



Humanitarian Situation Report

11 May 2023

Hanona brings her child, Maher, to a nutrition centre in Abushok, North Darfur for a health screening as Maher had been suffering from severe diarrhea and malaria. UNICEF Sudan is supporting health centres in the area, including the one where Maher is receiving treatment, to provide critical nutrition and WASH services to those in need.
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SUDAN

Highlights

- Clashes between Sudan Armed Forces (SAF) and Paramilitary Rapid Support Forces (RSF) continue for 27 consecutive days, resulting into internal displacement of 736,223 individuals while 177,116 people crossed the border to neighboring countries. Looting of humanitarian assets and supplies in Khartoum and other locations has compromised UNICEF’s and partners rapid humanitarian response.
- UNICEF received two shipments of life-saving multi-sectoral programme supplies worth US\$600,000 in Port Sudan. One more charter flight worth US\$300,000 is expected to arrive on 11 May. Distribution schedules are being processed to ensure effective emergency response and support basic services.
- UNICEF currently operates 42 E-learning centers in Kassala, Red Sea, White Nile, South Darfur, and East Darfur. These centers provide children with safe and secure learning spaces, with a particular emphasis on promoting their psycho-social well-being.
- For 2023, UNICEF requires US\$584.6 million to support more than 7 million of the most vulnerable children and a total of 9.3 million people. UNICEF is updating the humanitarian fund appeal to scale-up the multi-sectoral emergency response addressing the emerging needs of children and their families affected by ongoing conflict.

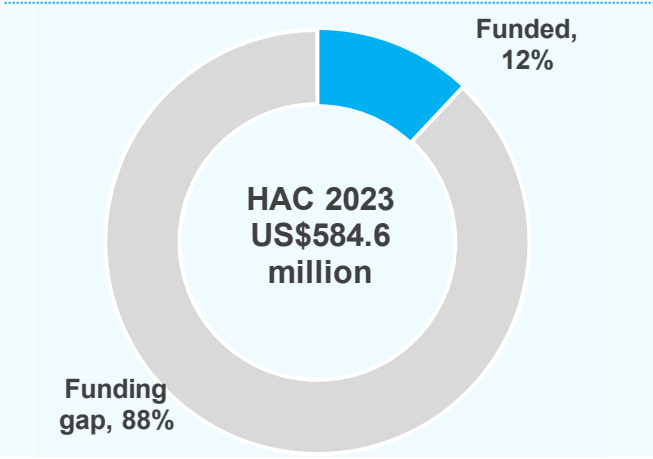
Key figures

15.6 million
People in need

9.3 million
People to be reached

8.5 million
Children in need

7 million
Children to be reached



Funding overview and partnerships

The humanitarian situation in Sudan was already precarious and is now catastrophic¹. Sudan is going through a deep crisis. Without timely and flexible funding and interventions, the cycle of protracted humanitarian crises, recurrent conflicts, displacements, disease outbreaks, and inadequate basic social services will have devastating - and lifelong - effects on Sudanese and refugee children living in the country. Support now is a cost-effective investment that will pay dividends for decades. More than ever, flexible resources are needed to provide interventions in all critical need areas, including acute emergencies.

For 2023, UNICEF requires US\$584.6 million to support more than 7 million of the most vulnerable children in Sudan - and a total of 9.3 million people altogether – who will benefit from gender-response child protection, education, health, nutrition, social protection, and water, sanitation, and hygiene (WASH) programmes and services, and cash plus interventions. Currently, UNICEF Sudan Humanitarian Action for Children 2023 is only 12 percent funded, leaving key lifesaving needs unmet.

UNICEF Sudan would like to express sincere appreciation to the donors that continue supporting the humanitarian response in Sudan. In 2023, the humanitarian response has to date been supported by the European Union Humanitarian Aid (ECHO), the Governments of the USA, Germany, Canada, the United Kingdom, Norway, and Japan, as well as GAVI, Education Cannot Wait (ECW), CERF, and UNICEF National Committees.

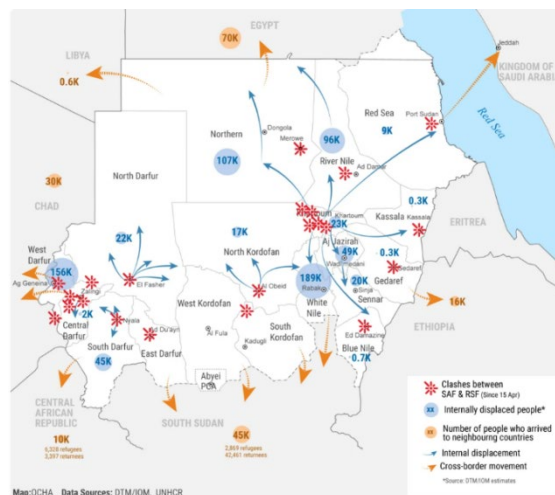
UNICEF asks all our partners to:

- Stand in solidarity with the children in Sudan, their families, and communities;
- Allow for flexibility in the use of existing funding and the conditionalities through which they can be implemented to make sure we reach and support the frontlines with critical support;
- Remain vocal about the urgent need to meet the rights of every child, as the children of Sudan are the future of a stable, peaceful, productive, and prosperous Sudan.

Situation overview

The armed clashes between SAF and RSF continue for 27 consecutive days affecting Khartoum, West Darfur, North Kordofan, and other states despite the repeated announcement of a ceasefire. Federal Ministry of Health reported the death of 604 individuals, and 5,127 have been injured since the beginning of hostilities on 15 April. While the confirmation is yet to be received, reports indicate that 196 children have been killed and another 1,800 injured in Sudan since conflict erupted. The displacement from conflict-affected areas continued within and outside the country. The total number of internally displaced people are estimated to be 736,223 individuals while 177,116 people crossed the border to neighboring countries specifically to Egypt, South Sudan, Chad, Ethiopia, and the Central African Republic². The states hosting the highest number of displaced people are White Nile (which hosts 25.6 per cent of all displaced people), West Darfur (21.2 percent) and Northern State (14.4 percent).

In West Kordofan, West Darfur and Blue Nile and White Nile states, besides the SAF and RSF armed clashes, ethnic clashes between the major tribes resulted in the killing and injuries of civilians and displacement of the families.



¹ Humanitarian Situation in Sudan 'Catastrophic', Secretary-General Warns, Urging All Parties with Influence to Support Efforts for Ending Violence, Restoring Order, 17 April 2023.

² Displacement Tracking Matrix Report

Most states had relied on essential supplies from Khartoum, which has become impossible with the ongoing crisis resulting in a shortage of fuel, cash, medications, and other essential supplies. Moreover, rapidly increasing inflation has further reduced the purchasing power of families. Furthermore, sustaining service provision is becoming increasingly challenging as UNICEF warehouses in Khartoum and across Darfur states have been looted by armed individuals. In addition, severe security threats have hampered UNICEF's and partners' capacity to provide critical humanitarian assistance in conflict-affected areas and beyond.

Humanitarian needs and UNICEF response

In Khartoum, access to public and private healthcare services remain a challenge under the shooting fires and the continues attacks and occupation by parties to the conflict³. WHO estimates 60 per cent of health facilities are not functioning. Stock outs of vital vaccines and critical medicine is expected in the coming period. Thus, efforts continue to support Khartoum's health facilities and maintain all main facilities operating in the remaining states. Dispatch of quarterly vaccine and other health supplies is being affected and some supplies are looted/destroyed; vaccine stock is reaching an alarming status and states likely to report stock outs within one week. Targeting and looting of personnel, premises, and assets, including ambulances and Sudanese Red Crescent Society SRCS, poses significant risk for humanitarian health actors. US\$40 million worth of vaccines at Natonal Cold Chain store at risk - due to intermient power supply shortages. The Ministry of Health has temporarily transferred its health sector operation with partners to Madani, the capital of Gezira state.

The caseload of malnutrition could start rising in the coming months due to displacement and shortage of food. While sufficient nutrition supplies to last till the end of June have already been prepositioned in the field locations, replenishment of supplies may be needed due to looting across several states. Disruption of supply pipeline for both offshore pipelines and local production of nutrition commodities, which relies heavily on imported ingredients is a concern. Nutrition services were suspended in Khartoum, West Darfur and in several localities in other states and sites, posing significant risk for children.

Water shortages have been reported across Khartoum State, as urban water treatment plants in Bahri and Omdurman remained non-functional. Hence, more than a million people rely on unsafe drinking water from the river Nile increasing the need to raise awareness around household water safety practices. In addition, schools and educational institutions started to open, preparing for the final academic year examinations

³ Federal Ministry of Health Report, 9 May



On 9 May 2023, 12-year-old Rowdha proudly displays her artwork—a teary eye and a broken heart—as a way to express her feelings during an open day at the Maritime Ports Authority Club in Port Sudan, where her family sought shelter after fleeing war-torn Khartoum.

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On 9 May 2023, a displaced child gazes directly at the camera as he engages in a drawing activity during an open day of entertainment at the Maritime Ports Authority Club in Port Sudan, which currently serves as a shelter. © UNICEF/UN0841478/Satti

while remaining closed in conflict-affected areas, namely Khartoum, Gezira, South Darfur, West Darfur, and West Kordofan. With the increasing population movement towards the border, pressure on already extremely limited WASH services continues to increase. Several assessment reports reflected the need to trigger WASH emergency response targeting IDP gathering points in the Red Sea and River Nile States. Additionally, the impending rainy season will likely increase exposure to water-borne diseases, coupled with the severe gaps in WASH service provision, which can lead to outbreaks. Conflict, insecurity, and unavailability of electricity have also curtailed WASH services in Geneina, limiting the operation and maintenance of the water supply and halting desludging services.

An increasing number of children and parents are expected to require Mental Health and Psychosocial Support (MHPSS). The conflict further increases the risk for Gender-Based Violence (GBV), with minimal access to prevention and response services. Unexploded ordnances (UXO) are spread in the streets and houses, exposing children to a high risk of death and injuries.

The education of all school-aged children is affected by the school closure. Establishing safe and child-friendly learning spaces equipped with learning and recreational supplies is the utmost priority to protect children from exploitation, abuse, and coerced recruitment into armed groups. To mitigate the adverse impact of school closures, it is crucial to distribute Education in Emergency supplies to both schools and safe learning spaces. Furthermore, providing psychosocial support through counseling and other interventions is essential to equip children with the skills they need to cope with trauma.

UNICEF's and partners' emergency response focuses on five key elements:

1. Sustaining critical life-saving activities for displaced and affected population in conflict areas (PC 1);
2. Response to newly displaced/affected populations in non-conflict areas;
3. Maintaining essential basic social services across the sectors in non-conflict areas;
4. Support the dignified and assisted border-crossing of children and their families to the neighbouring countries: Egypt, South Sudan, Chad, Ethiopia;
5. Strengthen Cluster Coordination for Nutrition, WASH, Education and CP at the national and sub-national level.

UNICEF continues to address the multiple crises in Sudan through its long-standing partnership with government institutions and national and international organizations. By drawing on its capacity to deliver a principled, child-centered humanitarian response in line with its Core Commitment to Children, UNICEF aims to ensure that lifesaving and sustainable solutions, underpinned by solid preparedness, are tailored to the needs of the most vulnerable families, focusing on children, women, and including those with disabilities. UNICEF draws on its substantive field presence in 10 regional states to be closer to the affected population and its partners.

UNICEF continues to promote community engagement and localization of aid that prioritizes children and women, establishing solid feedback and accountability mechanisms by leveraging local organizations. More support will be provided to credible evidence generation through the research, evaluation, and knowledge management programme to inform decision-making.

Major gaps and constraints: The operability of public infrastructure continues to be affected due to ongoing fighting and the restriction of movement of personnel concerned for their safety and security. Fuel shortages and a spike in fuel prices further threaten the operational capacity of water systems and health facilities. Availability of cash and the large-scale humanitarian needs, especially in the prolonged underserved IDPs and hard-to-reach localities, pose critical challenges to implementation. The Central Bank of Sudan has been closed since the start of the conflict with no clarity on when the operations will resume. UNICEF has contracts with three financial service providers. All financial service providers are facing serious operational and liquidity challenges such as poor internet connectivity, fuel shortage and high withdrawals. Finally, funding availability curtails UNICEF's capacity to deliver critical supplies and support services. A trend that is further compounded by extensive looting of warehouses.



Health Response

- UNICEF provided emergency health kits, essential supplies, and medicines to hospitals and primary healthcare centers to support the treatment of the injured and access to lifesaving health services in Khartoum and El Fasher, North Darfur State.
- The lifesaving health and nutrition supplies were re-distributed from the Red Sea to Jazeera state to meet the urgent needs of the newly displaced population, most of them are children and women, in addition to the four mobile clinics in new IDPs and refugee gathering sites in Port Sudan provided with supply and operational cost. All 141 health facilities in Red Sea State are functional and are supported to respond to the additional caseload of new arrivals.
- UNICEF is securing 5,000 liters of fuel for the central cold chain to safeguard millions of doses of vaccines and an additional 5,000 liters- for centers that store insulin for children.
- UNICEF is working closely with the Federal and State Ministries of Health to deliver vaccines to the states that face stock-out of critical children's vaccines.



Nutrition Response

- UNICEF nutrition team is assessing the existing capacity of partners, considering that almost all partners are facing security constrain, and looting of assets and supplies.
- No shortage of nutrition supplies for the management of Severe Acute Malnutrition has been reported. Therefore, additional RUTF and therapeutic milk have been dispatched to the stabilization center of Port Sudan's Pediatric Hospital.
- Nutrition lifesaving services are continuing to be provided in 188 out of 192 health facilities (98 percent) in Kassala, in 128 health facilities in Red Sea State, and through 111 sites in Gedaref planned to be resumed in Hamshkoreb and Naher Atbra (SRCS), Wad Elhelow (CARE) and in West Kassala and Naher Atbra this week.
- Programme monitoring activities are ongoing in Kassala and Red Sea State. The supplies were found to be stored in appropriate condition.



Water, Sanitation and Hygiene (WASH) Response

- UNICEF provided WASH services to IDPs temporarily settled in Kereri basic school at Eldaein locality, East Darfur State. This included the rehabilitation of the non-functional water yard, installing two new water tanks, a 10,000-liter water tank to increase storage capacity, and constructing four new communal semi-permanent sanitation infrastructures. UNICEF also supported the delivery of safe drinking water at the community level through water trucking for 5,000 people, as well as for the 40,000 IDPs currently occupying the Elneem IDP camp. UNICEF and the State Ministry of Health & Social Welfare promoted a comprehensive public health campaign reaching 1,600 individuals with key Social Behavior Change (SBC) messages.
- In South Darfur, UNICEF supported MoH's efforts in ensuring the availability of clean drinking water at Nyala main Hospital and the nutrition Stabilization center by distributing 3,200 pieces of soap. Additionally, UNICEF also supported the distribution of 2,000 tabs of chlorine to three health facilities.
- UNICEF continued to support water trucking to eight healthcare facilities and one nutrition center, delivering 235,200 liters of water in In El Fasher North Darfur. UNICEF also distributed WASH supplies across 14 healthcare facilities to benefit an estimated 15,680 patients (including 5,000 children).
- In the Red Sea, UNICEF distributed WASH supplies that benefitted 1,049 individuals and increased SMOH's capacity to support safe drinking water at six gathering sites by providing water quality testers and chlorine that helped chlorinate 78 cubic meters of water.
- WASH supplies were prepositioned to ensure an immediate response once WASH needs were assessed across critical eastern border points.
- UNICEF has earmarked the release of WASH supplies that would assist the resumption of health services to 6 hospitals in Khartoum, but these have yet to be collected due to insecurity. Once the security situation stabilizes and access to the UNICEF warehouse is deemed safe. Such an initiative will benefit an estimated 3,000 patients who will receive safe health treatment. UNICEF supported efforts of local partners to improve safe drinking water in Khartoum by providing 3,780 packs of water

purification tablets aimed at ensuring the chlorination of water for 3 months – an action that will benefit an estimated 84,000 people.



Child Protection Response

- The Monitoring and Reporting Mechanism (MRM) on grave child rights violations has been activated from the onset of the crisis but faces some challenges in verification of the incidents. The trained community-based child protection network members are actively monitoring and reporting violence against children, including MRM in the field.
- 60 community volunteers have been deployed in Khartoum, Bahri and Omdurman to provide psychosocial support.
- UNICEF has provided lifesaving supplies to children without parental care during the volatile times in Khartoum.
- UNICEF, through trained social workers, continues ensuring coordination of the child protection basic services and providing psychosocial support to unaccompanied and separated children, IDPs, and host communities affected by the recent current conflict.
- A total of 587 children were provided with psychosocial support and referred to appropriate services in Kordofan.
- In El Fula West Kordofan, all juveniles except those with murder cases were released from the detention facilities to their families and community because of UNICEF advocacy coordinated with local authorities.



Education Response

- UNICEF is currently operating 42 E-learning centers in Kassala, Red Sea, White Nile, South Darfur, and East Darfur. These centers provide children with safe and secure learning spaces, with a particular emphasis on promoting their psycho-social well-being.
- UNICEF in collaboration with the State Ministry of Education in Red Sea state, has set up one child-friendly space in Port Sudan. This space provides children with a nurturing environment in which to learn and engage in recreational activities, as well as access psychosocial support and other vital services.



Social Inclusion and Cash Assistance Response

- A thorough assessment of risks as well as mitigations will be required to undertake cash programming under the current conflict situation. UNICEF is planning to conduct a detailed risk and feasibility assessment to identify different cash payment modalities and verify market functionality in priority areas. UNICEF is also mapping out local partners to implement cash interventions. UNICEF continues to actively engage with the Cash Working Group to coordinate across partners and engage in joint assessments.

CROSS-CUTTING AREAS

Social and Behaviour Change (SBC)

Response

- Rapid socio-behavioural assessments to inform SBC interventions (including on vaccine acceptance and hesitancy)
- Mapping of community platforms was refreshed.
- Training materials package was developed in coordination with the Ministry of Health's Health Promotion team and WHO.
- 30 community volunteers from five community-based organizations in Gezira state were trained in lifesaving messaging, PSEA, MHPSS, community surveillance, and crisis communication.
- Lifesaving, psychosocial support, and essential family practices materials were designed and distributed on social media, and some were printed.
- The social listening application (TalkWalker) functions to extract and summarize community feedback on needs, concerns, complaints.
- Key messages on child protection, mental health, and psychosocial support, mine risk education, prevention of sexual exploitation and abuse (PSEA) and general protection concerns were compiled,

developed, translated into Arabic, and disseminated in Gezira, White Nile and Khartoum Halfa checkpoint.

Accountability to Affected Populations (AAP)

- Interagency coordination at AAP working group: Creation of WhatsApp group by the co-chairs and the members to share lifesaving information drafted agreed by members and disseminate to networks and communities
- New coordinated efforts on complaints/community and feedback mechanisms to map all available resources, channels and agree on the way forward in possibilities and feasibilities to join running initiatives and efforts, to map, share, conduct assessment, equip all CFM stakeholders with country/agency level information
- Enhance coordination to map the active efforts and capacities regarding needs assessments, community networks and any communication networks



Supply and Logistics

- The emergency supply plan has been revised to US\$40 million as indicated on table below. Sales orders are raised for US\$9.5 million against the initial funding allocation of US\$10 million.

Sudan - Programme Supplies					
Programme Section	SP Value (estimate\$)	SO Value	Exl Freight	PO/Deliv Value	Funding Gap
Admin/Security	\$ 54,267	\$ 54,267		\$ 54,261	\$ -
Child Protection	\$ 1,854,594	\$ 41,964		\$ 40,202	\$ 1,812,630
Education	\$ 4,037,835	\$ 52,766		\$ 48,116	\$ 3,985,069
Health and Nutrition	\$ 35,708,536	\$ 3,345,639		\$ 2,567,838	\$ 32,383,948
WASH	\$ 5,096,800	\$ 2,760,053		\$ 4,709	\$ 2,336,747
Grand Total	\$ 46,752,032	\$ 6,254,690		\$ 2,715,125	\$ 40,518,393

- So far, the 2 shipments (one charter flight and another by sea) of programme supplies worth US\$600,000 have been received in Port Sudan. One more charter flight with program supplies worth US\$300,000 arrived 11 May. Distribution schedules are being processed to ensure life-saving program supplies already received reach to children and families.
- A warehouse, 4,000 square meters in size has been leased in Port Sudan to receive the incoming program supplies. The warehouse will require minor renovations and upgrades to include a temperature-controlled area to store all medical supplies requiring temperature control. The prepositioned program supplies worth approximately US\$10 million are at very high risk of looting and destruction if not immediately distributed to needy children and families or relocated at safer places in Sudan. One looting incident was already reported for UNICEF warehouse in Soba and a destruction also reported at outsourced warehouse at Samil Group. The value and extend of loss is yet to be determined.

Access to and within the country remains a challenge. Replenishing of supplies in some field locations is challenging. With the main international airport in Khartoum shut down, all air shipments have been diverted, most critically for vaccines. Operations at both seaport and airport in Port Sudan resumed and UNICEF has been able to receive a shipment each by air and sea. Shipments that were held outside Sudan have not been re-routed to come to Port Sudan.

Ongoing construction projects are being monitored to ensure that quality standards are maintained. Some projects require mandatory periodic inspection and approval by UNICEF engineers. These may be delayed until access to these sites by UNICEF is possible.

Humanitarian leadership, coordination and strategy

UNICEF leads Nutrition and WASH Sectors, the Child Protection Area of Responsibility (AoR), and Education Sector. Inter-Sector Working Group (ISWG) is led by OCHA, with regular coordination in place. UNICEF is a key partner in the in-country interagency PSEA Task Force, Access Working Group and Refugee Coordination Forum.

Child Protection Area of Responsibility (CP AoR) conducted mapping of operational partners on the ground. Twenty humanitarian partners are currently active in Darfur, Kordofan and White Nile states. CP AoR disseminated Mine Risk Education (MRE) materials including audio messages and prevention messages on “how to protect children during conflict” preventing family separation.

Child protection cluster partners (SCI and Wedad) together with the ICRC and UNICEF supporting institutional care arrangement for five separated children. The main child protection concerns continue to be “grave child rights violations (especially killing and maiming, attacks on schools and hospitals, street children at the risk of being recruited), family separation including Unaccompanied and Separated Children and need for immediate provision of Psychosocial Support. Subnational coordination mechanisms are currently active in state levels.

Child Protection AoR co-lead State Council Child Welfare (SCCW) together with UNICEF in South, West and North Kordofan states continue to engage with the sector partners to undertake situation monitoring on the Child Protection risks and need in the states. In North Kordofan State, community-based child protection (CPCBNs) volunteers continue to monitor and report daily on the situation of children in the state.

Nutrition sector drafted key messages on the impact of conflict on nutrition situation and response on under-fives and pregnant lactating women (PLWs) to advocate for critical needs. The sector also analyzed the nutrition situation, response needs, including functionality and supply status, top priority needs. Initial rapid response and capacity assessment of nutrition sector NGOs partners have been conducted.

Functionality of lifesaving nutrition services have been mapped in consultation with WFP, UNICEF and WHO. As of early May, about 67percent of 157 stabilization centers (for treatment of children with severe acute malnutrition with medical complications), 84 percent of the 1,924 out-patient therapeutic programme (OTP) centers (for children with severe acute malnutrition without medical complications) and 31percent of 1,482 supplemental feeding programme (TSFP) centers (for children with moderate acute malnutrition) across the country were operational. These figures will be further updated by 14 May based on inputs from NGO partners that have reported interruption of nutrition services in Central Darfur, parts of South Darfur, parts of Blue Nile and South Kordofan. An interactive map on functionality of services has been prepared.

WASH sector has been involved in mapping of partners, with support from OCHA, about 50 partners responded to this capacity mapping exercise, most partners have access in the Eastern states and Kordofan, Partners have limited access in Elfasher, East and Central Darfur. Access to hotspots like Khartoum, Gazira, South and West Darfur remains a challenge. Most International Non-government Orhganization (INGO) and UN Partners in the hotspot areas have lost their warehouses and offices and may not have enough capacity to respond in those locations. Efforts are on to use opportunities in between the clashes to carry out assessment and some light support to the affected in hotspot. WASH sector conducted an Ad hoc sector meeting on 7th May where partners shared the challenges, gaps and needs. Most partners are willing but need /cash and supplies if Sudan opens up safe humanitarian passage. During the week the ICCG and HCT decided to review/ update the existing Humanitarian Response plan (HRP) to capture the current crisis. An online Strategic Advisory Group consultation was held during the week to discuss the way forward and document the WASH needs/ impact, priorities, capacities, and funding needs which will contribute to the HRP revision. In Khartoum (Bahri,Altamman), 1.5 million people are not getting water from their piped network which has increased the suffering and have increased threats of water borne diseases. A truce/ceasefire/ to access the water supply system (bulk treatment and water supply system) is needed to rehabilitate, repair and make it operational.

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