



# UNICEF SUDAN

**HUMANITARIAN ASSISTANCE 2019**

# HUMANITARIAN ASSISTANCE ANNUAL REPORT

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## ACRONYMS

AWD	Acute Watery Diarrhea
C4D	Communication for Development
CFS	Child-Friendly Spaces
CMAM	Community Management of Acute Malnutrition
CLTS	Community-Led Total Sanitation
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
FTR	Family Tracing and Reunification
HAC	Humanitarian Action for Children
HDI	Human Development Index
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IHL	International Humanitarian Law
IMCI	Integrated Management of Childhood Illness
IDP	Internally Displaced Persons
IYCF	Infant and Young Child Feeding
LLINs	Long-Lasting Insecticidal Nets
MICS	Multiple Index Cluster Survey
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OCV	Oral Cholera Vaccine
ORS	Oral Rehydration Solution
OTP	Outpatient Therapeutic Programme
PBF	Peace Building Fund
PFA	Psychological First Aid
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
PTA	Parent-Teacher Association
RSF	Rapid Support Forces
S3M	Simple Spatial Survey Method
SAF	Sudanese Armed Forces
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals (or Sudanese Pound)
SLA-AW	Sudan Liberation Army (Abdul Wahid)
SPLM-N	Sudanese People's Liberation Movement – North
ToT	Training of Trainers
UASC	Unaccompanied and Separated Children
UN	United Nations
UNAMID	United Nations African Union Hybrid Operation in Darfur
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

## EXECUTIVE SUMMARY

### Last year was a remarkable year for Sudan...

... political protests in the capital and other states led to the fall of the 30-year regime of President Omar Al-Bashir on 10 April 2019. In August, an agreement for a majority-civilian transitional government – led by Prime Minister Abdalla Hamdok – was signed, providing new hopes and opportunities for Sudan and the Sudanese people. Establishing peace, ending the rampant economic crisis, as well as the engagement and empowerment of young people and women who were so critical to the change process, have been put at the fore as the priorities by the Prime Minister for the Transitional Government of Sudan.

At the same time, the situation of children and families deteriorated further amid a continued severe and acute economic crisis. Exchange rate devaluation and high inflation rates drove the cost of living up and household purchasing power down. Shortages of fuel, cash, and bread hit vulnerable children and families hard.

The country continued to face protracted, complex and overlapping humanitarian challenges. According to the 2020 Humanitarian Needs Overview (HNO), 9.3 million people – of which 5.3 million children – are in need of humanitarian assistance (a sharp increase from the 5.5 million people/2.5 million children in need of humanitarian assistance in 2019).

UNICEF continued to lead the education, nutrition, and water, sanitation and hygiene (WASH) sectors in Sudan, as well as the child protection sub-sector. During 2019, UNICEF put in effort to ensure that the humanitarian needs overview and the humanitarian response plan addressed vulnerabilities down to locality level. The needs identification and planning process of 2019, for the first time, was accounted for the raising poverty levels in the country. Sector leadership was critical in responding to the year's sudden-onset crises such as the cholera outbreak, population displacements and maintaining service delivery during the months of socio-political and economic instability. Given its role in four sectors, UNICEF promoted an intersectoral and integrated approach in the humanitarian planning cycle and in the prioritisation of allocations from the pooled funds.

A prioritisation exercise was done in each state to identify the most vulnerable communities in need of humanitarian assistance. Humanitarian partners included the Government of Sudan (line ministries) as well as national and international non-governmental organisations. Of note is that more partners were able to join in the prevention and response of the cholera epidemics in 2019, which was a new and important development with the new government. UNICEF's capacity in Darfur was further increased with some UNAMID staff lend to UNICEF to assist in areas related to child protection and peacebuilding. The peacebuilding work has been an important component of the Humanitarian, Development and Peacebuilding (HDPN) work that has become an integral part of the working modalities in Sudan.

#### Child protection

- During 2019, UNICEF and partners delivered psychosocial support services (PSS) through child-friendly spaces (CFSs), mobile teams and home visits to 219,674 children (96,421 girls) (67,003 South Sudanese refugees);
- 8,011 unaccompanied and separated children (UASC) were reunified with their families or placed in appropriate alternative family care (5,384 South Sudanese refugees).

#### Education

- 437,843 children (48 per cent girls) living in conflict- or disease-affected areas received education-in-emergency supplies as well as recreational materials (22,865 South Sudanese refugees);
- 53,717 children (51 per cent girls) gained access to safe learning spaces in constructed or rehabilitated classrooms (12,472 South Sudanese refugees);

#### Health

- 712,330 children under-one year received their first measles vaccination and are on their way to becoming immunised against the disease (28,493 South Sudanese refugees);
- 883,478 children (50 per cent girls) under-five received treatment for common childhood illnesses, such as diarrhea and pneumonia (104,893 South Sudanese refugees).

### Nutrition

- 260,000 children (50 per cent girls) under-five suffering from severe acute malnutrition (SAM) received therapeutic treatment through the UNICEF-supported community-based management of acute malnutrition (CMAM) programme (25,480 South Sudanese refugees);
- 882,511 mothers and caregivers received counselling on recommended infant and young child feeding (IYCF) practices (86,593 South Sudanese refugees).

### Water, sanitation and hygiene (WASH)

- 217,160 people (110,000 children) gained access to sustainable basic water supplies within less than thirty minutes walking distance. An additional 854,472 emergency-affected people (434,129 women, 435,781 children) gained access to improved water supplies such as hand pumps, solar pumps or water yards (5,000 South Sudanese refugees);
- 35,798 internally displaced persons and South Sudanese refugees (18,876 women, 18,257 children) were supported with basic sanitation facilities through the construction of new household and communal latrines (7,974 South Sudanese refugees);
- 5,300,000 new cholera-affected and at-risk populations as well as flood-affected internally displaced persons and South Sudanese refugees (around 2.7 million children) were reached with hygiene interventions (120,284 South Sudanese refugees).

The humanitarian landscape quickly evolved throughout the changes that Sudan underwent in 2019. Some key changes following the regime change included a significantly improved and easier humanitarian access as well as an end to some of the political sensitivities around acknowledgement of humanitarian issues, such as declaring cholera or data on nutritional deficiencies across Sudan.

### SITUATION IN SUDAN

Sudan is the third largest country in Africa occupying approximately 1.9 million square kilometres (almost half the size of the European Union) and is home for a rapidly growing population of 41 million people. More than half of Sudan's population are children (aged below eighteen). Spurred by a high population growth of 2.4 per cent, Sudan is experiencing a demographic shift towards a youth-based population. It will be critical for the adolescents and youth bulge to be provided with education and vocational opportunities, to harness the potential for inclusive economic growth resulting from the demographic dividend. Rapid urbanisation characterises the demographic changes, with over a third of the population now living in urban areas. Rural-urban migration is being driven in part by conflict, drought and desertification, as well as the search for better economic opportunities and access to basic services.

Socio-economic indicators remain low in a context racked by deep economic crisis. In the last decade, Sudan attained a lower middle-income country status. This standing, however, masks the disparity in child-specific social indicators between states. Sudan ranked 168 out of 189 countries and territories in the 2019 Human Development Index (HDI). More than 2.7 million children are malnourished – one of the highest numbers of malnourishment in the world – and a staggering three million children in Sudan are out-of-school (HNO, 2020).

National poverty levels rose drastically in 2019 and while the vast majority of the population felt the effects of the economic crisis, the most vulnerable bore its brunt. Real incomes, wages and purchasing power fell, driving six million people to food insecurity, with 58 per cent of households not able to meet basic daily food requirements<sup>1</sup>. Vulnerable communities resorted to reducing meals, switching to cheaper and less nutritious foods, borrowing, and selling livelihood and household assets, to the detriment of future generations and at the risk of creating poverty traps<sup>2</sup>. Others spent less on health and education and some also withdrew their children from schools.

In 2020, 9.3 million people – of which 5.3 million children – are in need of humanitarian assistance (a sharp increase from the 5.5 million people/2.5 million children in need of humanitarian assistance

<sup>1</sup> Integrated Food Security Phase Classification estimates from World Food Programme (WFP), 2019. West Darfur State was not analysed by the state-level technical working group; counting West Darfur, figures were estimated around 6.2 million.

<sup>2</sup> Impact of economic crisis: household economic situation and coping mechanisms: Khartoum state.

in 2019)<sup>3</sup>. Humanitarian crises – including protracted conflict and displacement, natural disasters, epidemics, emergency-level malnutrition and food insecurity – remain a major challenge. Sudan counts more than 1.8 million internally displaced persons (IDPs) who have fled violence and conflict. Since 2011, children in the armed-conflict zones of Jebel Marra, Blue Nile and the Nuba Mountains have been denied access to basic services, such as education, polio and measles vaccinations, nutrition services, and water and sanitation facilities and child protection. With the transitional government's focus on peace, and the possibility of the inaccessible areas opening-up, many more people – often deprived of social services for years – might be reached with humanitarian assistance in 2020.

Sudan also receives high numbers of refugees from neighbouring Ethiopia, Eritrea, Chad, Central African Republic and South Sudan and, in recent years, significant numbers of Syrian refugees and several thousand Yemeni refugees. The country is both a temporary and a long-term host country of refugees and migrants as many choose to move onwards to North Africa and Europe and Sudan stands prominently at the crossroads of the large, complex and constantly evolving Horn of Africa migration route. Sudan is also a country of origin for migration due to high poverty, unemployment, conflict and insecurity.

At the beginning of 2020, Sudan hosted more than one million refugees and asylum seekers, but the Government of Sudan estimates that the actual number is closer to two million. UNHCR estimates that there are over 810,000 South Sudanese refugees living across Sudan, the second largest figure in the region (after Uganda)<sup>4</sup>. The significant need amongst these communities remains and while UNICEF remains responsible for the 75 percent that reside outside organised camps, there is underwhelming financial support for South Sudanese refugees resulting in continued vulnerability to humanitarian crises.

#### **Conflict and socio-political instability**

The civil unrest over bread, fuel and cash shortages in late 2018 continued to build momentum, eventually transitioning into the political sphere with calls for regime change and civil unrest across most urban centres. Protests were regularly met by government forces using tear gas and other physical violence in its attempts to disrupt and dispel crowds. Protests culminated in the occupation of an area outside the Army Headquarters in the capital Khartoum, putting great pressure on the military to force the then President Omer Al Bashir to relinquish power. On 11 April 2019 this transpired, and a transitional council was established to stabilise the country and begin negotiations with civilian groups.

Distrustful of the military's intentions and wary of a superficial promise of civilian democracy, the protest movement remained in occupation to maintain pressure to negotiate the transition. The occupation was violently removed on 3 June 2019 with 112 civilian casualties, thirteen children among them, plunging the country into uncertainty and triggering the evacuation of all non-essential international, humanitarian staff from Sudan. Civilian calls for the cessation of economic activity brought the country to a halt and reiterated the civilian's position in the negotiation process. These negotiations continued until 2 August 2019 when an agreement was signed, a 'Sovereignty Council' was established to oversee the transitional period over the next three years and the current Prime Minister Abdalla Hamdok was sworn in along with a mostly technocratic Cabinet of Ministers. Over this period UNICEF was able to continue most activities with some minor disruptions. One noticeable impact on programming and response was the lack of incumbents for many key ministerial positions across ministries and over several months, often making critical interactions difficult.

The displacement of populations into existing camps continued in the Jebel Marra mountains in the Darfurs due to fighting between the Sudan Liberation Army – Abdul Wahid (SLA-AW) factions (SLA-AW Salih Borsa and SLA-AW Mabarak Aloduk). And while peace negotiations between rebel groups and the new government authorities continue to progress in Juba (as of March 2020), ground level security remains a prerequisite for internally displaced persons (IDPs) to be able to return to their

<sup>3</sup> Humanitarian Needs Overview (HNO), 2019

<sup>4</sup> Sudan Population Dashboard: Refugees and Asylum-seekers, UNHCR (as of 28 February 2020).

places of origin. Humanitarian access to most of these areas was restricted until the final few months of 2019 when peace negotiations established an agreement on the issue and initial visits occurred. Interagency assessments and community sensitisation activities were initiated as ground level access was granted. The gradual draw down of the UN African-Union Hybrid Mission in Darfur (UNAMID) and the restructuring of its associated responsibilities and allocation amongst the UN agencies has created another layer of complexity to the Darfur context.

The 'Two Areas' territories controlled by the Sudanese People's Liberation Movement North (SPLM-N) in Blue Nile and South Kordofan (Nuba Mountains) states remained largely inaccessible until late 2019 when UN agencies were granted access and several meetings and supply delivery took place.

Caveats remain on access, for example only international personnel are permitted to visit, land mines prevent road-based cross-line access from Sudan and supplies coming from government-controlled Sudan will not be accepted. Delivery of supplies in collaboration with the UNICEF South Sudan office has occurred to both Blue Nile and South Kordofan SPLM-N controlled territories. The newly-accessible 'grey areas' in Blue Nile, South Kordofan and West Kordofan in which control and influence belongs to neither the Government of the SPLM-N have also begun to receive more humanitarian attention. Given the contextual sensitivities, inter-agency coordination of the approach to the "Two Areas" is critical to the long-term peace and stability process and mechanisms have been created to ensure the needs of the most vulnerable are met in both the short- and long-term.

### **Economic crisis**

The economic trajectory that Sudan followed over recent years continued in 2019 with hyper-inflation and recurring fuel, bread and cash shortages and wage levels remaining stagnant. High fuel and wheat subsidies were a central policy under the Bashir regime and the fragility of the economic system was exposed without any foreseeable, sustainable, short-term solution provided. While policy shifts have been signaled, and attempts have been made to address corrupt sectors of the economy and government, real returns were yet to be seen by the close of 2019. The country's economic struggle increased the numbers exposed to poverty, especially in urban areas.

### **Disasters and disease outbreaks**

In 2019, Sudan was hit by heavy rains, flooding and disease outbreaks (chikungunya, cholera, dengue fever and malaria) in many parts of the country. In September 2019, the immediate declaration of cholera in Blue Nile and Sennar states by the Government of Sudan was met with strong support from the international community. Over the next two months an overwhelming response led by the government and sector partners halted the outbreak by 17 November 2019. The response included the procurement of 1.6 million vaccines, widespread hygiene campaigns, and health care. More details are included within the case study on page 18.

Across 2019, UNICEF has furthered its policy of integrated responses across the humanitarian, development and peace building context in Sudan. The activities across the traditional spheres of child protection, education, health, nutrition and WASH are increasingly woven into a holistic response and convened with cross-sectoral mechanisms such as the 'whole child approach', emergency preparedness, conflict sensitive engagement, gender-sensitive programming, child safeguarding, and 'do no harm' principles. UNICEF endeavours to extract the maximum value from the limited humanitarian funding available to ensure the long- and short-term needs of Sudan's most vulnerable children are met.

### **Geographical prioritisation**

Results of the Simple, Spatial Survey Method (S3M) were endorsed and disseminated by the Government of Sudan in July 2019 and helped to determine geographical areas with the highest needs, while enabling better targeting and programme expansion based on a prioritisation approach.

A child is vaccinated against measles in a health centre in South Darfur



## RESULTS

### CHILD PROTECTION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of girls and boys receiving psychosocial support	216,273 children	219,674 children	102%
Number of unaccompanied and separated children Reached with family tracing and reunification or alternative care	5,500 children	8,011 children	133%

During 2019, UNICEF and partners delivered psychosocial support services (PSS) through child-friendly spaces (CFSs), mobile teams and home visits to 219,674 children (96,421 girls). This represents an achievement of 102 per cent of the annual target. The mainstreaming of psychosocial support across different settings and interventions enabled UNICEF to reach a higher number of children with less available funding.

A total of 8,011 unaccompanied and separated (UASC) children were reunified with their families or placed in appropriate alternative family care. This is an achievement of 104 per cent, which is also higher than the available funding would suggest. This is due to outreach activities run via community-based networks and strengthened government systems of family tracing and reunification (FTR) services enabling UNICEF to reach more children for less. The majority of these, 67 percent were South Sudanese children who are often involved in internal migration within Sudan as well as cross border movement.

During the socio-political instability in the first half of the year, UNICEF extended its child protection services into Khartoum as the 'sit-in' protest area (as well as three communities most affected) became a focal point for vulnerable children. In collaboration with civil society organisations (CSOs), UNICEF provided safety information on the dangers and risks faced by children and adolescents in the 'sit-in' area. UNICEF established a designated 'safe space' – at some distance away from the central protest activities - where recreational activities, medical referrals, psychosocial support, family tracing and reunification services and protection trainings were provided all in all for 234 children. UNICEF established three mobile support units that would temporarily service a location before shifting to the next. Around 160 teachers were trained to provide psychosocial to around 15,000 school children, covering all localities in Khartoum. Peer-to-peer mechanism were also used to address mental health and psychosocial needs with training and support provided.

Following significant social media attention on the recruitment of children by the Rapid Support Forces (RSF) for deployment both in Sudan and Yemen. UNICEF alongside the Resident Coordinator's Office and UNAMID continued to address the issue of grave violations against children through engagement with government officials, departments and military organisations. UNICEF made two missions during July and again in November, to South and West Darfur respectively, visiting RSF barracks and training centres, conducting a comprehensive age verification exercise, awareness raising and training for troops to prevent underage recruitment. Troop reviews, interviews and documentation of suspected cases are used to identify and monitor individuals suspected to be underage, while transitional care, family tracing and reunification (for children associated with armed forces and armed groups who are identified) is used to support those confirmed. During verification visits, more than 600 RSF recruits in South Darfur, and 416 in West Darfur were screened and 92 RSF commanders were trained on protection of children from grave violations and the relevant legal frameworks including Sudanese Armed Forces (SAF) and RSF laws. Furthermore, 36 senior SAF officers also received seven-day training of trainers (ToT) on International Humanitarian Law (IHL), protection of children during armed conflict, and national and international obligations such as the Convention on the Rights of the Child (CRC) and the 2010 Sudan Child Act. Community dialogue on prevention and response to recruitment of children in armed forces and armed groups also took place.

## EDUCATION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of school-aged girls and boys accessing safe learning spaces	147,454 children	52,717 children	36%
Number of children who have received education in emergency supplies and recreational materials	372,356 children	437,843 children	118%

In 2019, 437,843 children (48 per cent girls) received education-in-emergency supplies and recreational materials and 52,717 children (51 per cent girls) gained access to safe learning spaces in newly-constructed or rehabilitated classrooms. This represents achievements of 118 per cent and 36 per cent of the respective targets, higher than what funding allocated (33 per cent of that required) would suggest. With reduced funding, teachers share supplies to facilitate learning for multiple children. UNICEF also supported 3,755 teachers (50 per cent women) to receive emergency response training. In addition, 4,709 education actors – such as headmasters and parent-teacher association (PTA) members (46 per cent women) – to take part in education-in-emergency, psychosocial support, life skills and child protection training.

The education sector faced several challenges in 2019. The socio-political instability combined with a high turn-over of Ministry of Education officials as well as the ongoing economic crises affected the timely implementation of education activities. Schools in Sudan had around fifty days of unscheduled closures due to the socio-political unrest. The relatively high cost of schooling, lack of classrooms, harmful social norms and child marriage continue to be major obstacles to children's access to education. To address these barriers and the difficulties children and teachers faced as a consequence of the instability, UNICEF supported integrated interventions that include community-driven awareness sessions on the importance of education, provision of conducive learning spaces, distribution of teaching and learning materials and capacity-building for adolescent and community leaders. South Sudanese refugee children remained particularly vulnerable to disruptions in education in 2019, including flood damage to schools in Khartoum open areas, and with little official state support.

UNICEF plays a critical role in supporting continued schooling particularly for South Sudanese Refugee populations, mostly in Khartoum state, East Darfur, White Nile and West Kordofan. This includes through the UPSHISFT programme, which prepares youth for adulthood by empowering them with life skills and social innovation skills such as creativity, effective communication, critical thinking and collaboration to be able to safe integration into their communities and contribute to Sudanese society in the future. Accelerated learning programmes for those children and young adults that were unable to receive education due to emergency circumstances. UNICEF also supported South Sudanese volunteer teachers to provide tuition as well as education supplies for 22,865 South Sudanese Children and safe learning spaces for 12,472.

Flooding and heavy rain in August resulted in extensive damage to education facilities in Central Darfur, Gedaref, Kassala, Khartoum, North Kordofan, West Darfur and White Nile with 297 basic schools, 293 kindergartens and 269 secondary schools being affected (Khartoum and White Nile states were most affected). Classrooms were either destroyed or partially damaged by the flooding, fences collapsed and learning materials were lost. Further, damage to latrines reduced access to water and sanitation facilities in schools and posed health risks. UNICEF provided education supplies and rehabilitated affected classrooms.

## HEALTH AND NUTRITION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of children under-one year of age receiving the first dose of measles vaccine	759,820 children	712,330 children	94%
Number of children under-five accessed integrated management of childhood illness (IMCI) services	914,251 children	883,478 children	97%
Number of children 6-59 months affected by severe acute malnutrition (SAM) admitted to treatment	300,000 children	260,000 children	87%
Number of caregivers receiving infant and young child feeding (IYCF) counselling	720,000 caregivers	882,511 caregivers	123%

Despite the challenging operational environment, 4,576,666 children under-five years of age were screened for malnutrition (50 per cent girls) in comparison with 4.2 million children in 2018. A total of 260,000 children were found to be suffering from severe acute malnutrition and treated through 1,495 outpatients therapeutic programme (OTPs) centres in comparison with 244,000 children treated in 2018. Of the children receiving treatment, 212,000 girls and boys were completely cured of severe acute malnutrition (versus 196,364 cured in 2018).

UNICEF procured a total of 5,470 metric tons (393,840 cartons) of ready-to-use therapeutic food (RUTF) in addition to 10,450 cartons of RUTF that were obtained on behalf of the Government of Sudan. In addition, therapeutic milk, medication for both inpatient and outpatient care, stabilisation centre kits (for children suffering from severe acute malnutrition with medical complications), anthropometric equipment and registers were secured. In 2019, UNICEF managed to establish a buffer reserve of ready-to-use therapeutic food (RUTF) to maintain an intact supply pipeline and to avoid stock-outs.

Fourteen stabilisation centres in the Darfur states were supported with supplies (e.g. medicines) for inpatient care for children suffering from SAM with medical complications, with UNICEF acting as the provider of last resort – and fulfilling its Core Commitments to Children (CCC).

A total of 883,478 children (50 per cent girls) under-five received treatment for common childhood illnesses, such as diarrhea and pneumonia, representing 97 per cent of the target. Similarly, to the above indicator, some programmatic funding benefits internally displaced and host communities and is captured under humanitarian results.

In addition, UNICEF continued the distribution of long-lasting insecticidal nets (LLIN) in Blue Nile, Darfur, Gedaref, Kassala, North Kordofan, West Kordofan, White Nile. Across all states, 8.6 million LLINs were distributed (99 per cent of the target). These reached 17 million vulnerable people through a country wide campaign to reduce the risk of malaria and other mosquito borne diseases.

For malaria case management, anti-malarial supplies were distributed including 13,632 packs of artesunate, 212,694 packs of artemether injection, 89,416 packs of quinine and 165,772 packs of Dihydroartemisinin across Sudan.

From April onward the largest ever measles vaccination campaign in Sudan was implemented. It encountered delays caused by the cash shortage but overcame a nationwide measles outbreak and the political upheaval. By the middle of the year, over nine million emergency-affected children between nine months and ten years were immunised against measles, over 4.4 million emergency-affected children under five years against poliomyelitis and 4.7 million emergency-affected children (aged six months to five years) received vitamin A supplements. During the campaign to date, 98.7 per cent of targeted children (9,116,527 girls and boys) received a measles vaccine, 99.8 per cent Oral Polio Vaccine (OPV) (5,373,880 girls and boys) and 98.4 per cent (4,724,117 girls and boys) vitamin A supplements. These numbers include children facing humanitarian needs and

encompassed 5,800 children living in previously inaccessible conflict-affected areas in South and West Kordofan, as well as those participating in UNICEF's development programmes.

Special measles immunisation sessions were held for children under-one year from vulnerable, displaced or refugee communities. As a result, 712,330 girls and boys received their first vaccination, reaching 94 per cent of the target. UNICEF results are higher than funding would suggest as measles vaccination activities are also supported by programmatic funding that benefits internally displaced and host communities.

Unfortunately, 202 new suspected measles cases were reported during the second quarter of 2019, bringing the total cases to 426 with two deaths. Vaccination remains the key containment intervention for measles. However, continued support of Ministry of Health facilities and rapid referral systems have helped to further reduce spread of the disease.

UNICEF delivered dedicated health and nutrition services to the South Sudanese refugees in refugee camps (East Darfur and White Nile) and informal settlements in East Darfur, North Darfur, South Darfur, South Kordofan, West Kordofan and White Nile states. As a result, 480,819 children under-five were screened for malnutrition, of which 25,480 children were found to be suffering from severe acute malnutrition and admitted for treatment. In addition, 86,593 mothers and fathers benefited from nutrition counseling services on recommended infant and young child feeding, 25,461 infants received their first dose of measles vaccination and 104,893 children under-five received medical consultation for common childhood illnesses. Health promotion services reached 420,640 people with messages on key family practices, including hygiene, use of bed nets and prevention of diseases like malaria, dengue and cholera.

Further, UNICEF supported the state ministries of health in Central and South Darfur to respond to the newly-displaced people who fled violence in the Jebel Marra region during the first quarter of 2019. This enabled standard medical treatment for 5,160 children under-five years of age in Central Darfur and 15,717 children in South Darfur. Malnutrition screenings for 4,261 and 3,550 in Central and South Darfur respectively revealed 985 SAM cases (852 in Central Darfur and 133 in South Darfur) and 889 moderate acute malnutrition (MAM) cases (704 in Central Darfur and 185 in South Darfur), which were referred to nutrition centres for treatment.

## WATER, SANITATION AND HYGIENE

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of people having access to water services	360,000 people	217,160 people	60%
Number of people having access to sanitation services	235,000 people	35,798 people	15%
Number of people reached with hygiene awareness	2,000,000 people	5,321,891 people	262%

The water, sanitation and hygiene (WASH) situation in Sudan was dominated by the response to water-borne disease following the late rainy season. On 9 September 2019, the Minister of Health of Sudan officially declared a cholera outbreak in Sudan's Blue Nile state after the first suspected case in Sudan was reported on 2 September in Roseires locality. As has been the case with acute watery diarrhea (AWD)/cholera outbreaks in the past, this outbreak had a link to unimproved water sources, poor sanitation, and the environmental and food hygiene situations. UNICEF was able to provide a swift emergency response involving the construction of new, improved water supply sources, the operation and maintenance of the existing water supply system, chlorination services for urban water systems servicing around 250,000 people, distribution of chlorination tablets, specialist assistance to the Ministry of Health and coordination of partners.

Seventeen hygiene campaigns were conducted in the most affected areas, with 38,267 home visits conducted along with awareness sessions, 40,500 pieces of soap were distributed, 19,997 households disinfected, 209 focus group discussions held, and public media messages were disseminated. Emergency hygiene messages reached over 4.5 million people. Two *oxfam tanks* were installed in the Ganis area of Roseires locality, to serve around 20,000 people in the cholera-affected area including 10,000 children. In addition, UNICEF supported the installation of four water bladders (10,000 litres) in four neighbourhoods in Ganis area, supplying an additional 10,000 people with improved water. UNICEF coordinated with the World Health Organisation (WHO) to support regular water quality monitoring of the existing water supply system in the affected and at-risk areas in seven localities of Blue Nile state.

During the outbreak, samples showed that seventy per cent of water supply systems within the network met hygiene standards, whereas only 39 per cent of water samples from outside the network met hygiene standards. A total of 222,985 people including 113,722 children were reached with hygiene messages. Water treatment chemicals and soap were distributed to affected and at-risk areas. The response contributed to the containment of the major cholera outbreak in Blue Nile, and neighbouring Sennar state, with readiness and responses in surrounding states reducing the impact.

In partnership with the governmental Water Environmental Sanitation (WES) department and the private sector, UNICEF successfully provided access to sustainable basic water supplies to 217,160 cholera-affected people including approximately 110,000 children (60 per cent of the 2019 target) and access to improved water supply services to around 854,472 people (434,129 women, 435,781 children). Funding limitations restricted the achievement of results against the target (only 62 per cent of requested funding was received in 2019), however the completion of construction projects that began in 2018 are counted against the 2019 results, creating a slight discrepancy between funding and results achieved.

UNICEF in partnership with the Ministry of Health and non-government organisations, successfully provided 35,798 internally displaced persons and South Sudanese refugees (18,876 women and 16,992 men) with basic sanitation facilities including around 18,257 children through the construction of new household and communal latrines (just fifteen per cent of the 2019 target). The employment of the community-led total sanitation (CLTS) methodology to service needs in prolonged emergency settings reduces the reliance on latrine construction, this result is measured under development programming rather than in humanitarian data.

South Sudanese refugees and their host communities gained increased access to water, sanitation and hygiene through the procurement and distribution of supplies and continued programming, mostly in the areas of South Sudanese concentration of North & South Darfur, South Kordofan and White Nile.

UNICEF in partnership with the Ministry of Health and non-governmental organisations, reached around 5,300,000 cholera- and flood-affected and at-risk population, internally displaced persons and South Sudanese refugees, including around 2.7 million children with hygiene interventions (262 per cent of the 2019 target). This was through mass media campaigns, hygiene promotion/cleaning campaigns and household visits with a focus on cholera prevention, handwashing and water safety. Hygiene promotion accompanied the distribution of handwashing soap, jerry cans and hygiene kits in Blue Nile, Sennar and White Nile states. Using mass media to reach vulnerable people and leveraging support from private and public partners enabled UNICEF to overachieve hygiene targets despite funding shortfalls.

## CROSS-SECTORAL

### Peacebuilding

In Central Darfur, UNICEF and UNDP are collaborating on a peacebuilding initiative in Golo, Jebel Marra – the most conflict-affected area of Darfur. This supports the functionality of rule of law institutions and youth participation in peacebuilding activities while promoting durable solutions for target communities. The project takes an integrated approach to supporting sustainable diversified livelihood opportunities, and improving education, protection and basic social services for returnees, nomads, farmers and host communities with a special focus on women, children and young people. Mainstreaming of conflict-sensitivity in both *what* the project does, and *how* it is done has strengthened the project's positive impact on contributing to peaceful resolution of conflicts and to strengthening social cohesion thereby reducing the recurrence of local tensions and conflict; it has also served a diverse implementation partnership. This project is the first Peace Building Fund (PBF) funded project in the country to initiate a coordinated approach bringing together the government, different agencies of the United Nations, national and international NGOs, academia, civil society and community leaders to discuss, engage and support common priorities for peace. Designed as a pilot project, the partnership has developed a series of lessons informing the design of a new PBF programme (2020-2022) to be led by UNICEF, UNDP and UNHCR across the five Darfur states.

### Sector leadership

UNICEF continued coordinating the WASH, nutrition and education sectors as well as the child protection sub-sector. The sector coordination teams worked with sector partners to determine locality specific, vulnerability and needs. This information is factored into the country wide, multi-sectoral annual Humanitarian Needs Overview (HNO) and corresponding Humanitarian Response Plan (HRP). Sector leadership was able to utilise this analysis to ensure funding was channeled to where it was most valuable. Sector coordinators were able to provide technical guidance for sectoral partners to help them cope with humanitarian incidents across the country such as the flooding in White Nile state, the cholera outbreak in Blue Nile and Sennar, as well as the deployment of a rapid response team following the third of June massacre. This helped to scale protection programming in Khartoum and in El Obeid following the shooting of six children by armed forces.

As part of the response to prolonged humanitarian needs, the child protection sub-sector leadership launched the case-management standard operating procedures, advocated for and conducted age verification exercises with armed forces, trained 48 humanitarian actors on community-based child protection networks, provided technical support for the development of the humanitarian cash transfer protection strategy, and trained front line social workers to care for child survivors of sexual violence.

Education sector leadership developed national guidelines for school construction during emergencies and trained partners to mitigate risks of gender-based violence and sexual abuse.

Nutrition sector provided lifesaving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent severe and moderate acute malnutrition in children under-five years, pregnant and lactating women. Working closely with the Ministry of Health, partners continued to scale-up services to manage SAM with medical complications in hard-to-reach areas. Currently around 1,447 outpatient therapeutic programmes (OTP) centres, 1,087 supplementary feeding programmes and 134 stabilisation centers are operational throughout Sudan. Sub-national coordination is fully operational within the eight regional hubs across Sudan.

WASH sector leadership launched an interactive WASH sector dashboard that maps all the WASH partners and their activities in various parts of the country. WASH sector leadership played an active role in mobilising partners in the East of Sudan to prevent and control the spread of cholera. A strategy was also developed for the humanitarian development nexus to integrate WASH programmes with other sectors and improve result achievement.

A girl carries her sister in a child-friendly space in North Darfur



## FUTURE WORK PLAN

Looking into 2020, Sudan remains in a fragile position. The new government has been tasked with ensuring that peace is established and maintained across the country, and with tackling the deep economic crisis.

Progress on fulfilling the peace obligations looks likely to continue, bringing humanitarian and development imperatives to previously inaccessible Jebel Marra in Darfur and to the SPLM-N occupied areas of South and West Kordofan and in Blue Nile. Communal conflict has erupted in several areas in early 2020 (Geneina in West Darfur, Port Sudan in Red Sea State and Abyei in West Kordofan), perhaps foreshadowing further challenges arising. UNICEF is driving for a new focus on conflict-sensitive engagement and programming to mitigate risks of further tensions and create long-term Humanitarian-Development-Peace Nexus-based outcomes. This will ensure humanitarian responses complement and reinforce development and peacebuilding efforts.

Government efforts to improve the economy will take time, both to implement and to have an effect. In the meantime, the increasing poverty rates are exposing vulnerable populations to acute risks. Nutritional frailties and out-of-school children are two of the symptoms that UNICEF has identified and prioritised to address with integrated responses. Failure to support the Government of Sudan during this transitional period threatens both the wellbeing of Sudanese children who are in need now and the future generations that will continue to suffer if the cycle of poverty and conflict is not broken.

Sudan will continue to face the recurrent challenges of years past. Flooding is likely to occur during the rainy season, which will usher in water-borne and mosquito-borne disease outbreaks. Internally displaced and refugee populations remain in need, especially with close over 600,000 South Sudanese refugees living in out-of-camp situations that fall under UNICEF's responsibility. New regional and international threats such as locust swarms and the global Corona/COVID19 virus present further complications to a nation and people already ravaged by years of conflict, disease and deprivation.

In 2020, UNICEF will focus on the following humanitarian objectives:

### Child protection

- 208,000 children accessing mental health and psychosocial support;
- 120,000 women and children reached with gender-based violence prevention, risk mitigation and response interventions;
- 8,600 registered unaccompanied and separated children supported with reunification services.

### Education

- 134,000 children aged five to seventeen years accessing formal or non-formal education;
- 404,215 children aged five to seventeen years receiving learning materials.

### Health

- 780,500 children under-one year vaccinated against measles;
- 987,700 children under-five years accessing integrated management of childhood illness services.

### Nutrition

- 300,000 children aged 6 to 59 months affected by severe acute malnutrition admitted for treatment;
- 900,000 mothers and caregivers accessing infant and young child feeding counselling.

### Water, sanitation and hygiene (WASH)

- 360,000 people accessing sufficient safe water for drinking, cooking and personal hygiene;
- 100,000 people accessing and using adequate sanitation facilities and living in environments free of open defecation;
- 1,500,000 people benefiting from water disinfection and operation and maintenance of drinking water supply services;
- 1,500,000 people reached with messages on appropriate hygiene practices.

Given that 65 per cent of the Sudanese population are under 25 years of age, getting things right for children, adolescents and youth in the immediate and longer term, will to a great degree determine how successful Sudan will be in the future. Urgent action is needed to make a critical difference in the most vulnerable children's lives in the next months, and years to come.

## CASE STUDY: HOW TO PREVENT CHOLERA FROM SPREADING

### BACKGROUND

Many parts of Sudan deal with annual floods during the rainy season and those areas have historically been susceptible to the waterborne diseases that accompany the rains. Poor sanitation, due to weak infrastructure and adverse hygiene practices allows certain diseases to spread rapidly through populations having made outbreaks a somewhat regular occurrence in the past. Acute Watery Diarrhoea (AWD) has been a critical one. People suffering from AWD lose fluids very quickly, through watery diarrhoea and vomiting. In severe cases, a patient can pass away from dehydration within hours if they do not receive treatment.

Such outbreaks occurred during three of the last four years (2016, 2017 and 2019) and have become recurrent in especially Blue Nile, Sennar, and White Nile states along the river Nile, due to low environmental sanitation indicators with more than forty per cent of people lacking access to sanitation facilities and practicing open defecation and more than thirty per cent of people without access to improved drinking water. An Acute Watery Diarrhoea or AWD outbreak in 2016 originating in Blue Nile, lasted from September 2016 until November 2017, where more than 2,358 cases and 78 deaths were reported.

On 2 September 2019, the first case of suspected AWD or cholera was reported in Roseires locality in Blue Nile. Following lab testing and confirmation of the strain, the Minister of Health officially declared a cholera outbreak in Blue Nile on 9 September 2019. Further cases were identified in Sennar, thereby demonstrating the spread of the disease and need for containment. Overall, 202 cases were admitted in Blue Nile and 132 in Sennar, with eight and three deaths recorded respectively.

The swift, formal declaration of the cholera outbreak was met with support from the international community and over the next two months an overwhelming response led by the government and sector partners in the origin and adjacent states halting the outbreak by 17 November 2019. The response included the procurement of 1.6 million vaccinations, widespread hygiene campaigns, and health care. The UNICEF-led sectors alongside the WHO-led health sector developed a six-month inter-agency response plan. Efforts to prevent and mitigate future outbreaks in 2020 are ongoing.

STATE	TOTAL CASES	RECORDED DEATHS
Blue Nile	202	8
Sennar	132	3

The current Sudanese transitional governments openness and willingness, contrary to the past, to test the disease and declare the disease formally as cholera rather than acute watery diarrhea (AWD), allowed for the very first time having oral cholera vaccines (OCVs) available to combat the outbreak as well as the significant mobilisation of immediate resources.

### RESPONSE

#### *Sector coordination of an inter-agency response:*

UNICEF took a lead role in coordinating an integrated response to the cholera outbreak, aligning the capacities of key sectors to tackle the outbreak. Alongside the Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF bolstered the existing coordination mechanisms and established new capacities in the states that have less humanitarian presence such as Sennar. Taskforces were rapidly convened, bringing together efforts of partners including the communities themselves, the World Health Organisation (WHO), government ministries, the Sudanese Red Crescent Society, Médecins Sans Frontières, Action of Disability and Development (ADD), and the Islamic Relief Fund. Senior sector coordination staff and technical specialists from across UNICEF's duty stations in Sudan converged to assist in water, sanitation and hygiene, health and nutrition and communication for development (C4D) planning and implementation. The decentralisation of the

coordination effort into the states involved ensured that decisions were made, and action was taken swiftly, ultimately curtailing the outbreak.

UNICEF collectively with partners managed to establish decentralised institutions at all levels, equipped them and developed their capacities which contributed substantially in containing the disease outbreak, coupled with having surge capacity from its Khartoum and other field offices (El Fasher, Nyala, Geneina), which also encouraged more partners – like Save the Children – to deliver response interventions.

*Water systems and chlorination:*

As cholera is spread through the consumption of contaminated water, ensuring water was safe to drink was critical in keeping community members healthy. UNICEF worked with the local government (Water and Environmental Sanitation department) to provide chlorination services at major community water points, including training for caretakers. Chlorination tablets and jerry cans were distributed for household use and defunct water pumps were rehabilitated to reduce the likelihood of contamination. Critical WASH emergency supplies, mainly water disinfection chlorine, water tanks, pumps, soap, hygiene kits and jerry cans were purchased, transported and delivered to beneficiaries.

*Sanitation and hygiene:*

Ensuring that adequate sanitation is available and that communities both understand and practice safe hygiene was critical in reducing the spread of cholera amongst communities. The community-led total sanitation (CLTS) approach, which mobilises communities to construct and use their own latrines to stop the prevalence of open defecation is UNICEF's long-term prevention and mitigation strategy that reduces the likelihood and scale of similar outbreaks. Roseires locality has been a focus for UNICEF's CLTS approach. Emergency latrines were also constructed, both to replace those damaged due to flooding and to provide sanitation for health facilities to help cope with the increased patient load.

Key behaviour change campaigns were carried out by the communication for development (C4D) taskforce using various methods such as street theatre, radio talks, and open discussions to relay key messages. These encouraged people to adopt positive hygiene practices and work together as a community to prevent transmissions. In Blue Nile and Sennar, UNICEF and the C4D taskforce trained 200 community health workers, to support social mobilisation around hygiene practices such as handwashing and ending open defecation. The community health workers also promoted treating drinking water with chlorine tablets or through boiling. Soap and hygiene kits were also distributed to vulnerable communities. UNICEF's hygiene promotion reached almost 4.7 million people during the cholera response.

*Medication and vaccination:*

In Blue Nile, UNICEF established five oral rehydration therapy (ORT) corners in Bau, Tadamon, Wad el Mahi and Roseires localities with a total of 222 AWD/cholera-affected people admitted for rehydration treatment. In Sennar, UNICEF supported the state ministry of health to establish five ORT corners in Wad el Navel locality in the cholera-affected areas of Al Bugaa, Al Ganabee, Al Sika Hadee, and Al Amaara and admitted 102 patients. Supplies delivered to assist in treating cholera-affected patients included 160 cartons of oral rehydration solution (ORS), eleven medical tents, 56 AWD/cholera kits, 16 public health centre kits, 20 integrated management of childhood illness (IMCI) kits, and 20 packs of zinc. UNICEF supported the Ministry of Health to implement two rounds of oral cholera vaccine (OCV) campaigns – in both Blue Nile and Sennar – reaching 1,540,074 people during the first round and 1,528,920 during the second round, and as such providing coverage to 93 per cent of the targeted population.

In addition, UNICEF provided technical assistance to the Ministry of Health team at state-level and worked closely with them to link the cholera response with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) referral mechanisms as malnutrition is a common, dire side effect of cholera/AWD. Maintaining and strengthening infant and young child feeding (IYCF) practices for children with cholera/AWD was also an important strategy to reduce the impact of the disease on affected children.

*Preparedness:*

In May 2019, UNICEF's Kassala Field Office worked with government partners in Kassala and Gedaref states on a planning exercise to identify the most likely localities to be affected in the event of an outbreak, what response would be needed and what supplies were required. This led to the prepositioning of supplies for chlorination and hygiene activities at the locality level, including some USD 70,000 worth of WASH and health supplies. Formal agreements were established with radio stations and implementing partners and response teams were formed, ready to deliver health and hygiene campaigns required to combat outbreaks.

When the outbreak occurred in bordering Sennar state, the planning process and preparedness actions proved to be critical to carrying-out an immediate response: community mobilisation was rapid, chlorination activities were continuously monitored and supplies (WASH, health and nutrition) were on call where they were needed. Five out of six localities were effectively protected from rainy season communicable diseases. The threat of cholera spreading across state boundaries was effectively neutralised by the ability to quickly focus prevention efforts where they were needed, including mobilising staff members to do so. UNICEF and its partners 'did not have to spend time thinking what to do'. Although Blue Nile and Sennar states were the source of the outbreak, preparedness activities across all states were critical in preventing the rampant spread through the eastern states. A delayed response would have put many children and their communities at risk of disease and death.

*Lessons learned:*

- Prepositioning of supplies is critical to preventing the spread of an outbreak once it occurs;
- Urban WASH should be prioritized to avoid any possible outbreak in the towns. Last year the outbreak started in the towns and then spread to the rural areas.
- Involving a multi-sectoral approach is necessary to confront the threat on multiple fronts, including child protection and education in assisting the promotion of positive behaviour change;
- Clear, decisive coordination support enables the resources available to be mobilised effectively;
- Technical support can also be effective as surge support as there is a much higher workload than the normal capacity of a field office can handle;
- Inter-agency planning is vital to have all the response mechanisms in place before an outbreak occurs, even if we cannot predict with certainty where or when an outbreak might occur;
- Prevention measures are an investment that pays dividends in money and in lives;
- Ensuring official declaration of a cholera outbreak early can mobilise considerable resources and swift administration of oral cholera vaccine.

*Looking forward:*

While the declaration of Sudan being a cholera free country on 23 January 2020 can be viewed as a successful result to the overall response, it is important for Sudan to remain vigilant against the threat of acute watery diarrhea (AWD) and cholera in the years to come. It is clear there is still much work required across all seasons to prevent cholera returning. The first step is the development of an inter-agency preparedness and response plan which UNICEF is currently formulating alongside the World Health Organisation (Who) and the Ministry of Health. Coordination at this point in the cycle will enable the synchronisation of efforts and a clear understanding of roles and responsibilities. Factoring government efforts into the planning will strengthen its capability to handle outbreaks independently and focus infrastructural development to diminish the threat.

Strengthening communities' resilience against potential outbreaks is at the core of UNICEF's programming. Continuing the community-led total sanitation (CLTS) programme across the states and into urban areas is a keystone of this priority. As more localities become open defecation free (ODF), practicing healthy hygiene and understand how to mitigate the threat of cholera, the risk to children fades.

### STORY: PROTECTING A COMMUNITY FROM CHOLERA

At a primary school in Sennar state a team of UNICEF vaccinators were received by a large crowd eager to get the oral cholera vaccine. Khalda, 32 years old, was there with her two young girls. After receiving their vaccinations Khalda asked the vaccination team lead, Rayan Adem, if she could be given an additional vaccine in order to vaccinate her 60-year-old mother. Khalda's mother wasn't able come to the vaccination site due to an operation she has undergone two days prior.

'I can't let my mother miss this opportunity and there is no way that she comes here for her dose. I don't want to worry about any of my family members contracting cholera', said Khalda. The UNICEF team was thrilled to see someone actively come forward to ask for a dose and help the vaccinators reach everyone in the community.

Rayan Adem mobilised her vaccination team to vaccinate Khalda's mother at home and the family was extremely appreciative. Khalda further helped the team by identifying other people in her neighborhood who had not received the vaccine.

UNICEF in collaboration with the Federal Ministry of Health has conducted an intensive public awareness campaign about cholera and the Oral Cholera Vaccine (OCV) campaign launched in October 2019. It has been extremely effective in raising awareness among the affected communities and beyond.

Khalda is just one among many who were proactive in not only getting themselves vaccinated but also in ensuring that their families and neighbors were vaccinated as well. The campaign and the efforts of individuals like Khalda has contributed to the exceptionally high coverage of the vaccination campaign. To date, UNICEF and its partners have successfully vaccinated over 95 per cent of their target.



Khalda's daughter receives the oral polio vaccine in Sennar state, Sudan ©UNICEF Sudan/Hassan

For more stories, please check UNICEF Sudan's website: [stories](#)

### STORY: A HAPPIER ENDING

A lady dressed in a beautiful purple gown enters the nutrition centre in Otash camp for internally displaced persons. She carries her youngest child – one-year old Awab – who suffers from severe acute malnutrition. Patiently she takes a seat between the other mothers and children waiting for their turn to receive treatment.

This is not the first time Amina visits the nutrition centre. Years ago, she lost her second child to malnutrition. The boy's condition deteriorated rapidly, and Amina - still being young - didn't recognise the signs of imminent danger on time. By the time she noticed that something was very wrong, the child had severe acute malnutrition with medical complications, and was urgently admitted to the hospital in the state's capital. It was too late. Malnutrition had made another young victim, a preventable death in many ways.

The story almost repeated itself with Amina's youngest child, but she was determined to get things right this time and change the outcome of the story. By the first signs the child fell sick she rushed to the health centre. Little Awab had diarrhea and vomited. Even after the vomiting stopped, he did not become better, every day she saw her child becoming weaker and weaker. The light was gone from his eyes, he had no energy to play or even smile. His mother wasted no time and brought him to the UNICEF-supported feeding centre in Otash camp. The boy was screened for malnutrition and admitted to the outpatient feeding programme.

Every week Amina returns with Awab. His progress is closely monitored, and they receive ready-to-use therapeutic food, a peanut butter paste that helps malnourished children to regain their strength. Awab is doing better every day. He shows more of his cheeky personality as he walks prominently around the treatment room, exchanging smiles and laughs with the other children.

Amina received counseling on infant and young child feeding and now knows better how to improve the nutritional status of her son and his siblings. 'I will do everything for my child', Amina says. 'I've already lost one cone child to malnutrition, but my youngest will survive'. Thanks to the support Amina received the story didn't repeat itself, this time it has a different ending, a happy one.



During his weekly check-up in the nutrition centre of Otash camp in South Darfur, Awab is screened for malnutrition.



#### EXPRESSION OF THANKS

UNICEF Sudan would extend its heartfelt appreciation to all our donors who continued to support us or even scaled-up their support during the remarkable year Sudan went through. UNICEF and partners reached millions of girls and boys with often lifesaving interventions, which would not have been possible without the generous funding received. Thanks to your support, UNICEF can continue its mission to meeting the needs and fulfilling the rights of the most vulnerable children, their families and communities.

Thematic/flexible and also early funding for UNICEF's humanitarian interventions is crucial as it provides us with greater flexibility to respond to the needs of children, particularly in emergencies. It allows us to have a bigger and more effective impact on the lives of vulnerable and marginalised populations in a highly volatile, complex and dynamically evolving context like Sudan. Flexible funding enables critical but unpredictable or otherwise unfunded activities to be carried out, activities that facilitate responses to best reach vulnerable populations efficiently. This includes non-routine monitoring, top ups and fulfilling needs that are excluded by other donor prescriptions.

#### FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. The form is available on line at this link: [English version](#) or [French version](#).

## FINANCIAL ANALYSIS

TABLE ONE: Planned versus funded humanitarian budget for 2019 (in US dollars)

Sector	Requirements	Funds available against appeal as of 31 December 2019		Percentage funding gap
		Funds Received in 2018	Carry-Over	
Child Protection	12,491,440	4,578,256	295,292	61%
Education	28,910,059	5,733,279	3,921,406	67%
Health	21,303,838	10,824,063	2,551,258	37%
Nutrition	53,284,176	24,218,382	11,424,110	33%
WASH	26,242,920	15,291,722	860,096	38%
Total	142,232,433	60,645,702	19,052,162	44%

TABLE TWO: Funding received and available by donor and funding type in 2019 (in US dollar)

Donor name/Type of funding	Programme Budget Allotment (PBA) reference	programmable amount*
<b>I. Humanitarian funds received in 2019</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in Table 3	SM189910	431,195
<b>b) Non-Thematic Humanitarian Funds</b>		
United States Fund for UNICEF	SM190568	612,500
SIDA - Sweden	SM190153	1,359,831
USA (USAID) OFDA	SM190097	1,078,749
The United Kingdom	SM180395	1,074,901
USA (USAID) OFDA	SM190302	7,434,184
USA (USAID) OFDA	SM190303	5,805,000
USA (State) BPRM	SM190411	5,700,000
Germany	SM190001	1,119,821
European Commission / ECHO	SM190319	1,136,364
European Commission / ECHO	SM200004	3,950,275
Sudan Humanitarian Fund	SM190314	249,940
Sudan Humanitarian Fund	SM190335	465,644
Sudan Humanitarian Fund	SM190442	500,289
Sudan Humanitarian Fund	SM190443	2,406,916
United Nations - DPKO	SM190206	1,952,569
United Nations - DPKO	SM190452	607,760
<b>Total Non-Thematic Humanitarian Funds</b>		<b>35,454,742</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF grants</b>		
<b>(ii) Other Pooled funds</b>		
CERF	SM190151	3,595,466
CERF	SM190152	2,048,542
CERF	SM190197	5,001,933

CERF	SM190436	5,624,990
CERF	SM190463	1,450,006
<b>Total CERF</b>		<b>17,720,937</b>
Other pooled funds		
<b>d) Other types of humanitarian funds</b>		
Other types of humanitarian funds		
USAID/Food for Peace	KM190011	3,223,093
USAID/Food for Peace	KM190013	1,037,318
USAID/Food for Peace	SM190127	1,499,594
USAID/Food for Peace	SM190140	1,278,823
<b>Total Other Pooled funding</b>		<b>7,038,828</b>
<b>Total humanitarian funds received in 2019 (a+b+c+d)</b>		<b>60,645,702</b>
<b>II. Carry-over of humanitarian funds available in 2019</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds		
<b>f) Carry over of non-thematic humanitarian funds</b>		
WFP - Italy	SM180583	512,162
European Commission / ECHO	SM180138	5,518,349
United States Fund for UNICEF	SM180571	453,704
European Commission / ECHO	SM180229	663,768
USAID/Food for Peace	SM180421	370,110
USAID/Food for Peace	KM180039	2,546,378
USAID/Food for Peace	KM180041	913,556
USAID/Food for Peace	SM180422	740,948
USA (USAID) OFDA	SM180292	145,699
USA (USAID) OFDA	SM180293	45,914
USA (State) BPRM	SM180355	363,210
UNOCHA	SM180442	275,796
UNOCHA	SM180443	455,873
UNOCHA	SM180454	1,334,770
USA (USAID) OFDA	SM180228	2,422,311
The United Kingdom	SM180395	1,968,720
UNDP - MDTF	SM180577	280,590
Government of Japan	SM180067	9,991
UNDP - MDTF	SM180190	30,314
<b>Total carry-over non-thematic humanitarian funds</b>		<b>19,052,162</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>19,052,162</b>
<b>III. Other sources carried from 2018</b>		
7% Set Aside	GS180063	47,769
7% Set Aside	GS180071	156,667
7% Set Aside	GS180089	1,275,000
<b>Total</b>		<b>1,479,436</b>

TABLE THREE: Thematic humanitarian contributions received in 2019 (in US dollars)

Donor name	grant number	2019 contribution amount (USD)
German Committee for UNICEF	SM1899100551	346,503
Swiss Committee for UNICEF	SM1899100578	84,692
<b>Total</b>		<b>431,195</b>

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