



Rawan, 4-year-old, collects clean water from UNICEF supported water facility in Dakhliat Albanat IDP gathering site in Port Sudan.

unicef   
for every child

# Humanitarian Situation Report No. 12

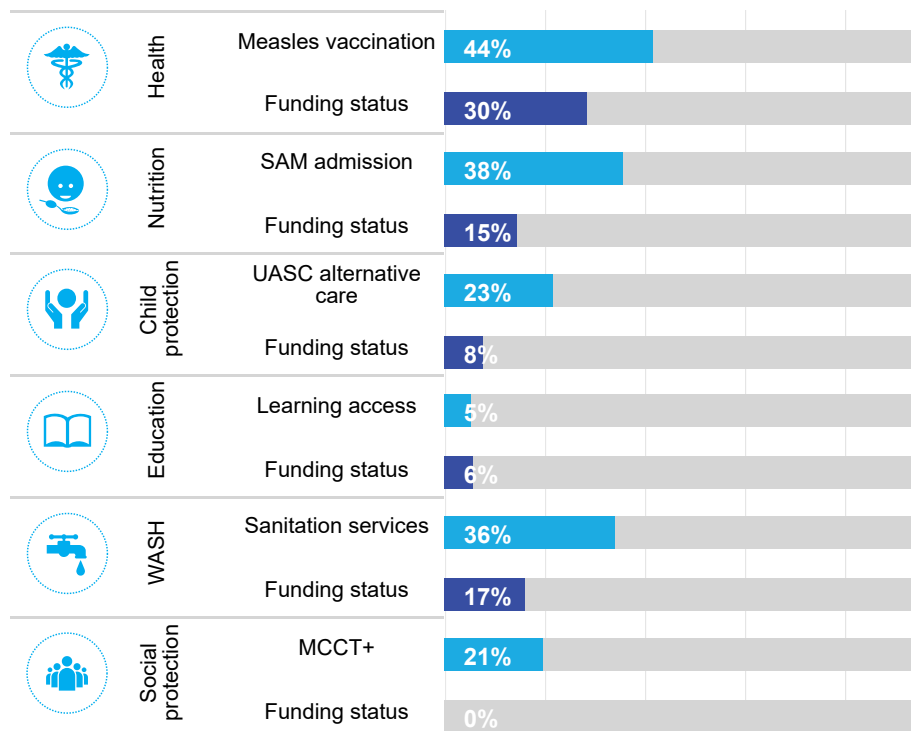
Reporting Period  
1–31 October 2023

## Sudan

### HIGHLIGHTS

- 200 days into the brutal war, Sudan remains the largest child displacement crisis in the world, with a recorded 3 million children fleeing violence.
- Reports of sexual violence have been rampant, with fighting intensifying in Khartoum, Darfur, and Kordofans. UNICEF has received allegations of over 3,100 severe child rights violations, including killing and maiming.
- 19 million children are unable to return to classrooms, making Sudan one of the worst education crises in the world. Deadly diseases are on the rise and 7.4 million children lack safe drinking water, exacerbating the threat of cholera.
- Despite challenges, UNICEF and partners have reached 5.9 million people with health supplies, 4.2 million people with safe drinking water, 3.9 million children with malnutrition screening – of whom 233,900 received life-saving treatment, 645,500 people with psychosocial counselling, learning, and protection support through 751 safe spaces, and 300,000 people with cash, information and services to preserve their health and resilience.

### UNICEF RESPONSE AND FUNDING STATUS\*



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

### SITUATION IN NUMBERS



**13,600,000**  
Children in need of humanitarian assistance<sup>1</sup>



**24,700,000**  
People in need of humanitarian assistance<sup>2</sup>

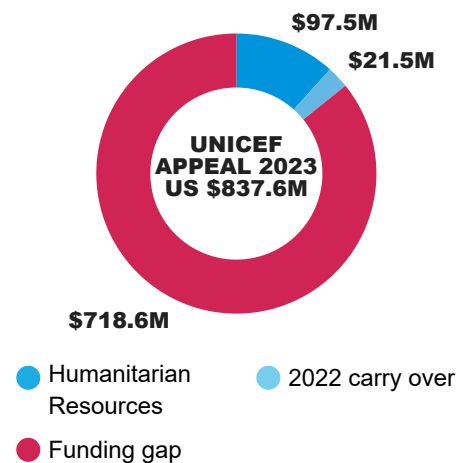


**9,400,000**  
Children targeted by UNICEF response in Sudan<sup>3</sup>



**3,000,000**  
Children displaced internally and across borders

### FUNDING STATUS (IN US\$)\*\*



\*\* Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

## FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF Humanitarian Action for Children (HAC) appeal 2023, which aims to reach 12 million people, including 9.4 million children, is only 14 per cent funded. UNICEF has activated additional US\$86 million complementary funding for preservation and resilience of systems for delivery of basic services and communities under the crisis response strategy. This makes UNICEF crisis response 24 per cent funded in total.

The country is faced with several disease outbreaks (cholera, measles, dengue, and malaria) and UNICEF urgently requires US\$40 million to help Sudan's disease outbreak prevention, preparedness, and response.

UNICEF would like to sincerely thank the donors supporting its humanitarian response in Sudan, in 2023, through the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, Canada, the United Kingdom, Norway, Kuwait, Japan, France, as well as Gavi, the Vaccine Alliance, Education Cannot Wait (ECW), Central Emergency Response Fund (CERF) and UNICEF National Committees.

The cost of inaction is unacceptably high:

- 14 million children will not receive the essential services they require to survive and thrive.
- 19 million children in Sudan will not go to school this year.
- Already 7.4 million children lack access to safe drinking water, of whom 3.4 million children under-five are at high risk of diarrheal diseases and cholera.
- 1.7 million children under-one risk missing critical lifesaving vaccinations to protect them from disease outbreaks.
- 700,000 children with severe acute malnutrition are at high risk of not surviving without treatment.

UNICEF projections show that if we act fast, we will immediately save tens of thousands of children's lives, save the current school-age generation from a US\$26 billion lifetime earning loss and limit the spill-over effects of the conflict on the wider region.

UNICEF is calling on its partners and the international community to:

- Prevent social systems from collapse by paying frontline workers, availing lifesaving supplies, and maintaining critical infrastructure.
- Provide support to re-open schools so that millions of Sudanese children can go back to classrooms, and conflict-affected children can learn and heal in safe spaces.
- Accelerate funding for lifesaving services - health and nutrition, water and sanitation, education and child protection – and advocate for humanitarian access.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

More than six months into the armed conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) across Sudan, the fighting intensified especially in Darfur. In West and South Kordofan, fighting between SAF and the Sudanese People's Liberation Movement-North (SPLM-N) persisted. Since the beginning of conflict in April 2023, the number of displaced people has increased to 6.1 million, of whom over 3 million are children, with over 674,000 being displaced within the reporting period alone<sup>4</sup>. Millions of people, particularly in Khartoum, Darfur and Kordofan, lack access to basic services such as food, water, shelter, health, nutrition and education.

Since 15 April, 58 attacks on the health care system have been verified resulting in 31 deaths and 38 injuries – with an average of 10 attacks per a month<sup>5</sup>. According to the Federal Ministry of Health (FMoH), outbreaks of cholera and dengue fever (in Gedarif, Gezira and Khartoum), and measles continue. As of 31 October, there have been more than 2,200 cases of acute watery diarrhea (AWD) and 77 associated deaths. Meanwhile, the cumulative number of suspected measles cases has reached over 1,100 with active cases in Blue Nile, Gezira, Sennar and White Nile<sup>6</sup>. All these factors are jeopardizing an already exhausted health system, making any further disruptions of the health care services across the country cost at least 10,000 young lives by the end of 2023<sup>7</sup>.

The insecurity and administrative impediments faced by aid organizations continue to make access to people in need challenging and unpredictable. A total of 131 incidents impacting humanitarian operations were reported in August and September. The highest number of incidents continued to be recorded in Khartoum (31 per cent), where 41 incidents were reported across six localities. Active hostilities represent 69 per cent of incidents, followed by violence against humanitarian personnel and assets (15 per cent) and operational interference against humanitarian partners (11 per cent)<sup>8</sup>.

UNICEF is staying and delivering for the children of Sudan, through a three-pronged humanitarian, development, and peace nexus strategy: maintain critical and lifesaving services in hotspot areas, provide urgent assistance to newly displaced and host communities, ensure basic service delivery continues in non-conflict areas.

# SUMMARY ANALYSIS OF PROGRAMME RESPONSE

## Health



A young girl nibbles on a BP-5 biscuits provided during a UNICEF-supported integrated health campaign conducted in IDP gathering points in eight localities of Gezira state

More than six months since the onset of conflict, the health situation of Sudanese children remains deeply concerning, particularly given ongoing outbreaks of measles, dengue fever, cholera, and malaria. During the reporting period, UNICEF continued to provide lifesaving interventions, reaching over 64,800 children with vaccines against measles and over 263,800 children and women with access to primary health care services in UNICEF supported health facilities. In October, medicines and supplies, enough to cover the needs of 230,000 mothers and children, were released to health facilities.

In support of the immunization programme, over 9.5 million doses of different vaccines were procured and received by UNICEF in Port Sudan. These vaccines were delivered to Blue Nile, Gedarif, Gezira, Kassala, Northern, Port Sudan, River Nile, Sennar and White Nile. Vaccine allocations for children in Shargel Neil, Umbada and Omdurman localities of Khartoum state were also delivered though neighboring states. Around 1,300 frontline vaccinators received incentives through UNICEF direct cash payments, based on green light from Gavi. Additionally, during this reporting period, UNICEF continued preparation for a campaign to introduce the new measles rubella vaccines into the Sudan routine immunization schedule, as a means to control measles rubella outbreaks. The first phase of the campaign is targeting children aged 9 months – 15 years in nine safer states of Blue Nile, Gedarif, Gezira, Kassala, Northern, River Nile, Red Sea, Sennar and White Nile.

To ensure continuity of services for maternal and child health, UNICEF distributed integrated management of childhood illness (IMCI) kits to partners across Sudan to cover the needs of 360,000 children. Additionally, 14,700 packs of zinc sulfate, 257 packs of amoxicillin, and 200 vials artesunate were distributed in Gezira and Sennar states. Through partners, UNICEF also provided maternal and newborn health related supplies for health facilities in Blue Nile, Gedarif, Kassala, North Darfur, Red Sea and Sennar. UNICEF continued to support the newborn intensive care unit, such as the one at the Damazine Maternity Hospital, providing cash incentives to frontline staff for three months and training to health workers.

The cholera outbreak has already claimed the lives of 77 people, with over 2,200 reported cases in Gezira, Kassala, Khartoum and Sennar States. UNICEF and partners expanded support to four new localities in Gedarif bringing total to ten localities. A total of 100 health service providers from all localities in Gedarif state received cholera case management training. UNICEF currently supports four oral rehydration therapy (ORT) corners in Gedarif, which covers IDP gathering sites and refugee camps. In addition, UNICEF continues to support emergency coordination forums and community-based surveillance focal points at the localities. UNICEF also provided cholera supplies to support the two cholera treatment centers in Gedarif and cholera treatment units in the peripheral localities to treat 500 patients.

In Khartoum, UNICEF continued to support ministry of health with cash incentives for 149 frontline workers in 40 primary healthcare centers, prioritizing five centers in cholera outbreak reporting sites of Karari, Omdurman and Shargelnil localities. While delivering supplies in Khartoum continues to be a challenge due to insecurity, an awareness-raising campaign in Karrari and Omdurman localities reached more than 1,000 people with key cholera prevention and control messages, and limited cholera supplies were delivered. In Gezira, UNICEF provided cholera treatment centers in Madani and Hasahisa localities with AWD supplies sufficient to treat 600 cases. UNICEF is also supporting health partners in establishing 28 oral rehydration therapy (ORT) corners at the community levels in cholera affected areas and in IDPs gathering sites, with a total 30 medical doctors being trained on cholera case management and infection prevention control.

## Nutrition

In October, UNICEF and partners continued to scale up the delivery of integrated lifesaving nutrition services across the country, including in areas with newly displaced people and areas affected by conflict. Based on a 70 per cent reporting rate, 233,900 children have been admitted for treatment of severe acute malnutrition (SAM) since the start of the year, accounting for 38 per cent of the annual target.

To facilitate the continued treatment of children with SAM across the country, UNICEF is supporting the operation of existing outpatient

therapeutic programmes (OTPs). New OTPs are being opened in areas with large numbers of IDPs or low service coverage, including four in Bawi locality in Blue Nile and one in Al Salambi IDPs gathering site in Gedarif. In October, UNICEF dispatched 945 metric tons of lifesaving nutrition supplies, with 439 metric tons already delivered, including ready-to-use therapeutic food (RUTF) to treat over 60,000 children with SAM in 14 states<sup>9</sup>.

To reach a greater number of children with both preventive and curative nutrition interventions, particularly in hard-to-reach areas and states receiving IDPs, UNICEF and partners continue to scale up the delivery of integrated services through health facilities, mobile teams and integrated mass campaigns which were held in Gedarif, Gezira, Kasaala, North Darfur and Red Sea during October targeting IDPs and host communities. Through these different modalities almost 268,000 boys and girls were screened for malnutrition, of whom 17,620 were identified as severely acutely malnourished and referred for treatment. To help prevent malnutrition, over 45,200 caregivers of children under the age of two were counselled and received messaging on optimal infant and young child feeding (IYCF) practices at both community and health facility levels, over 400,000 children (6-59 months) received the second annual dose of vitamin A and just over 17,700 pregnant women received iron folic-acid supplements.

To enhance service delivery, capacity-building continued for front line nutrition staff in October. Community management of acute malnutrition (CMAM) training was held for 196 nutrition service providers in North Darfur, and 85 nutrition staff in Red Sea received complementary feeding, dietary diversity and IYCF counselling training. Additionally, 140 Mother Support Groups were established in Blue Nile and North Darfur to support improved IYCF practices in their communities. To support the delivery of strengthened IYCF interventions, a Knowledge, Attitudes and Practices (KAP) survey is underway in Kassala.

## Water, sanitation and hygiene<sup>10</sup>

UNICEF continued to provide lifesaving WASH services to 16 of the most conflict affected states in Sudan<sup>11</sup>, reaching around 952,500 additional people (including 524,000 children) with safe drinking water<sup>12</sup>, around 23,400 people (including 12,900 children) with appropriate sanitation services, and around 628,500 (including 346,000 children) with hygiene promotion interventions. Additionally, around 24,400 people (including 6,100 children) benefitted from the distribution of critical WASH supplies, mainly hygiene kits, soap and jerry cans.

During the reporting period, UNICEF scaled-up its WASH interventions in cholera-affected/at-risk states, as part of its response to the expanding outbreak, providing over 760,000 people (including 420,450 children) with critical WASH services. Since the bacteria is often transmitted via contaminated water or food, several interventions were deployed aiming at breaking the chains of transmission. To ensure clean drinking water, UNICEF conducted one-off disinfection through shock chlorination of over 690 water supply sources, followed by regular treatment to water storage, distribution (donkey carts) and points of consumption (household level) in Gedarif, Gezira and Kassala. UNICEF also supported water quality surveillance efforts by conducting over 3,500 water quality control checks as part of chlorination monitoring at source and household levels in Gedarif and Kassala.

These activities were complemented with distribution of water treatment chemicals in critical areas. Through partners, UNICEF successfully transferred water purification tablets to a cholera treatment centre in Hasahisa locality, Gezira, and 100 chlorine drums to support water disinfection at one of the six functional water stations in Khartoum (Almanar), which just recently resumed operations after being struck by a mortar earlier in the month. To ensure a clean environment, UNICEF desludged 130 latrines in gathering points – collecting and safely disposing over 140m<sup>3</sup> of sludge in Gedaref and Gezira. To embed hygiene behavior change, UNICEF also conducted mass hygiene promotion activities in Gedarif, Gezira and Kassala, emphasizing key cholera-related preventive measures. These activities were complemented with distribution of handwashing soap, jerry cans and hygiene kits to consolidate the acquired knowledge. In Gedarif, grassroots-level sensitization was combined with high-level advocacy. Here, UNICEF played a critical role in raising awareness and obtaining commitment from state and locality level authorities to take an active role in cholera control plans (e.g., to ensure strict adherence to chlorination requirements) and to activate the public health act. Additionally, UNICEF engaged with private water source owners and sellers, sensitizing them to chlorinate their sources whilst discussing public sensitization options to reassure their customer-base of the importance of such measure.

UNICEF has actively responded to conflict escalation in the Darfur states, following recent clashes in South Darfur's state capital Nyala. In South Darfur, UNICEF rehabilitated five water sources (two water yards and three hand pumps) across the two main IDP-receiving towns (Boram and Rehed Elbirdi), benefitting 11,500 people (including 6,440 children). In Nyala town, UNICEF assured the continuous supply of drinking water to the last two operational health points (Turkish hospital and Elwehda hospital) through daily trucking of 150,000 liters of clean water per day. As a response to IDPs seeking refuge elsewhere, UNICEF also conducted emergency water trucking in El Fasher, benefitting 24,870 people (including 13,680 children). In West Darfur, UNICEF delivered 40 metric tons of lifesaving WASH supplies through a cross border response from Chad, benefitting 12,300 people (including 6,765 children).

These results showcase UNICEF's commitment, capacity, and agility to respond to complex and evolving crisis, providing a continuous lifeline of WASH services, at-scale, regardless of the emergency. However, a US\$67 million funding gap remains. If not addressed, 2 million people will continue with no access to basic WASH services, potentially leading to a further expansion of the ongoing cholera outbreak, whilst compromising health and nutritional gains secured through previous interventions.

## Child Protection

UNICEF continued to monitor grave child rights violations across the country. The recent escalation of conflict in Darfur has exposed children to increased risks of recruitment, sexual violence, killing and maiming. Remote verification of reported incidents of grave violations in South Darfur and West Darfur is currently ongoing in close collaboration with the Country Task Force on Monitoring and Reporting (CTFMR).

UNICEF, in collaboration with Child Protection partners, remains committed to providing essential protection services to children and their families affected by the recent conflict in Sudan. During the reporting period, 69,515 individuals received psychosocial support services, including 48,835 children (23,025 boys and 25,810 girls) and 20,680 adults or caregivers (10,389 females and 10,291 males). Following the provision of psychosocial support services, these individuals were then referred to appropriate services for further assistance. Moreover,

interventions aimed at mitigating, preventing, or responding to gender-based violence risks were made accessible to 14,626 individuals, consisting of 5,635 children and 8,991 caregivers. In addition, a safe and accessible channel was established for 11,887 individuals, including 4,001 children (2,580 girls and 1,421 boys) and 7,886 adults or caregivers (5,046 females and 2,840 males) to report instances of exploitation and abuse by aid workers. Furthermore, community awareness sessions on mine risk prevention, unexploded ordnance (UXO), peacebuilding, and social cohesion were conducted, involving the participation of 21,888 children (10,075 boys and 11,813 girls).

Alternative care arrangements and family reunification were provided to 626 unaccompanied and separated children (415 boys and 211 girls), including those without family care. UNICEF continues to prioritize the strengthening of data collection and processing mechanisms. To achieve this, a newly adopted child protection tool has been introduced to ensure real-time data collection and sharing of information from the field. Child protection providers have been equipped with this tool and have received training on its usage. In conclusion, UNICEF and its partners are firmly dedicated to advocating for and safeguarding the rights of all children in Sudan, while also addressing the needs of children and communities impacted by armed conflict.

## Education



Children participate in a drawing session at a safe learning space (SLS) set up by UNICEF at Al Maimona gathering point Hantob, Gezira state.

More than six months since the conflict began on 15 April, the learning situation in Sudan is deeply concerning, with 19 million school-aged-children not in school and in danger of not being able to resume their education.

Against this backdrop, UNICEF and partners established 751 child friendly safe learning spaces since January 2023 to provide close to 187,000 children, including over 94,000 girls, structured learning and an opportunity to resume friendships, socialize with their peers, engage in playful learning, develop skills, receive care and basic psychosocial support towards their holistic development by trained and attentive teachers.

During the reporting period, UNICEF established 77 new safe learning spaces, including in safe pockets in hotspot states like East Darfur, West Darfur, and the Kordofans and welcomed around 13,900 additional children. Of these, almost 5,700 girls and boys received learning materials and 4,108 adolescents actively engaged in adolescent-led sports, cultural, and health clubs to further enhance their overall wellbeing and holistic development. Moreover, 1,118 facilitators have been trained and equipped with skills to support children's wellbeing and learning.

UNICEF's Learning Passport continues to support uninterrupted learning for affected children, including those in areas of active conflict, displaced or on the move. Currently, over 33,000 children (with more than 7,300 users in October alone) both in Sudan and in neighbouring countries have been reached with access to quality, inclusive and gamified education through the programme.

## Social Inclusion and Cash Assistance

UNICEF continued to support vulnerable women and families through its flagship Mother and Child Cash Transfer Plus (MCCT+) programme, after resuming its first cash distribution in July 2023. The MCCT+ programme is implemented in nine vulnerable rural localities of Kassala and Red Sea states. Preparations are underway for a new cash payment cycle, which is planned to start in November. In the last cash payment cycle, about 51,200 mother and their 250,000 family members received their cash entitlements, along with health and nutrition services and information about essential family practices on newborn care, infant and young child feeding, hygiene, and protection. Following the conclusion of the last payment cycle, post-distribution third-party monitoring surveys were undertaken in Red Sea state in October and are about to be concluded in Kassala.

Preparations are also underway to expand the MCCT+ reach an additional 30,000 women and their 150,000 family members. The new registration will commence after the completion of the upcoming cash payment cycle. Ahead of the new registration, a series of community engagement and mobilization events were conducted, as well as refresher trainings for frontline workers, including midwives, social workers and health and nutrition workers.

UNICEF continues to make enhancements to its operational systems, integrated delivery of essential services, including child and woman protection services, as well as increase its cash programming capacity to expand MCCT+ and other cash programmes beyond the two Eastern states of Kassala and Red Sea.

## Cross-cutting areas



UNICEF's Communication Officer with children during an interactive theatre skit performed in a busy market (souk) in Sinkat, Red Sea. The theatre group performed a play on good hygiene and sanitation.

Cross-cutting areas:

### Social and Behaviour Change (SBC)

During the reporting period, UNICEF and partners reached 1.7 million people via its social media channels and U-Report, and engaged a further 277,000 individuals in Gedarif, Gezira, Khartoum Northern, River Nile and White Nile states, with household and IDP shelter visits, group discussions, lectures, and capacity-building.

Priority topics covered include health emergencies (specifically awareness, prevention and treatment of cholera and dengue), overall nutrition and immunization, child protection and WASH in emergencies (how to stay safe, avoid unexploded ordnance and support children during conflict, how to purify water at home, as well as how to avoid scams), and learning and skills (getting back to learning and UNICEF's learning passport). The engaged population includes 474 people with disabilities, 57 per cent women and 29 per cent children.

Routine socio-behavioural data collection is ongoing via online and offline community feedback mechanisms in all accessible states (Blue Nile, Gedarif, Gezira, Kassala, Northern, River Nile, Red Sea, Sennar and White Nile), feeding the accountability to affected population (AAP) database as well as driving response adjustments at the local level.

Trends in online social listening centre around disease outbreaks, nutrition needs, GBV and education. Specifically, online audiences shared challenges with access to clean drinking water and cholera cases, food, and outrage over reports of starvation deaths among Sudanese refugees in Chad; recruitment of children in Khartoum, exacerbated by lack of food. Focus on GBV continues, with local initiatives, organizations and individuals sharing experiences of targeted sexual violence and abductions. The reopening of schools in a number of states was met with positive engagement as well as concerns regarding fees and accessibility for IDPs.

### Accountability to Affected Population (AAP)

UNICEF continues to mainstream and integrate Accountability to Affected Populations (AAP) across all interventions, including those implemented through partners. During the period under review, focus has been on the strengthening of new coordination patterns and integration of systems to UNICEF Complaints and Feedback Mechanisms (CFM) system to enable direct tracking and reporting. A capacity development plan has been initiated for the implementing partners management and field teams, to ensure establishment of organisation wide accountability culture, and fulfilment of commitments and requirements as per the indicators/targets set.

UNICEF complaints and feedback mechanisms channels (toll-free hotline, email address and community help desks) remain active. Cases have been referred and processed according to the protocols. More than 2,000 outbound calls were initiated for provision of feedback to the complainants after the standard case management protocols and actioning of the cases were completed. Closing the feedback loop has been an essential element for reinforcing the trust between the communities and UNICEF. In addition, over 450 calls were received through the toll-free hotline ; 90 per cent of the calls were resolved as first case resolution after comprehensive counseling and information provision, whilst 10 per cent were referred for case management according to the set protocols. During the reporting period, network connectivity challenges have persisted and coordination is still on-going with all three network operators to boost the network at state level and facilitate the toll-free access which enables maximum reach to all their customers across Sudan.

To ensure standard feedback data collection and processing, the CFM team trained over 25 social workers acting as community help desk officers at distribution sites and coordinators from the Ministry of Health under the MCCT+ on CFM system adopted as revamp to the CFM component. A new communication and information package will be delivered by the help desk officers to the beneficiaries at sites.

While UNICEF is supporting cash related monitoring activities such as payment verification, the sensitization on the hotline remained active to facilitate wider outreach throughout different communication channels. Plans are underway to establish new outreach and sensitization channels in collaboration with partners.

## Prevention of Sexual Exploitation and Abuse (PSEA)

Reports of gender-based violence, missing young girls, rape cases and sexual exploitation are increasingly being received from hot spot states, including most recently from Darfur due to the escalation in fighting. The implementation of the PSEA training plan targeting national partners, relevant line ministries, UNICEF staff, new responders or volunteers, and affected communities is ongoing. During the reporting period, five PSEA training workshops reached 146 people (including over 100 females) from partners and government-relevant actors. During the reporting period, 30 PSEA focal points were identified to lead PSEA awareness-raising and training activities in Gezira state. Two online sessions for over 40 UNICEF health, nutrition and WASH, and staff were also organized. Dissemination of the PSEA information, education and communication materials, including PSEA brochures and posters in Arabic and Sudanese languages, in Halfa, Gezira, Khartoum and White Nile states is ongoing. So far, through partners, UNICEF has reached an estimated 2,300 people. Additionally, over 48,400 people were reached by PSEA key messages through U-Report or Facebook. Capacity-building activities were organized to strengthen the capacities of relevant partners, focusing on the community consultation exercises are planned for Gezira.

## Supply and Logistics

Since the start of the conflict, over 11,000 metric tons of critical lifesaving supplies worth US\$12 million have been delivered across Sudan, including 3,900 metric tons in hotspot areas and 7,300 metric tons in non-hotspot states. In addition, UNICEF supported and facilitated the transportation and delivery of 9.5 million doses of vaccines by 2 chartered airlifts to be delivered to nine states – Blue Nile, Gedarif, Gezira, Kassala, Northern, Port Sudan, River Nile, Sennar and White Nile. During the reporting period, child protection, health, nutrition, education and WASH supplies worth US\$4.3 million (including 25,659 cartons of RUTF worth US\$1.1 million) arrived in Port Sudan. Additionally, supplies worth US\$2.9 million are undergoing customs clearance at Port Sudan and Port Sawakin. The immediate offshore supply pipeline of lifesaving supplies worth US\$6 million is expected to arrive in Port Sudan in November. In addition, 55,750 kg of liquid chlorine gas worth US\$400,000 is expected to arrive in Sudan from Egypt through Wadi Halfa.

On Chad cross border operations, UNICEF has delivered supplies worth US\$218,600 to West Darfur. The second batch of supplies through Chad worth US\$500,000 has been ordered and an additional US\$500,000 worth of supplies are under processing.

The supply plan is now at US\$80 million (including shipping cost), with approximately US\$33 million worth of critical supplies already ordered, and approximately US\$47.9 million funding gap to urgently restock lifesaving humanitarian supplies to sustain and scale-up the response. To improve on last mile and end user monitoring of supplies, a decision has been reached to roll out three tools – Supply Downstream Dashboard, Real-Time Monitoring and Last Mile Monitoring by December 2023.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF leads Education (co-led by Save the Children), Nutrition and WASH sectors, and Child Protection Area of Responsibility (AoR) in Sudan. UNICEF is also a key actor in Health sector, and is co-leading AAP/Community Engagement (CEA) working group. Sectors have finalized people and children in need for Humanitarian Response Plan (HRP) 2024, with significant increases across UNICEF-led sectors compared to revised HRP 2023<sup>13</sup>. Targets and budgets are currently being finalized, with comparatively moderate increase due to access and capacity restrictions and insecurities.

UNICEF has full coordination and information management capacity at the national level. Additionally, UNICEF is continuing the efforts to strengthen coordination at sub-national levels, bringing on board roving coordinators and NGO co-coordinators, and conducting capacity-building across the sectors. These efforts include capacity-building training, and Child Protection AoR localization strengthening initiative with support from the global cluster, with the Child Protection localization strategy currently being finalized as the partners' engagement workshop is scheduled to take place in November. Formal training for Nutrition and WASH sectors is planned for November with support from global clusters. Child Protection AoR has activated coordination mechanism in Sennar state, with the leadership of the State Council for Child Welfare, bringing the number of sub-national level coordination to 15 states, including hotspot locations. In addition to regular partners meeting, sectors continue to coordinate response to emergencies e.g., cholera and floods response (WASH), and are also facilitating coordination with non-sector partners to deliver especially in hard-to-reach areas, including WASH response in Khartoum and Nutrition response in several hard-to-reach areas.

During the reporting period, the Child protection AoR members made valuable contributions in providing timely humanitarian services to conflict affected children and their families across the country, including hot spots and hard-to-reach areas. Over 75,000 children and their families received mental health and psychosocial support services (MHPSS) through structured and non-structured activities, over 14,700 people reached with different forms of gender-based violence response through a survivor-centered approach, almost 52,500 children were provided with landmines prevention or victim assistance interventions, and 84 children benefited from tailored case management services, including family reunification for unaccompanied and separated children and alternative care arrangements.

The Nutrition Sector conducted orientation on the Nutrition cluster approach focusing on the roles and responsibilities of cluster partners in Gezira and White Nile, two states with newly established coordination mechanism. By mid-October, the sector reached over 414,000 people, representing 16.5 per cent of the 2023 national target of 2.5 million, with over 52 per cent of those reached being severely malnourished children without medical complications. Partners, including UN agencies, highlighted funding shortfalls as one of the causes for low number of people reached. The sector also secured commitments from partners, primarily UNICEF and WFP, to support and fund the implementation of around 14 SMART surveys in accessible localities, which is crucial to understanding children's nutrition status, during the last quarter of 2023.

The sector continues to provide guidance to partners on potential response adjustments (programmatic shift) in different access scenarios. The sector adopted the new global WHO guidance on treatment of SAM cases using RUTF until children are completely cured. This marks the end of referring SAM cases to TSFP in Sudan, which in some cases meant discontinuation of treatment, where services were not

available. The sector also initiated formal collaboration with non-nutrition sector partners, complementing nutrition responses.

The Nutrition sector coordinates/oversee the pipeline of core supplies for malnutrition treatment (MAM and SAM with and without complications), whereby UNICEF procures and manages the sector's lifesaving supplies for the treatment of severe acute malnutrition (ready-to-use therapeutic food) for the sector. UNICEF is also the exclusive provider of supplies for immunization (routine vaccines) and maternal and child health (medicines and medical equipment), as well as substantive percentage of the WASH sector's supplies for emergency response.

The WASH sector established coordination forums in River Nile and Gedaref States, which has received large numbers of displaced, strengthened humanitarian response to address needs of newly displaced population. Furthermore, to re-establish sector coordination mechanism in South Darfur that was disrupted due to the ongoing conflict, WASH sector government counterparts and partners formed an ad hoc forum in neighbouring East Darfur State to take advantage to access humanitarian corridors when possible. WASH sector cholera response preparedness and response plan guides life-saving interventions targeting hotspot and vulnerable areas. Geographical expansion of sustainable water networks and improvement of environmental conditions are prioritized to mitigate favourable conditions for disease outbreaks particularly in IDP hosting areas. Pre-positioned WASH sector emergency supplies support sanitation services and complimentary hygiene promotion campaigns to influence positive community behaviour and practices. Inter-sectoral linkages at national and sub-national level optimize preventive interventions as well as strengthen early warning and early response activities in areas reporting cases of diarrheal disease and viral haemorrhagic fever including Gedaref, Sennar, Aj Jazeera, White Nile and Khartoum States. Constrained access to hotspot areas including Khartoum State, Kordofan and Darfur regions have limited WASH sector activities and programme monitoring. Dynamic population movement warranted frequent revisions of WASH sector response plans that face considerable challenges to implement due to limited funding.

Advocacy efforts to reopen schools in safe areas continue. While there is general agreement to re-open schools, likely in mid-November, several challenges remain, including payment to teachers, shortage of teachers, expected overcrowding due to displacements and many classrooms/schools in need of repairs due to conflict and extensive use as shelters. On an average eight per cent of schools are being used by IDPs as shelters in non-conflict states.

The challenges across the sectors remain to be insecurity, access, lack of capacity on the ground especially in hotspot states, limited available information in hotspots, limited number of partners in states receiving large number of IDPs, quality of reporting, and connectivity issues for partners to operate and for the sectors to reach out to partners. Increase in logistics and operational costs e.g., nutrition service provision, transport and running water facilities, amidst funding constrains also has significant implications for partners. The sectors are also engaged in discussions to standardize and ensure incentives payment to front-line workers to maintain operations.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Amira Khamis, a displaced midwife from Khartoum. Together with other midwives from Madani Midwifery School she received a midwifery kit to support maternal and newborn health during emergencies.

During the reporting period, UNICEF Sudan published the following articles, press release and videos.

- UNICEF Statement: Over 200 days of war leaves a generation of children in Sudan on the brink  
<https://www.unicef.org/sudan/press-releases/unicef-statement-over-200-days-war-leaves-generation-children-sudan-brink>
- Article: Saving lives and protecting children  
<https://www.unicef.org/sudan/stories/saving-lives-and-protecting-children>
- Article: I always feel relieved whenever I am able to save two lives  
<https://www.unicef.org/sudan/stories/i-always-feel-relieved-whenever-i-am-able-save-two-lives-amira>



- Article: Early detection and treatment of malnutrition among children under 5  
<https://www.unicef.org/sudan/stories/early-detection-and-treatment-malnutrition-among-children-under-5>
- Article: Hope and safety  
<https://www.unicef.org/sudan/stories/hope-and-safety>
- Article: Cholera, another threat to children in Sudan  
<https://www.unicef.org/sudan/stories/cholera-another-threat-children-sudan>
- Photo essay: Six months later  
<https://www.unicef.org/sudan/stories/six-months-later>
- Video: Midwife Amira save lives of mothers and children in Sudan  
<https://www.youtube.com/watch?v=1IU3EBRpFuY>
- Video: Sudan's frontline workers reach children during an integrated child survival campaign  
<https://www.youtube.com/watch?v=t7WjggixtBM>
- Video: Sudan's frontiers: interview with a nutritionist with UNICEF's James Elder  
[https://www.youtube.com/watch?v=OuwYAF\\_SUTI](https://www.youtube.com/watch?v=OuwYAF_SUTI)
- Video: Notes from the field: Cross-border supplies from Chad reaching Darfur  
<https://www.youtube.com/watch?v=hKXOeX46amA>
- Voices of children: hope and dreams for getting back to learning in Sudan  
<https://www.youtube.com/watch?v=tX21xDNsEfM>

## HAC APPEALS AND SITREPS

- Sudan Appeals  
<https://www.unicef.org/appeals/sudan>
- Sudan Situation Reports  
<https://www.unicef.org/appeals/sudan/situation-reports>
- All Humanitarian Action for Children Appeals  
<https://www.unicef.org/appeals>
- All Situation Reports  
<https://www.unicef.org/appeals/situation-reports>

## NEXT SITREP: 1–30 NOVEMBER 2023

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*	2023 targets	Total results	Progress*
<b>Health</b>								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	3.2 million	1.5 million	▲ 8%	-	-	-
Children vaccinated against measles	Total	-	1.7 million	727,011	▲ 4%	-	-	-
<b>Nutrition</b>								
Children 6-59 months screened for wasting	Total	-	5.9 million	3.9 million	▲ 12%	5.9 million	3.9 million	▲ 12%
Children 6-59 months with severe wasting admitted for treatment	Total	-	621,600	233,898	▲ 5%	559,446	233,898	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.6 million	529,438	▲ 13%	1.6 million	529,438	▲ 13%
Pregnant women receiving preventative iron supplementation	Total	-	1.6 million	48,326	▲ 1%	1.6 million	48,326	▲ 1%
Children 6-59 months receiving Vitamin A supplementation	Total	-	5.9 million	513,046	▲ 8%	5.9 million	513,046	▲ 8%
<b>Child protection, GBViE and PSEA</b>								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	349,213	458,598 <sup>14</sup>	▲ 20%	446,153	153,953	▲ 17%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,956	143,224	▲ 43%	70,979	42,093	▲ 21%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2.3 million	101,781	▲ 1%	-	-	-
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	352,128	90,611	▲ 6%	2 million	76,789	▲ 3%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	13,968	3,175	▲ 4%	16,224	12,348	▲ 5%
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	-	3.5 million	186,875	▲ 1%	4.3 million	190,992	0%
Children receiving individual learning materials	Total	-	3.5 million	99,931	0%	4.3 million	153,928	0%
Trained teachers/ECD facilitators	Total	-	57,915	5,134	▲ 2%	-	-	-

Adolescents and young people who participate in or lead engagement initiatives through UNICEF-supported programmes	Total	-	173,746	59,800	▲ 9%	-	-	-
<b>Water, sanitation and hygiene</b>								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	4 million	4.3 million	▲ 24%	4.4 million	1.4 million <sup>15</sup>	▲ 7%
People accessing appropriate sanitation services	Total	-	300,000	107,218	▲ 7%	911,181	1.2 million <sup>16</sup>	▲ 6%
Health facilities with basic WASH services	Total	-	30	18	▲ 23%	-	-	-
Learning facilities and safe spaces reached with basic WASH services	Total	-	50	64	▲ 4%	-	-	-
People reached with hand-washing behaviour-change programmes	Total	-	4 million	2 million	▲ 16%	4.9 million	566,640 <sup>17</sup>	▲ 5%
People reached with critical WASH supplies	Total	-	200,000	234,625	▲ 12%	-	-	-
<b>Social protection</b>								
Households reached with UNICEF-funded humanitarian cash transfers <sup>18</sup>	Total	-	250,000	51,651	0%	-	-	-
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>								
People who participate in engagement actions	Total	-	1.8 million	1.1 million	▲ 16%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	1.3 million	8,287	0%	-	-	-

\*Progress in the reporting period 1–31 October 2023

## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Health</b>	67,612,858	16,210,812	4,085,551	47,316,495	70%
<b>Nutrition</b>	346,245,840	41,272,747	11,055,464	293,917,629	85%
<b>Child protection, GBViE and PSEA</b>	86,016,472	6,028,553	787,780	79,200,139	92%
<b>Education</b>	123,211,757	5,782,865	1,958,076	115,470,816	94%
<b>Water, sanitation and hygiene</b>	80,325,302	11,374,825	2,015,963	66,934,514	83%
<b>Social protection</b>	100,000,000	-	-	100,000,000	100%
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>	34,198,848	16,865,322	1,573,183	15,760,343	46%
<b>Total</b>	<b>837,611,077</b>	<b>97,535,124</b>	<b>21,476,017</b>	<b>718,599,936</b>	<b>86%</b>

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## ENDNOTES

1. UNICEF Sudan Humanitarian Action for Children 2023 (revised in May 2023) <https://www.unicef.org/media/141031/file/2023-HAC-Sudan-revised-May.pdf>
2. Sudan: Revised Humanitarian Response Plan 2023 (Revision issued on 17 May 2023) <https://reliefweb.int/report/sudan/sudan-revised-humanitarian-response-plan-2023-revision-issued-17-may-2023-enar>
3. UNICEF Sudan Humanitarian Action for Children 2023 (revised in May 2023) <https://www.unicef.org/media/141031/file/2023-HAC-Sudan-revised-May.pdf>
4. Monthly Displacement Overview (02), DTM, October 2023. In October, 113,000 individuals crossed the borders and 561,000 people were internally displaced. This raises the number of internally displaced people (IDPs) to 4.87 million since the crisis started in April 2023, with additional 1.3 million crossing borders.
5. UNOCHA Situation Report, 26 October.
6. Federal Ministry of Health (FMoH) Report.
7. UNICEF and WHO warn that further attacks & disruptions of health and nutrition services in Sudan could cost over 10,000 young lives by the end of 2023 <https://www.unicef.org/sudan/press-releases/unicef-and-who-warn-further-attacks-disruptions-health-and-nutrition-services-sudan#:~:text=While%20sufficient%20data%20is%20lacking,well%20over%2020%20times%20the>
8. UNOCHA-Humanitarian Access Situation Report (August-September).
9. Blue Nile, Central Darfur, East Darfur, Gedarif, Gezira, Kassala, Khartoum, North Darfur, Northern, River Nile, South Darfur, South Kordofan, West Darfur and White Nile.
10. Achievements are driven through the engagement with 27 implementing partners (74 per cent national NGOs) operating with a portfolio of over USD\$12 million (94 per cent of which funded by UNICEF).
11. Blue Nile, Central Darfur, East Darfur, Gedarif, Gezira, Kassala, Khartoum, North Darfur, Northern, Red Sea, River Nile, Sennar, South Darfur, South Kordofan, West Darfur, and White Nile.
12. Including 48,500 provided with durable newly constructed/rehabilitated basic water sources and 904,052 provided with water chlorination, operation and maintenance support for existing water facilities and water trucking.
13. Sudan: Revised Humanitarian Response Plan 2023 (Revision issued on 17 May 2023) [https://reliefweb.int/report/sudan/sudan-revised-humanitarian-response-plan-2023-revision-issued-17-may-2023-enar?\\_gl=1%2A1kinsi9%2A\\_ga%2AMTUzNjU3MDgzMi4xNjYxMzI3MTg2%2A\\_ga\\_E60ZNX2F68%2AMTY5OTk1NTgzNy4yNS4wLjE2OTk5NTU4I](https://reliefweb.int/report/sudan/sudan-revised-humanitarian-response-plan-2023-revision-issued-17-may-2023-enar?_gl=1%2A1kinsi9%2A_ga%2AMTUzNjU3MDgzMi4xNjYxMzI3MTg2%2A_ga_E60ZNX2F68%2AMTY5OTk1NTgzNy4yNS4wLjE2OTk5NTU4I)
14. MHPSS results achieved through shared Education and Child Protection interventions.
15. UNICEF results are only partially reflected under sector results due to the different indicator definition.
16. UNICEF results are only partially reflected under sector results due to the different indicator definition.
17. UNICEF results are only partially reflected under sector results due to the different indicator definition.
18. MCCT+ cash distribution results were achieved using traditionally resilience/development-focused funding, which is why they are not reflected here even though the result is intrinsically HPD nexus.