



UNICEF and partners assess damage to communities in southern Khartoum. Sudan was significantly affected by heavy flooding this summer, destroying many homes and displacing families. @RESPECTMEDIA

Sudan

Humanitarian Situation Report No. 19

Q3 2020



Reporting Period: July-September 2020

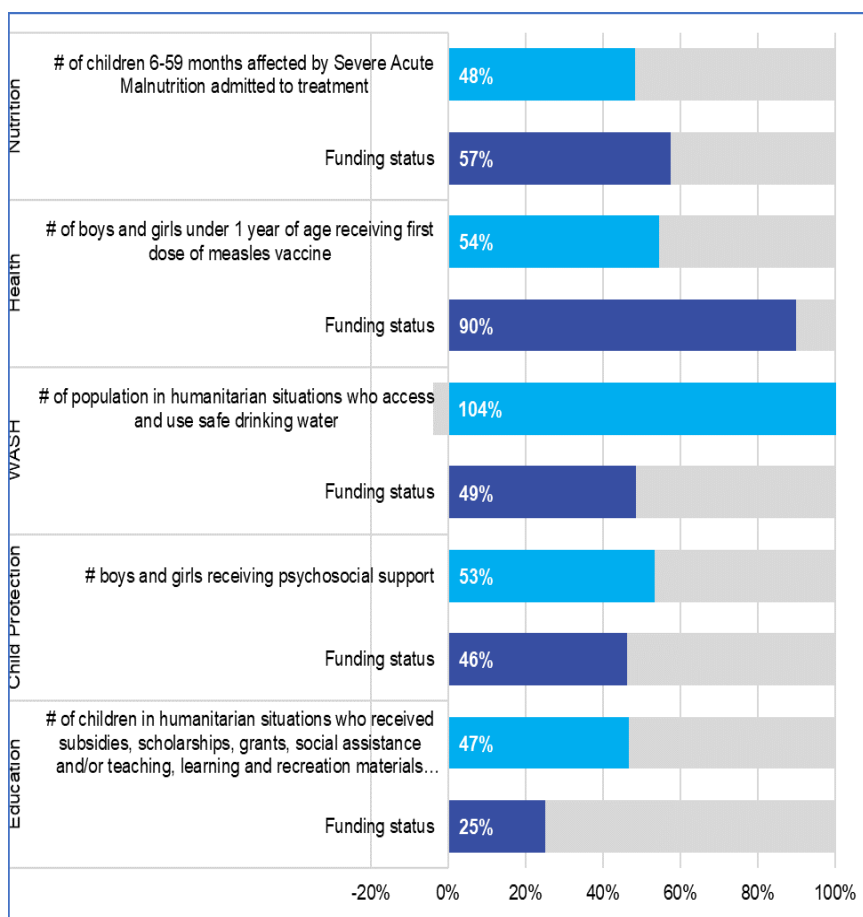
Highlights

- Flash floods in several states and heavy rains in upriver countries caused the White and Blue Nile rivers to overflow, damaging households and infrastructure. Almost 850,000 people have been directly affected and could be multiplied ten-fold as water and mosquito borne diseases develop as flood waters recede.
- All educational institutions have remained closed since March due to COVID-19 and term realignments and are now due to open again on the 22 November.
- Peace talks between the Government of Sudan and the Sudan Revolutionary Front concluded following an agreement in Juba signed on 3 October. This has consolidated humanitarian access to the majority of the Jebel Mara region at the heart of Darfur.

Situation in Numbers

- 5.39 million** children in need of humanitarian assistance
- 9.3 million** people in need
- 1 million** internally displaced children
- 1.8 million** internally displaced people
- 379,355** South Sudanese child refugees
- 729,530** South Sudanese refugees

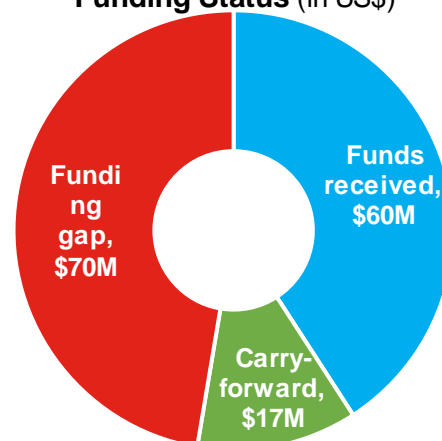
(Sudan HNO 2020)



UNICEF Appeal 2020

US \$147.1 million

Funding Status (in US\$)



*This table shows % progress towards key targets as well as % funding available for each sector. Funding available includes funds received in the current year and carry-over from the previous year.

Funding Overview and Partnerships

UNICEF's 2020 Humanitarian Action for Children (HAC) appeal for Sudan requires US\$147.11 million to address the new and protracted needs of the afflicted population. The prevailing political and economic fragility in Sudan is further complicated by the turmoil of the COVID-19 crisis. At the end of September, UNICEF faced a US\$ 69.65 million (47 percent) funding shortfall (aside from COVID-19 response requirements¹), curtailing relief efforts against flooding, disease outbreaks, conflict and the nutrition crisis, and leaving education, health, child protection and WASH needs unaddressed.

UNICEF Sudan would like to take this opportunity to express its sincere appreciation to the donors that continue supporting the humanitarian appeal in Sudan. In 2020 the humanitarian response has to-date been supported by the European Union, the governments of Canada, Germany, Japan, the United States as well as by significant contributions 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) for human rights and rule of law.

Situation Overview and Humanitarian Needs

In the third quarter of 2020, Sudan faced extreme flooding, the onset of rainy season diseases, the re-emergence of polio, further deterioration of the economy, sporadic ethnic violence, the signing of a peace agreement and the diminished presence of COVID-19.

The rainy season began with flash flooding affecting several states from late July and heavy rains in upriver countries caused the White and Blue Nile rivers to overflow. Households and infrastructure were damaged as the surge followed the rivers' course North. Flash flooding on 29 July burst the Bout earth dam in Blue Nile, flooding near-by homes, contaminating water sources and marking the beginning of the flood response. By the end of September, flash flooding had occurred to varying severities in all states with Khartoum, North Darfur, Blue Nile, West Darfur, Red Sea, Kassala and West Kordofan the most severely affected. As the White and Blue Niles surged downstream, the river reached its highest level since records began over a century ago. Overflow poured into low lying areas, with Khartoum, Blue Nile, Sennar, and Gezera the worst affected in terms of population. There was extensive damage to a still unconfirmed number of health facilities, nearly 16,000 latrines collapsed, and damage to or contamination of hundreds of water sources increased the challenge of preventing and treating possible disease outbreaks. UNICEF response has been focused on areas in and near Sinja town in Sennar state where the Dindir seasonal tributary also overflowed and the severity of need is highest for around 100,000 affected people.

Across Sudan, almost 850,000 people have been directly affected by the floods and this number is expected to multiply ten-fold as water and mosquito borne diseases emerge. Cases of diseases such as malaria, chikungunya, cholera and Acute Watery Diarrhoea (AWD) are predicted to present a far greater risk this year, requiring an extensive prevention and treatment response in the final months of 2020 with a focus on preventing outbreaks in the historical cholera and AWD hotspots. In August, Sudan joined the group of countries in the region responding to a polio outbreak and in September, cases of viral haemorrhagic fever emerged in Northern State. Official daily COVID-19 infection slowed drastically to single digits over the quarter with little concrete explanation as to why, but a lack of case reporting is likely to be a factor. A resurgence is expected as the weather cools, more socialization occurs and Sudanese abroad return for the season. By the 1 October, total cases reached 13,861 with 1,112 deaths and 37 active cases in four states².

Economically, Sudan continues to suffer, with discontent growing with the slow progress of reform and worsening living conditions. Petroleum subsidies remain while the lack of availability causes queues to stretch around city blocks in all states. Likewise, bread queues are a constant sight in front of bakeries. The official exchange rate is unchanged at 55 SDG to 1 US dollar while by the end of the quarter the parallel market was exceeding 240 SDG and yearly inflation had climbed to 212 percent³. On 28 September, Sudan concluded a conference on the economic crisis. Discussions took place on possible solutions and how to proceed with reforms agreed with the IMF. The conference produced more than 160 recommendations for fiscal and monetary policy, agriculture and other production sectors.

Peace talks between the Government of Sudan and various armed groups collectively known as the Sudan Revolutionary Front (SRF) reached a conclusion following an agreement signed in Juba on 3 October. This has consolidated

¹ The additional COVID-19 requirements were at 24.5 million USD as of end of April, however this only includes the health-led response, not the efforts required to put in place continuity of services etc.

² OCHA: Sudan <https://reports.unocha.org/en/country/sudan>

³ Sudan, Central Bureau of Statistics, 2020

humanitarian access to much of the Jebel Mara region at the heart of Darfur and some parts of Blue Nile state, but two significant factions remain outside the agreement. The Sudan Liberation Movement (SLM) faction led by Abdelwahid Mohamed al-Nour in Darfur continues to engage in hostilities against other factions and Government armed forces and show's little appetite for discussion at this time. South Kordofan and Blue Nile based Sudan People's Liberation Movement-North led by Abdelaziz al-Hilu, remains in a state of unilateral ceasefires while continuing political engagement, with the status quo likely to be maintained into the near future.

Ethnic tensions have continued in parts of the country and eruptions of violence are recurrent. In West Darfur, conflict between Arab and Masalit groups displaced 596 households in Misterei town and 1,981 households across Geneina. Violence in Kutum, North Darfur killed at least 9 people and injured 16 during an armed attack on the Fata Borno IDP camp on 13 July. A State of Emergency was declared in both Port Sudan, Red Sea and in Kassala city following rival groups resorting to violence over political appointments despite concerted Government efforts to diffuse grievances. The capital of South Kordofan, Kadugli suffered clashes between ethnic groups which escalated as members of armed forces joined either party resulting in displacements of people back to SPLM-N controlled territories, protesters blocking the road into the town, and looters pillaging public facilities, schools and health centres.

Humanitarian Leadership and Coordination

Sector Coordinators worked with partners and personnel to respond across the 17 flood affected states, particularly in Sennar, Al Jazeera, Khartoum and East Darfur as well as continuing the COVID-19 response.

The Education sector supported the preparation for schools to re-open on 22 November with COVID-19 safe precautions and Coordinated with Federal Ministry of Education to print and distribute 55,000 hard copies of COVID19 School Protocols. The Assessment Working Group was established, and Secondary Data Review has been completed with Joint Education Needs Assessment planning underway which will be completed in January 2021. The WASH sector assisted partners to restock supplies, train personnel, provide water connections in health facilities and isolation centres and support schools to reopen by providing soap and water for hand washing. An Infection Prevention and Control (IPC) assessment was conducted by an IPC partner to understand the related gaps in isolation centres including 20 health facilities in Khartoum state. The Federal Ministry of Health will share the findings and recommendations to help in improving the IPC status in health facilities.

A rapid response was initiated by all Sectors to address flooding in heavily affected states. For WASH, chlorination, soap, water containers (jerry can, buckets) and house-hold water treatment were made available. Schools where flood affected households took shelter were supported with chlorinated water and the construction of emergency latrines. The Nutrition Sector led partners in measuring the malnutrition status/ impact on children affected by floods by conducting Mid Upper Arm Circumference (MUAC) assessments. There are 18 child protection partners ready to scale up their interventions in case of increased need. These have trained staff and mobile teams ready for deployment to provide crucial services, strengthen community protection structures/systems and enhance coping and risk mitigation. There are currently 300 community-based child protection networks out of 1650 required to respond with mobile services as well 200 trained child protection workers out of 600. A detailed map of the Child Protection response and where partners are working is available [here](#).

Summary Analysis of Programme Response



A young boy plays in flood water while mother looks from their home door in Kalakla, South Khartoum. Flooding presents many challenges to keeping children safe /RESPECTMEDIA

Child Protection

The third quarter of 2020 has provided challenges for UNICEF and partners in the child protection sector including the flood crisis, the ongoing economic hardship, shortages of fuel and flour, electricity cuts, intercommunal conflicts and the COVID-19 virus. Flooding in particular has presented unique challenges as children are exposed to stagnant water as they play unaccompanied in flood affected areas with at least three girls drowning in White Nile. This quarter has also seen a rise in child labour and children living and working on and off the street as the economic pressure

on households coupled with the closure of schools opens the opportunity for abuse. Around 6,566 of these children were identified and supported as part of UNICEF's COVID-19 response.

While facing these challenges, UNICEF's child protection response has continued to ensure that affected children are reached with timely Psycho-Social Support (PSS) in the short term, while respecting all the measures taken to contain COVID-19. Innovative approaches such individual and family-based PSS and remote PSS through radio stations have allowed reach to increase again following COVID-19 restrictions in quarter 2 with 56,442 children (51.4 percent girls) during the reporting period including 8,811 South Sudanese Refugees children (48.8 percent girls) in Darfur states, Kordofan states, Blue Nile and White Nile states. Moreover, 436 separated and unaccompanied children (12.8 percent girls) have been identified and reunified with their families or placed in alternative family care.

UNICEF and partners have also provided prevention and response services such as legal, medical and PSS support to victims of Gender Based Violence (GBV) with 2,621 children (53 percent girls) reached, mainly in East and South Darfur states and Blue Nile and White Nile states. However this number under-represents the full extent of GBV violations occurring during the COVID-19 lockdown.

The road map and the holistic verification process with the Sudan Armed Forces and the Rapid Support Force (RSF) to end the recruitment and association of children with armed forces/groups which was suspended because of COVID-19, is expected to resume in October 2020. Two meetings of the relevant Government Technical Committee



10 million doses of Polio vaccines arriving at Khartoum International Airport October 1st 2020. /RESPECTMEDIA

have already taken place. The signing of the peace agreement with the Revolutionary Front in Juba has resulted in some changes in the structures and the processes of the road map and the verification exercise since the troops of the armed groups which signed the agreement will also be included in the verification process and their leaders will be part of the High Level and Technical level Committees of the government at national and states level.

Education

All educational institutions remain closed since March due to COVID-19 and the decision align the two term schedules into a single term calendar and are now due to open again on the 22 November. As Grade 8 and 11 exams are required for students to qualify for progression, they were held between July-August and September, respectively. UNICEF supported approximately 214,222 students to overcome the closure of classrooms by developing and delivering remote review lessons. These were broadcast on TV and radio as well as delivered as paper-based booklets benefiting students. Dedicated sessions in sign language benefitted 512 children with hearing impairments. When 75,363 students (36,712 boys & 38,651 girls) sat their exams, face masks, hand sanitizers, soap and water as well as disinfection of the exam centres were provided to create a COVID-19 safe environment. Teachers, workers and education staff were also trained on COVID-19 awareness and safety protocols.

The flooding and heavy rain in August and September resulted in destruction and damage to 559 schools in 15 states. Schools were scheduled to re-open on 27 September, however due to the flood damage to school buildings in several states and the limited funding available for textbook printing, the Federal Ministry of Education announced the postponement of the academic year until 22 November 2020. With the loss of school days during the year, there is significant concern over the time required to cover the year's curriculum and different options are being discussed. Additional missed school days due to flooding will make it even harder for school children to catch-up on lost learning.

As a result, the direct implementation of education activities were limited during Q3. To improve learning environments, UNICEF support helped construct 29 new classrooms and constructed 6 latrines for the benefit of 2,528 students (774 boys & 1,754 girls) in West Darfur and South Kordofan. Also, 434 teachers (206 males & 228 females) were trained in teaching methodologies for the accelerated learning programme and early childhood education, Psychosocial Support, Education in Emergency, COVID-19 awareness, and school improvement planning.

In the aftermath of violence and continued tension in the South Kordofan town of Kadugli, four schools had chairs,

tables, doors, windows and textbooks looted. A health center has also been vandalised and vaccination and ante-natal care services have been affected. UNICEF is working with the community members the ministry of education and health as well as with the local authorities to ensure learning environment is secured to accommodate children in the new term and to ensure the health center recovers its capacity to deliver services.

Health and Nutrition

Prevention and treatment of flood affiliated diseases remains a priority for UNICEF during and after the flood season. In Sennar state, UNICEF provided 6,140 flood-affected people with health and nutrition services, including 3,682 Long-Lasting Insecticidal Nets (LLINs), measles vaccination for 182 children, 1000 doses of anti-malarials, mid-upper arm circumference (MUAC) screening for children under five years, and provision of 300 cartons of Ready-to-Use Therapeutic Food (RUTF). A mobile clinic in the flood affected areas of Sinja and Elsuki localities is expected to provide services to over 10,000 people as part of the integrated response, complementing WASH, Child Protection, Education and community engagement responses. Similar responses in other states are ongoing with vector borne disease prevention and treatment activities scaling up to account for the increased caseloads. Prepositioning of supplies and continued training of key health service staff has ensured a rapid response.

Sudan was part of a regional outbreak of vaccine derived polio, with 23 cases detected across eleven states between March and August. There will be two rounds of a nationwide polio vaccination campaign targeting 8.6 million children under the age of five with the first round implementing from 16 to 19 November.

Official COVID-19 infection rates have declined in August and September, but UNICEF's response is ongoing to build preparedness and prevention for an expected resurgence in November and December. UNICEF has provided 11,993 healthcare facility staff and community health workers with Personal Protective Equipment (PPE) items, including 34,300 boxes of surgical masks, 19,620 surgical gowns, 17,060 coveralls, 1,900 face shields, 15,950 hand sanitizers and 16,969 boxes of gloves. An additional 513 oxygen concentrators were provided to support the national COVID-19 response in addition to supporting continuation of life-saving services. 1,574 healthcare providers were trained in detecting, referral and appropriate management of COVID-19 cases.



UNICEF is supporting those affected by the floods through the provision of life-saving supplies. /RESPECTMEDIA

For the year to date, UNICEF Nutrition partners have screened 1,765,769 children under the age of five for malnutrition, 144,769 children were treated for Severe Acute Malnutrition (SAM) (48.2 percent of the 2020 target). 490,614 mothers and caregivers received counseling on recommended Infant and Young Child Feeding (IYCF) practices at both community and facility levels (54.5 percent of the 2020 target) , 425,113 children received measles vaccinations (54 percent of the 2020 target), 605,000 children (50 percent girls) received treatment for common childhood illnesses (61.25 percent of the 2020 target). PPE was provided to 11,993 health staff and community health workers and 3,708 were trained on Infection Prevention and Control (IPC).

UNICEF with its NGO partners started an integrated COVID-19 and flood response project in al Gezira State. As part of this project, 180 community volunteers were trained on community-based surveillance for COVID-19 and other disease outbreaks. UNICEF also supported the COVID-19 call center, restoring its capacity after it migrated from a telecommunication company to the Federal Ministry of Health (FMOH) premises. UNICEF also engaged with the Ministry to prepare for the COVID 19 vaccine introduction, including supporting the country to fulfil the pre-requisites for vaccine deployment, establishing coordination mechanisms and providing technical assistance to develop and disseminate adjustable SOPs/protocols, trainings, planning and monitoring tools and advocacy materials. UNICEF hosted one briefing session led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and attended by the Ministry of Health and the World Health Organisation.

UNICEF is supporting the mass distribution campaign for LLINs and procured 5,065,851 LLINs in 12 states. UNICEF is also supporting the in-country distribution with targeted coverage of 65.6 percent of the population including IDPs

and nomads.

At a strategic level, UNICEF is engaged with the Federal Ministry of Health (FMOH) to revise the national malaria strategic plan 2021 to 2025. UNICEF is currently part of the working group who will be leading the Malaria indicative Survey as well as developing the malaria in pregnancy guidelines.

Nutrition services were available in 93 percent of Outpatient Therapeutic feeding Programmes (OTPs) across the country while 2 percent require rehabilitation and 5 percent need further confirmation. 99 per cent of OTPs were fully stocked and efforts continued to improve service quality with a cure rate of 92 per cent.

Severe Acute Malnutrition admissions were as expected at this time of year, with COVID-19 having no significant impact on the continuity of Community Management of Acute Malnutrition (CMAM) services. Several Infection Protection and Control (IPC) measures and precautions were implemented to maintain services whilst ensuring the safety of beneficiaries and frontline staff.

COVID-19 control measures introduced in March, such as restrictions on movement and social gatherings, caused IYCF counselling trends to decline with fluctuations continuing until been restrictions were lifted at the end of August. New approaches and modalities such as telecommunications, microphones and mass media were used to bridge information gaps as much as possible.

To improve community capacity, 527 male & female health workers were trained on CMAM, and 7,642 volunteers were trained to run Mothers Support Groups and 348 of these were established, bringing the total number to 5,562 nationwide

UNICEF is supporting the Ministry of Health and NGO partners operating OTPs and Stabilisation Centers in IDP and refugees' camps in White Nile, South Kordofan, West Kordofan, Central Darfur, South Darfur, East Darfur and North Darfur State. These screened 45,470 under five children, treated 10,511 for SAM and delivered infant and young children (IYCF) counselling to 36,242 caregivers. In addition to supplying essential medication, medical supply kits, therapeutic milks and Ready-to-Use Therapeutic Food (RUTF), UNICEF support includes the provision of PPEs, staff incentives, cleaning and disinfection supplies, kitchen equipment and kits to provide food for caregivers.

Water, Sanitation and Hygiene (WASH)

The construction or rehabilitation of water points, using mainly innovative solar powered hand pumps, has provided durable water services to 71,592 (51 percent female) Sudanese affected by conflict and epidemics, and to 500 South Sudanese refugees during the third quarter of 2020. Support services for the operation, maintenance and disinfection of existing water facilities were provided for 560,095 (51 percent female) Sudanese in emergency situations, and to 93,334 South Sudanese refugees. The quarter three increase in refugees reached is mainly due to expansion of chlorination services reaching out of camp South Sudanese refugees in Kosti and Rabak localities, in White Nile state, affected by the flooding from the Nile.

Construction/rehabilitation of emergency communal and household latrines benefitted 11,172 Sudanese and 4,109 South Sudanese refugees. The low achievement to date compared to the yearly target (200,000) is predominantly due to the lack of funding received and the shift towards the Community-Led Total Sanitation (CLTS) approach in prolonged crises. This approach requires a longer time frame for the construction of sanitary facilities, as it is based on demand-driven self-construction by households, compared to the traditional offer-based approach in emergency contexts. However, the triggering of new communities to become open defecation free and encourage the installation of household sanitation facilities has been curtailed due to COVID-19 restrictions. However, to combat the spread of COVID-19 and other communicable diseases, UNICEF reached 546,063 Sudanese and 11,800 South Sudanese (51 per female) with hygiene promotion interventions, with a focus on handwashing with soap.

Since the beginning of the year, around 418,000 people in COVID-19 high risk sites were reached with WASH Infection Prevention and Control (IPC) supplies, that were combined with hygiene promotion activities, and provision of basic sanitary facilities and basic water supply interventions (for household water treatment and safe storage, HHWTSS) as required. Across Sudan, visitors and staff of 53 isolation/health centres, IDPs, refugees, rural/urban population, entry point arrivals, school children, prisoners and health/hygiene promotion officers were key beneficiaries of these interventions.

Within the above WASH humanitarian response, UNICEF WASH has also effectively contributed to the major flood response operation this year. Up to 395,942 (194,012 males, 201,930 females) affected people were reached with the life-saving activities. Flash floods were responded to across all Sudan, but particularly in North Darfur and Red Sea states. While in Sennar, Blue Nile and Khartoum states the flooding of the Nile required an ongoing, significant response. WASH flood and outbreak emergency preparedness and response supplies, targeting around 4.8 million people, are being procured and prepositioned for all of 18 states in Sudan, based on resources made available to

date. As flood waters recede from the town of Sinja (Sennar), UNICEF is supporting cleaning campaigns in the five schools that 181 families used as refuge during the floods, also ensuring that facilities are fit for schools reopening. As affected people continue to voluntarily return to their homes (386 households so far), UNICEF is coordinating with partners, particularly community committees, to ensure the support remains in place as they rebuild their lives.

Communication for Development (C4D)

UNICEF and the Federal Ministry of Health, conducted a rapid study on community perceptions around polio vaccination. It aims to understand the fundamental factors and sensitivities surrounding child immunization by assessing participants knowledge on polio prevention, reasons for vaccine refusal and sources of and access to polio information. Results from the study will inform the development of an effective campaign against polio and included mothers of children under five years of age, influential community members and special populations across five states. According to the study findings, some of the participants did not have sufficient knowledge on who the most-at-risk to polio are, but that in general the levels of understanding on the seriousness of polio and the importance of

vaccination are relatively high. The study also identified reasons behind vaccine non-adherence which highlighted the need for engaging the community through creative communication means.

Following the flooding of the Nile, UNICEF contributed to the review and approval of the flood and epidemic response plan as a member of the Risk Communication and Community Engagement Committee at the Federal Ministry of Health. As a lead agency in the Communication Committee, UNICEF reviewed, updated and approved all the messaging material critical in mitigating the spread of water and mosquito borne diseases in the flood response. Messages were disseminated in a variety of forms including through megaphones and TV and Radio,



Families in Kalakla area have been affected by the floods, leaving many to find shelter in public spaces. /RESPECTMEDIA

adding up to a total of 1,473,419 individuals engaged with communication messages. To promote COVID-19 awareness in communities, UNICEF worked with World Relief to organize and engage local tea and coffee sellers and fruit and vegetable vendors to communicate COVID-19 prevention. 538 tea sellers and 1,110 vendors were trained on COVID-19 message dissemination into the communities in which they are active. In addition, 14 influential community activators were trained on effective mass communication, community mobilization and use of social media as a tool for spreading awareness among communities.

The team also completed data collection through Interactive Voice Response (IVR) to gauge community perception and denial around COVID-19. The survey participants exceeded 17,000, out of which 7,000 completed the entire questionnaire. To support the process, service providers were requested to respond to a set of questions that addressed challenges faced by partners on implementation of COVID activities, how these partners envision normalization of COVID prevention measures, and what preparedness measures they have in place for flood the flood response.

UNICEF's partnership with World Relief supported the development and production of an online game that promotes prevention against COVID-19. The game targets all segments of the community with a focus on youth and adolescents and revolves around providing key messages on COVID-19 prevention while the game is being played.

In quarter three and through the Health Promotion Unit of the Ministry of Health and supported by WHO and UNICEF, 210 community members were trained in face mask production to supply communities with personal COVID-19 protection these activities have to date resulted in the distribution of 41,817 masks.

Humanitarian Leadership, Coordination and Strategy

UNICEF and its humanitarian partners will continue to support the Government of Sudan to respond to the country's ongoing humanitarian crises. These are exacerbated by broader economic deterioration and risk of socio-political instability despite optimism for improvement under the transitional leadership. Joint identification of the most vulnerable

children and communities will be conducted to provide sustainable, multisectoral solutions that promote social cohesion, bridge humanitarian action and development programming. UNICEF will prioritize reaching children in high-risk zones affected by cyclical floods and epidemics, conflict, the broader effects of climate change and the economic crisis. 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 at national and state level to facilitate humanitarian responses that reach the most vulnerable and marginalized children and their communities through its leadership of the Education, Nutrition and Water, Sanitation and Hygiene (WASH) sectors and the Child Protection area of responsibility. UNICEF will continue working with State and non-State actors to increase access to affected children in Blue Nile, South Kordofan and the Darfur states. Significant progress has been made towards improving humanitarian access in these hard-to reach areas and efforts will continue during 2020.

Human Interest Stories and External Media

UNICEF continued to share information highlighting efforts to protect children and families from COVID-19 with various social media posts, videos, articles and news notes. This included stories and [video](#) capturing the arrival of the biggest shipment of personal protective equipment UNICEF has procured to date. UNICEF Sudan produced content about wearing masks, featuring Sudanese online personalities, to complement the global UNICEF campaign and World Mask Week (7-14 August). The mental health awareness [video](#) series highlighted the importance of protecting children's wellbeing during COVID-19. UNICEF Sudan staff featured in World Humanitarian Day (19 August) videos discussing the benefits and challenges of being a humanitarian worker, being a COVID -19 survivor and female empowerment. On International Day of Youth (12 August), a video that featured children from across Sudan raising awareness on issues they believe are important such as Education, was published. During World Breastfeeding Week (1-7 August) UNICEF published two products, a video advocating for mothers and families to have more support for breastfeeding was produced and in-depth [article](#) on a UNICEF staff member who breastfed while responding to emergencies during COVID-19.

Next Situation Report: 15 January 2021

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>

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SUMMARY OF PROGRAMME RESULTS

	Overall Needs	Sector (Cluster) Response			UNICEF		
		2020 Target	Total Results ⁴	Change since last report	2020 Target	Total Results	Change since last report
CHILD PROTECTION							
# boys and girls receiving psychosocial support	1.8 million	450,000	130,222	29,098	208,000	110,737	56,442
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			132,000	96,541	47,631
<i>Refugees</i>		N/A			76,000	14,196	8,811
# of registered unaccompanied/ separated children supported with reunification services		30,000	11,052	568	8,600	3,999	436
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			4,100	3,666	436
<i>Refugees</i>		N/A			4,500	333	0
# of women, men, boys and girls supported with quality age and gender appropriate child protection services including, case management and referral services including Cash Based Assistance		250,000	35,151	3,982	120,000	11,070	2,621
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			71,000	11,070	2,621
<i>Refugees</i>		N/A			49,000	0	0
EDUCATION							
# of out-of-school children in humanitarian situations accessing formal or non-formal basic education	1.5 million	350,000	37,069	21,344	134,738	5,866	0 ⁵
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			91,869	5,336	0
<i>Refugees</i>		N/A			42,869	530	0
# of children in humanitarian situations who received subsidies, scholarships, grants, social assistance and/or teaching, learning and recreation materials from UNICEF to attend school		729,000	178,572	58,705 ⁶	404,215	188,659	126,363 ⁷
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			329,000	183,682	123,963
<i>Refugees</i>		N/A			75,215	4,977	2,400
HEALTH							
# of boys and girls under 1 year of age receiving first dose of measles vaccine	8.6 million	N/A			780,500	425,113	289,603
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			737,038	401,441	273,520
<i>Refugees</i>		N/A			43,462	23,672	16,083
# Children under 5 to access integrated management of childhood illness (IMCI) services		N/A			987,700	605,000	5,000
<i>IDPs, Returnees, Vulnerable Residents</i>		N/A			932,700	571,311	4,718
<i>Refugees</i>		N/A			55,000	33,689	282

⁴ Sector results sometimes are lower than UNICEF results due to the exclusion of the Refugee caseload from sector results.

⁵ The closure of schools due to COVID-19 restrictions has prevented achievement of these results to date.

⁶ This does not include UNICEF COVID-19 prevention measures mentioned in footnote 9.

⁷ This result includes students reached with COVID-19 prevention measures to enable students to safely sit their Grade 8 exams, accounting for around 79,800 of this result which is not captured in the COVID-19 sitrep data.

NUTRITION ⁸							
# of children 6-59 months affected by Severe Acute Malnutrition admitted to treatment	3.3 million	290,891	140,400	37,311	300,000	144,796	38,519
IDPs, Returnees, Vulnerable Residents		N/A			290,891	140,400	37,311
Refugees		N/A			9,109	4,396	1,208
# of caregivers receiving infant and young child feeding (IYCF) counselling		774,919	467,486	168,826	900,000	490,614	177,158
IDPs, Returnees, Vulnerable Residents		N/A			857,573	467,486	168,826
Refugees		N/A			42,427	23,128	8,332
WASH							
# of population in humanitarian situations who access and use safe drinking water	7.61 million	1,704,213	710,618	144,946	360,000	373,922 ⁹	72,092
IDPs, Returnees, Vulnerable Residents		N/A			288,000	373,422	71,592
Refugees		N/A			72,000	500	500
# of population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation		1,130,943	420,077	360,793	100,000	41,283	15,255
IDPs, Returnees, Vulnerable Residents		N/A			80,000	34,874	11,146
Refugees		N/A			20,000	6,409	4,109
# people benefiting from water disinfection and operation and maintenance of drinking water supply services		N/A	3,479,928	1,885,393	1,500,000	1,715,147 ¹⁰	653,429
IDPs, Returnees, Vulnerable Residents		N/A			1,350,000	1,611,813	560,095
Refugees		N/A			150,000	103,334	93,334
# of population in humanitarian situations reached with messages on appropriate hygiene practices		3,166,563	3,508,402	1,397,872	1,500,000	1,551,024	557,863
IDPs, Returnees, Vulnerable Residents		N/A			1,200,000	1,495,313	546,063
Refugees		N/A			300,000	55,711	11,800

Annex B

Funding Status*

Sector	Requirements	Funds available *		Funding gap	
		Received Current Year	Carry-Over	US \$	%
Child Protection	12,632,498	4,744,467	1,095,739	6,792,292	54%
Education	33,222,430	6,938,512	1,363,553	24,920,366	75%
Health	25,393,608	17,378,757	5,449,152	2,565,699	10%
Nutrition	49,017,960	22,733,485	5,449,152	20,835,323	43%
WASH	25,345,000	8,293,028	4,008,268	13,043,703	51%
Total	147,111,496	60,098,468	17,365,864	69,647,164	47%

*As defined in the Sudan HAC for a period of 12 months. The total required includes \$1,500,000 for sector/cluster coordination and non-sectoral costs which accounts for the difference between the totals shown and the sum of all sectors.

⁸Results reported for the Nutrition sector indicators are one month prior to the UNICEF sitrep date due to partner reporting mechanisms.

⁹Response to Flooding in August and September has boosted results beyond targets.

¹⁰ Response to Flooding in August and September has boosted results beyond targets.