support the Government of Sudan to respond to the country's ongoing humanitarian crisis. Joint planning will be expedited to identify the most vulnerable populations and reach them with sustainable local solutions that promote social cohesion and bridge humanitarian action and development programming. UNICEF will also support government-led voluntary return efforts and design comprehensive responses to reaching children in high-risk zones affected by epidemics, conflict, the effects of climate change and economic crisis, including people on the move. To strengthen accountability to affected populations, communities will be involved in evidence-based decision-making that impacts their lives. UNICEF will continue to conduct upstream advocacy and support coordination to facilitate humanitarian response that reaches the most vulnerable and marginalized children and communities through its leadership of the Education, Nutrition and Water, Sanitation and Hygiene (WASH) sectors and the Child Protection Area of Responsibility. UNICEF will work with both State and non-State actors to increase access to affected children in Blue Nile, South Kordofan and Darfur states. The significant progress made in Jebel Marra towards improving humanitarian access, protecting civilians and ensuring equitable access to basic services, will facilitate the development of longer-term strategies geared towards lasting peace and durable solutions.



Children play games at UNICEF supported Atfal El Gad Friendly Centre managed by Saeker Voluntary Organization in Tawila, North Darfur (© UNICEF/UNI235973/Noorani)

Summary Analysis of Programme Response

Child Protection

During 2019, UNICEF and partners delivered Psychosocial Support Services (PSS) through Child Friendly Spaces (CFSs), mobile teams and home visits to 219,674 children (53,344 in quarter four - 24,512 girls). This represents an achievement of 102% of the annual target, significantly higher than what funding suggests would be achieved. The mainstreaming of PSS across different settings and interventions has enabled UNICEF to reach a higher number of children with less funding.

A total of 8,011 children (1,134 in quarter four - 408 girls) were reunified with their families or placed in appropriate alternative family care. This is an achievement of 104 percent, which is higher than funding would suggest. This is due to outreach activities run via community based networks and strengthened government systems of family tracing and reunification (FTR) services enabling UNICEF to reach more children for less .

Up to 31,164 women and children were reached with Gender Based Violence (GBV) interventions since data began to be reported in quarter two (28,669 in quarter four).⁵

The Child Protection team responded to the inter-tribal violence in El Geneina town and surrounding villages in West Darfur. A total of 109 unaccompanied and separated children were registered across the 32 IDP gathering points, two of these are reunified with their families and 25 are going through the family tracing process for reunification. 82 remain in the care of the Department of Social Welfare, State Council for Child Welfare (SCCW) and other Civil Society Organisations (CSOs) with UNICEF support, awaiting documentation..

As mandated, UNICEF and other UN partners continued to engage on the issue of grave violations against children. In collaboration with government authorities and military forces, the second comprehensive verification mission of Rapid Support Force (RSF) troops in West Darfur was conducted between 17-24 November 2019. The team met with the Governor and the State Security Committee, including commanders of the Sudan Armed Forces (SAF), RSF, Head of Police, the Attorney General and the Director of General Intelligence in the State. A total of 416 RSF troops were screened and verified to be of age as part of an ongoing process to prevent recruitment of children. 52 RSF officers including 10 majors, were trained on child rights and child protection. At the same time, community dialogue on prevention and response to recruitment of children in armed forces and armed groups have been undertaken.

UNICEF also worked with SAF and the RSF to develop and institutionalise child rights and "protection of children affected by armed conflict" training materials within the SAF and RSF training institutes. In partnership with The Roméo Dallaire Child Soldiers Initiative, meetings and consultation workshops were conducted in Khartoum and a draft manual is now available.

The reporting mechanism on GBV has been strengthened enabling UNICEF to document, report and refer more than 28,000 women, girls and boys to the appropriate prevention and response services. In the second quarter when the indicator was introduced, only 2,000 cases were gathered, showing a significant improvement in data collection which will continue to inform GBV interventions in 2020.

⁵ The target for 2019 was 120,244, this indicator was introduced mid-2019 resulting in incomplete data.

Education

UNICEF responded to emergencies across the country in 2019. Almost 438,000 children (48% girls) received Education in Emergency supplies and recreational materials (118% of 372,356 targeted). Close to 53,000 children (51% girls) gained access to safe learning spaces in newly constructed or rehabilitated classrooms (36% of 147,454 targeted). This was despite humanitarian funding for education reaching only 33% of the Humanitarian Action for Children (HAC) appeal. UNICEF provided 22,865 South Sudanese refugee children with teaching and learning supplies, reaching only 30% of the planned target (74,470 children). UNICEF supported 3,755 teachers (50% female) to receive emergency response training and 4,709 education actors such as headmasters and parent teacher association members (46% female) to take part in education-in-emergency, psychosocial support, life skills and child protection training.

The Education sector faced several challenges in 2019. The socio-political unrest combined with a high turn-over of Ministry of Education officials and the ongoing economic crises affected the timely implementation of education activities. Schools in Sudan had around fifty days of unscheduled closures due to socio-political unrest. The relatively high cost of schooling, lack of classrooms, social norms and child marriage continue to be major obstacles to children's access to education. To address these barriers and the difficulties children and teachers faced as a consequence of civil unrest, UNICEF supported integrated interventions that include community driven awareness sessions, provision of conducive learning spaces, distribution of teaching and learning materials and capacity building for adolescent and community leaders.



School improvement planning workshop, with teachers, parents & Students, Khartoum North

Over the fourth quarter of the year there was relative stability in schools across the country. UNICEF distributed teaching and learning materials to 247,481 students, including student kits, teacher kits, blackboards, seating mats, recreational kits, school uniforms, dignity kits and re-usable menstrual kits. The availability of the learning materials not only reduced the direct cost of schooling for parents but also encouraged enrolment and student retention. Up to 14,006 children accessed new learning spaces mostly in East Darfur, South Darfur, White Nile and Khartoum states. A total of 1,250 teachers and 1,501 education actors were trained on life skills in emergency, child protection issues and education in emergency with increased resilience in humanitarian situations.

During December 2019, UNICEF supported the Khartoum Ministry of Education to provide capacity building for teachers, parents and adolescents from 105 mostly flood affected schools in Khartoum state. Training on school improvement planning, child protection issues, Education in Emergency and life skills in emergency took place with 1,320 teachers, parents and adolescents (739 females) participating. Officials from the Ministry of Education stated that following the training "the state was active, just like a beehive". The diversity of the participants resulted in an exchange of knowledge. One mother in Karrari mentioned that she had improved her understanding of how children think about schooling and teachers also commented that "it was the first time for me to attend a workshop that included students, teachers and parents at the same table" and that "it's clear for us that we need to change our teaching methodology now". It is hoped that these training workshops will contribute to the resilience of the education system and improve understanding of the importance of continuity in education and learning during emergencies.

Child Survival and Development (CSD) Programme Component

Health and Nutrition (H&N)

UNICEF improved the capacity of the Ministry of Health at Federal and State levels as well as NGO partners to provide lifesaving integrated Health and Nutrition services for Internally Displaced Populations (IDPs), Refugees and vulnerable host populations. Results for 2019 have accumulated as follows: 250,568 children (50 percent girls) under five suffering from Severe Acute Malnutrition (SAM) received treatment through a UNICEF supported Community-based Management of Acute Malnutrition (CMAM) programme. This represents 84% of the target (122,395 children during quarter four) which is an over-achievement when compared to the funding shortfall and data yet to be received from November and December. This is possible due to stock ordered in 2018 contributing to the 2019 results and development programming funded activities contributing to humanitarian results⁶.

Up to 882,511 mothers and caregivers received counseling on recommended IYCF practices reaching 120 percent of target (383,362 during quarter four). This over achievement is due to ongoing social mobilization activities and expansion of mother support groups.

To immunise against measles, 712,330 children under one year received their first vaccination, reaching 94 percent of the target (203,251 in quarter four). UNICEF results are higher than funding would suggest as measles vaccination activities are also supported by programmatic funding that benefits IDPs and host communities.

⁶ For Nutrition this is about 36 percent of the value of humanitarian funding. When this, carryover stock and results still to be received for November and December are accounted for, Nutrition results achievement matches funding.

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A total of 883,478 children (50 percent girls) under-five received treatment for common childhood illnesses, representing 97 percent of the target (120,728 during quarter four). Similarly to the above indicator, some programmatic funding benefits IDPs and host communities and is captured under humanitarian results.

UNICEF enhanced the capacity of the State Ministries of Health to respond to several epidemics in various states during the final quarter of 2019. In Blue Nile, UNICEF established five Oral Rehydration Therapy (ORT) corners in Bau, Tadamon, Wad-Almahi and Roseires localities with a total of 222 cholera/AWD affected people admitted for rehydration treatment. In Sennar, UNICEF supported the SMOH to establish five ORT corners in Wadelnayel locality in cholera affected areas of Albugaa, Alganobee, Alsika Hadee, and Alamaara and admitted 102 patients. UNICEF supported the MOH to implement two rounds of Oral Cholera Vaccine campaign in both Blue Nile and Sennar reaching 1,540,074 people during the first round and 1,528,920 during the second round providing coverage of 93 percent. As a result, the cholera outbreak in Blue Nile and Sennar was contained within seven weeks, with 335 cases and 11 deaths compared to a similar outbreak in 2016 in Blue Nile, that lasted from September 2016 until November 2017, where more than 2,358 cases and 78 deaths were reported. In Kassala, East, West, South and North Darfur, UNICEF supported the Ministry of Health to respond to Dengue and Chikungunya outbreaks. UNICEF provided financial and technical assistance for community mobilization and awareness raising and delivered medical kits to support case management. UNICEF also responded to a Diphtheria outbreak in West Darfur through improved immunization and support for case management.

In addition, UNICEF continued the distribution of Long Lasting Insecticidal Nets (LLIN) in Blue Nile, White Nile, Gedaref, West Kordofan, Kassala and North Kordofan. In all six states, a total of 4,080,887 LLINs were distributed (99% of the target) to meet the needs of 8,161,774 individuals. UNICEF also distributed 67,410 LLINs to nomadic and emergency affected communities. For malaria case management, anti-malarial supplies were distributed including, 13,632 packs of Artesunate, 212,694 packs of Artemether injection, 89,416 packs of Quinine and 165,772 packs of Dihydroartemisinin (DHA) across Sudan.

Further to the above, to determine malnourishment severity and appropriate treatment planning, UNICEF supported the Mid-Upper Arm Circumference (MUAC) screening of 779,309 children under five, including 132,491 South Sudanese Refugees. Out of the total screened, severe acute malnutrition was detected among 18,565 children (including 4,673 refugees), all of whom were referred for treatment through the CMAM programme.

Water, Sanitation and Hygiene (WASH)

The challenging WASH situation in Sudan continued during the last quarter of 2019 but was dominated by the response to water-borne disease following the late rainy season. As has been the case with cholera/AWD outbreaks in the past, this outbreak is correlated with unimproved water sources, poor sanitation, environmental and food hygiene situations. UNICEF prioritized localities with high diarrheal diseases for the scaling up of sanitation initiatives through locality wide Community Led Total Sanitation (CLTS) and water quality improvement through sanitary risk assessment and water chlorination to reduce the impact on stretched health and nutrition services. UNICEF was able to provide a swift emergency response involving the distribution of chlorination tablets, specialist assistance to the Ministry of Health, coordination of partners and communication of emergency hygiene messages that reached over 4.5 million people. The response contributed to the containment of the major cholera outbreak in the above-mentioned states with readiness and responses in surrounding states reducing the impact.

In partnership with Water Environmental Sanitation (WES) and the private sector, during 2019 UNICEF successfully provided new access to sustainable basic water supplies to 217,160 cholera including approximately 110,000 children (60% of 2019 target)⁷ and access to improved water supply⁸ services to around 854,472 (434,129 females - approximately 435,781 children). The benefitting population were in Blue Nile, Darfur states, West and South Kordofan, Sennar, White Nile and Red Sea states. Funding limitations restricted the achievement of results against the target (62% of requested funding was received in 2019) however the completion of construction projects begun in 2018 are counted against the 2019 results, creating a slight discrepancy between funding and results achieved.

UNICEF in partnership with Ministry of Health and NGOs, has successfully provided 35,798 (Male: 16,992, Female: 18,876) IDPs and South Sudanese refugees with basic sanitation facilities (15% of 2019 target) including around 18,257 children through the construction of new household and communal latrines in Central and East Darfur, West and South Kordofan and Blue Nile states. The employment of the CLTS methodology to service needs in prolonged emergency settings reduces the reliance on latrine construction, this result is measured under development programming rather than in humanitarian data.

UNICEF in partnership with the Ministry of Health and NGOs, reached around 5,200,000 new cholera affected and at-risk population, flood affected, IDPs and South Sudanese refugees (262% of 2019 target) including around 2.7 million children with hygiene interventions. This was through mass media programme, hygiene promotion/cleaning campaigns and household visits with a focus on cholera prevention, handwashing and water safety. Hygiene promotion accompanied the distribution of handwashing soap, jerry cans and hygiene kits in Blue Nile, White Nile and Sennar. Using mass media to reach vulnerable people and leveraging support from private and public partners enabled UNICEF to overachieve hygiene targets despite funding shortfalls.

Critical WASH emergency supplies, mainly water disinfection chlorine, water tanks, pumps, soap, hygiene kits and Jerry cans were purchased, transported and prepositioned in the five states of Darfur, West and South Kordofan, Blue Nile, White Nile, Kassala,

⁷ This corresponds to funding received

⁸ through the operation and maintenance and water chlorination services for existing water sources, water transport, and household water storage

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Sennar and Red Sea. The prepositioning and delivery of these supplies contributed to swift relief for ad-hoc humanitarian emergencies including the arrival of Central African Republic refugees in South Darfur, the flooding in White Nile and the cholera outbreak, not only in Blue Nile, White Nile and Sennar, but prevention measures across Sudan.

The economic crisis continued to strain household cash availability, restricting the families' ability to pay for improved water, construction of basic sanitation facilities and hygiene products such as soap. Communities are forced to collect water from unprotected water sources, travel long distances to collect water, practice open defecation and limit the use of the existing water source for personal hygiene. To ease this, UNICEF supported the operation and maintenance of motorized water yards in East, North, South and West Darfur, West Kordofan, Red Sea and White Nile and supported the rehabilitation and improvement of non-functioning water yards, mini water yards and hand pumps. Expansion of existing water distribution systems and the installation of solar power for pumps helped to minimise operational costs, reduce collection time and decrease community reliance on unprotected water sources.

Communication for Development (C4D)

In the fourth quarter of 2019, Communication for Development (C4D) responded to several major humanitarian emergencies. UNICEF and the C4D team trained Community Health Workers (CHWs); 200 in West Darfur, 250 in North Darfur and 230 in Kassala state. Drawing youth from communities and active individuals from father's and mother's groups, these CHWs led awareness raising activities to encourage behaviour change in response to mosquito-borne diseases such as malaria, dengue fever and chikungunya. The CHWs used house to house visits, drama, video, printed communication and interactive sessions to enhance community efforts to restrict the spread of epidemics.

When widespread flooding occurred across White Nile, 180 community volunteers were trained and mobilised to conduct house visits, spreading key messages to encourage residents to take preventative measures before a cholera outbreak occurred. The C4D task-force used various methods to relay key messages such as street theatre, radio talks, and open discussions in schools and other public places. These methods encouraged people to adopt positive hygiene practices to prevent transmission and contain the spread of the outbreak from the neighbouring states of Sennar and Blue Nile. Community efforts were successful as only one suspected cholera case was reported in White Nile in comparison to the hundreds of cases experienced in 2016-2017. In Blue Nile and Sennar, UNICEF and C4D trained 200 CHWs, to support social mobilization around hygiene practices such as handwashing and ending open defecation. The CHWs promoted treating drinking water with chlorine tablets or boiling. Cholera cases declined and by the end of the year no new cholera cases had been reported for three consecutive weeks.



A community health worker visits children in Gennis village, Roseires, Blue Nile (©UNICEF/UNI236395/Noorani)

To encourage birth registration in South Kordofan, UNICEF supported the creation of the Birth Registration Steering Committee. The committee, which will work to increase birth registration in the state, was established after a series of advocacy efforts with the Civil Registration, Police, UNHCR, and State Council for Child Welfare and the State Ministry of Health.

Communication and Advocacy

UNICEF Executive Director Henrietta H. Fore visited Sudan for the first time where she met with Prime Minister Abdalla Hamdok and senior officials from key ministries to discuss the importance of strengthening action and collaboration in the fight against malnutrition, out of school children and the investment in young people and adolescents. A video of her meeting can be seen [here](#) where a group of children presented letters to the Prime Minister to express their concerns and he in turn recommitted to placing children's needs at the heart of the government's agenda.

The Executive Director also visited Kadugli where she met with children who were separated from their families due to conflict. She also met with UNICEF supported partners that demobilize children formerly associated with armed forces and groups to discuss their work to reintegrate these children back into their communities.

A music video highlighting girls rights '[TAMAM](#)' was released by UNICEF Sudan in conjunction with World Children's Day. The video garnered over 100,000 views in just two months and sparked an online debate and discussion on children's rights, especially girl's rights.

Several tweets, Facebook posts and numerous [articles](#) highlighted UNICEF efforts towards promoting child rights throughout Sudan and the efforts exerted including in the fight against [cholera](#).

Funding

In response to increased needs created by the ongoing, complex economic and socio-political crisis, UNICEF's 2019 Humanitarian Action for Children (HAC) appeal for Sudan was revised to US\$142.2 million mid-year (from \$122.5 million). As of the end of December, the appeal had a \$62.5 million or 44 per cent funding gap. Limitations in funding hamper UNICEF's capacity to respond in a

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timely manner. Without adequate and timely funding, UNICEF is unable to respond to the ongoing cholera and other disease outbreaks, the nutrition crisis or to reach the most vulnerable children in need of education, health, child protection and WASH services.

UNICEF Sudan would like to take this opportunity to express its humble and sincere appreciation to all donors that continue supporting the humanitarian appeal in Sudan. In 2019 the humanitarian work was supported by the European Union, the governments of Canada, Germany, Sweden, the United Kingdom, the United States as well as from the Central Emergency Response Fund (CERF) and the Sudan Humanitarian Fund (SHF); in Darfur, UNICEF also implemented interventions with funding from the United Nations-African Union Hybrid Operation in Darfur (UNAMID), and several UNICEF National Committees.

Funding Requirements (as defined in the Humanitarian Action for Children appeal, revised in July 2019)					
Appeal Sector	Revised 2019 HAC Requirement (US\$)	Funds available *		Funding gap	
		Funds Received Current Year (US\$)	Carry-Over (US\$)	US \$	%
Child Protection	12,491,440	4,578,256	295,292	7,617,892	61%
Education	28,910,059	5,733,279	3,921,406	19,255,374	67%
Health	21,303,838	10,824,063	2,551,258	7,928,517	37%
Nutrition	53,284,176	24,218,382	11,424,110	17,641,684	33%
WASH	26,242,920	15,291,722	860,096	10,091,102	38%
Total	142,232,433	60,645,702	19,052,162	62,534,569	44%

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

Next Situation Report: 15 April 2020

UNICEF Sudan: www.unicef.org/sudan

UNICEF Sudan Facebook: <https://www.facebook.com/UnicefSudan123>

UNICEF Sudan Humanitarian Action for Children: <https://www.unicef.org/appeals/sudan.html>

Who to contact for further information:

Abdullah Fadil
 Representative
 UNICEF Sudan
 Email : afadil@unicef.org
 Tel: +249 (0)156 553 670 ext. 300

Fatma Mohammed Naib
 Chief of Communication and Advocacy
 UNICEF Sudan
 Email: fmohammednaib@unicef.org
 Tel: +249 (0)871 888000 ext. 320

Annex A

SUMMARY OF PROGRAMME RESULTS (3rd Quarter of 2019 results against provisional targets)

	Overall Needs ⁹	Sector (Cluster) Response			UNICEF		
		2019* ¹⁰ Target	Total Results ¹¹	Change since last report	2019 Target ¹²	Total Results	Change since last report
CHILD PROTECTION							
# boys and girls receiving psychosocial support	1.9 million ²³	443,461*	152,671 ¹⁴	54,416 ¹⁵	216,273	219,674 ¹⁶	53,344
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			158,063	152,671	33,530
<i>Refugees</i>		N/A			58,210	67,003	19,814
# of registered unaccompanied/separated children supported with reunification services		5,600*	4,324 ¹⁷	2809 ¹⁸	7,632	8,011 ¹⁹	1,134
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			3,189	2,627	513
<i>Refugees</i>		N/A			4,443	5,384	621
#Women and Children reached with gender-based violence prevention and interventions		N/A ²⁰			120,244	31,164	28,669
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			71,316	31,130	28,669
<i>Refugees</i>		N/A			49,124	34	-
EDUCATION ²¹							
# of school-aged boys and girls accessing safe learning spaces	1.7 million	114,000*	137,968	15,483 ²²	147,454	52,717 ²³	14,006
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			73,727	40,245	7,385
<i>Refugees</i>		N/A			73,727	12,472	6,621
# of children who have received education in emergency supplies and recreational materials		384,800*	783,279	265,761 ²⁴	372,356	437,843 ²⁵	247,481
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			297,885	414,978	234,425
<i>Refugees</i>		N/A			74,470	22,865 ²⁶	13,056

⁹ Overall needs are based on 2018 Humanitarian Needs Overview

¹⁰ All sector targets are based on the 2018 Sudan HNO, 2019 has not been officially published.

¹¹ Sector results sometimes are lower than UNICEF results due to the exclusion of the Refugee caseload from sector results. This avoids double-counting as these are reflected within UNHCR's multi-sector response results.

¹² Targets reflect the UNICEF 2019 Humanitarian Action for Children Appeal, <https://www.unicef.org/appeals/files/2019-HAC-Sudan.pdf>.

¹³ 4.8% (percentage of children from total population) of total protection needs (3.9m) in HNO 2018, rounded to 1.9m

¹⁴ Total Sector results include UNICEF, and Sector results, but exclude UNICEF refugee results as these are collected by UNHCR

¹⁵ Sector change results do not include UNICEF results

¹⁶ Mainstreaming of PSS activities across different initiatives and has enabled UNICEF to reach a higher number of children with less funding

¹⁷ Total Sector results include UNICEF, and Sector results, but exclude UNICEF refugee results as these are collected by UNHCR

¹⁸ Sector change results do not include UNICEF results

¹⁹ Community based networks and strengthened government Family Tracing and Reunification services have enabled UNICEF to reach more children than funding would suggest.

²⁰ GBV is currently not a Sector wide indicator.

²¹ Results reported for the Education Sector indicators are one month prior to the UNICEF sitrep date due to partners' reporting mechanism.

²² Education Sector Data for Q4 is incomplete at time of publication

²³ This achievement aligns with funding received

²⁴ Education Sector Data for Q4 is incomplete at time of publication

²⁵ With reduced funding, teachers use supplies received to benefit multiple children thus causing results to be higher than funding would suggest.

²⁶ Low achievement of these results is attributable to the low funding of refugee education received

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HEALTH							
# of boys and girls under 1 year of age receiving first dose of measles vaccine	5.2 million	N/A			759,820	712,330	203,251 ²⁷
<i>IDPs, Returnees, Vulnerable Residents</i>					729,427	683,837	195,121
<i>Refugees</i>					30,393	28,493	8,130
# Children under 5 to access integrated management of childhood illness (IMCI) services		N/A			914,251	883,478	120,728
<i>IDPs, Returnees, Vulnerable Residents</i>					800,610	778,585	110,644
<i>Refugees</i>					113,641	104,893	10,084
NUTRITION ²⁸							
# of children 6-59 months affected by Severe Acute Malnutrition admitted to treatment	2.8 million	225,000*	185,265	69,909	300,000	250,568 ²⁹	122,395
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			270,000	225,511	110,155
<i>Refugees</i>					30,000	25,057	12,240
# of caregivers receiving infant and young child feeding (IYCF) counselling		500,000*	795,918	346,684	720,000	882,511 ³⁰	383,362
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			648,000	795,918	346,684
<i>Refugees</i>					72,000	86,593	36,678
WASH ³¹							
# of affected people with access to safe drinking water		660,000*	1,242,231	526,044	360,000	217,160 ³²	24,909
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			288,000	212,160	24,909
<i>Refugees</i>					72,000	5,000	-
# of affected people with access to safe means of excreta disposal		370,000*	163,298	10,864	235,000	35,798 ³³	8,024
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			188,000	27,824	6,299
<i>Refugees</i>					47,000	7,974	1,725
# of affected people reached with hygiene messages and sensitisation activities		1,800,000*	6,550,486	5,623,212	2,000,000	5,231,891 ³⁴	4,704,140
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			1,600,000	5,111,607	4,642,338
<i>Refugees</i>					400,000	120,284	61,802

²⁷ The increase in coverage rate is due to an accelerated routine vaccinations campaign by the Ministry of Health during Sep-December 2019 including the Darfur states supported by UNICEF and WHO.

²⁸ Results reported for the Nutrition sector indicators are two months prior to the UNICEF sitrep date due to partner reporting mechanisms.

²⁹ For Nutrition Development programming contributes about 36 percent of the value of humanitarian funding which contributes to the achievement of these results. When this, carryover stock and results still to be received for November and December are accounted for, Nutrition results achievement matches funding

³⁰ Overachievement is due to social mobilization activities and expansion of mother support groups which reach more children than funding would suggest.

³¹ WASH results are reported against the provision of new water facilities (water trucking is not reflected) and new latrines. Operation and maintenance of existing water facilities and the rehabilitation of existing latrines are not reflected.

³² These results correlate with the funding received

³³ Due to the prolonged nature of the Humanitarian situation in Sudan, the majority of sanitation activities take the form of long term CLTS, which does not get captured by this indicator, thus causing the results to show an under achievement.

³⁴ This overachievement is due to the cholera response in Q4