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UNICEF
SUDAN



HUMANITARIAN ASSISTANCE 2020

HUMANITARIAN ASSISTANCE

ANNUAL REPORT

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Cover photo: children can't wait to learn in a remote village in rural Kassala, eastern states.

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

A year after the start of the political transition and the signing of a peace agreement, humanitarian needs continue to rise across the country. These needs are primarily driven by poverty, conflict and climate change, and are exacerbated by decades of underdevelopment. The Sudan 2021 Humanitarian Needs Overview (HNO) points to 12.7 million people – 28 per cent of the population – in need of humanitarian assistance throughout 2021. This is 3.4 million people more compared to 2020.

The transitional political arrangements have endured the year's challenges and some key milestones have been reached, though at a slower pace than initially hoped. This includes the much-celebrated delisting of Sudan from the State Sponsorship of Terrorism list, which creates opportunities for the involvement of international institutions and foreign investment. The Juba Peace Agreement signed in August was a political step forward in the overall peace process and UNICEF has continued to take advantage of improved humanitarian access to the Jebel Marra region in Darfur, including reaching communities that have not received any assistance for more than ten years and areas in Blue Nile controlled by Sudan People Liberation Movement - North (SPLM-N) Malik Agar. However, the agreement does not include the largest rebel faction (SPLM-N Al Hilu) in South Kordofan nor the most militant in Darfur, Sudan Liberation Army/Abdul Wahid (SLA/AW), as key issues of political representation and inclusion of the many tribal affiliations from across Sudan remain a source of tension.

Despite the many challenges in 2020, UNICEF managed to achieve the following key results:

- 122,054 children (62,247 girls) received psychosocial support
- 4,132 unaccompanied and separated children (537 girls) were reached with family tracing and reunification or age-appropriate alternative family care.
- 11,416 children were supported with child protection services, including case management and referral to specialised support.
- 9,149 girls and boys accessed safe learning spaces.
- 203,253 children received education in emergencies supplies and recreational materials.
- 708,210 children under-one year of age received the first dose of measles vaccine.
- 1,618,767 children under-five years of age accessed integrated management of childhood illness (IMCI) services.
- 255,000 children-under five suffering from severe acute malnutrition received therapeutic food and care.
- 730,360 caregivers received infant and young child feeding (IYCF) counselling.
- 504,640 people gained access to water services.
- 68,434 people gained access to sanitation services.
- 2,195,826 people were reached with hygiene awareness.

The COVID-19 pandemic proved to be the major challenge in 2020, with government imposed restrictions on movement (inter-state) and social gatherings. In addition, the political restructuring and the economic deterioration impacted the work of UNICEF and its partners. Looking ahead, UNICEF aims to continue the provision of lifesaving services to children and their communities, while at the same time responding to both the direct and indirect impact of the COVID-19 pandemic.

SITUATION IN SUDAN

Economic deterioration

The dire state of the economy remains the largest and most urgent issue this new government needs to address. Rampant inflation, desperate shortages of fuel and bread, dilapidating infrastructure and underfunded government ministries, impacted everyday Sudanese households. Protests and queues for necessities, were a regular occurrence with subsidies for petroleum, diesel and LPG, and wheat causing market distortions that were unable to meet demand and sapped valuable foreign currency away from other government priorities (education, health etc.). Government revenue remained largely dependent on extractive industries rather than a viable tax base, and infrastructure continues to deteriorate with no funding for maintenance. Sudan was required to pay USD 30 million in compensation for the victims of the 2000 attack on the USS Cole as part of the negotiations to remove the country from the State Sponsors of Terrorism list, diverting funding in the short-term but with the hope that the first step toward normalisation will shift Sudan toward reintegration into the global economy.

Security and humanitarian access

The security situation in wider Sudan has deteriorated from what it was under the Bashir regime as security apparatus struggle to fill the footprint left after the dismantling of the myriad of intelligence and para-military organizations that restrained both civilian freedoms and criminal activities. Inter-ethnic crime and violence have had a marked increase with incidents resulting in multiple killings, with the worst in West Darfur, costing dozens of lives and displacing around 40,000 people in January 2020, flaring again in May and escalating significantly in January 2021 displacing close to 150,000. Tensions across Darfur remain as UNAMID continues its drawdown in 2021, with dynamics amongst power brokers in Darfur set to be disrupted. Regional issues continue to disrupt the stability of the region with the Ethiopian Refugee Crisis, the Egypt-Ethiopia-Sudan impasse over the construction of the Grand Renaissance dam, the Libya and Yemen conflicts, and Sudan's fragile neighbouring states to the south and west.

While access to opposition held areas in Jebel Marra has improved overall, ethnic conflict across several areas of Darfur has created intermittent security concerns and challenges when accessing affected communities. Conflict and cohesion sensitivity are regular considerations and a priority when engaging with these communities. Areas controlled by the Sudan Liberation Army Abdul Wahid (SLA/AW) remain unreachable due to continued conflict with government forces and other factions. The territories within Blue Nile and South Kordofan controlled by the Sudan People's Liberation Movement-North (SPLM-N) El-Hilu remain subject to access restrictions (no cross line land access and no national staff). The flooding during the rainy season (July to October) regularly impedes operations and access in pockets across Sudan.

Humanitarian situation

The humanitarian situation in Sudan deteriorated sharply in 2020, due to catastrophic flooding, an increase in inter-communal conflict, the substantial deterioration of the economy, the COVID-19 pandemic and rise in other communicable diseases - and in recent weeks - a surge of refugees following an escalation of hostilities in northern Ethiopia.

Humanitarian partners estimate that of the 13.4 million people in need, about 7.3 million need emergency assistance for life threatening needs related to critical physical and mental well-being.¹ Meanwhile, 13.3 million people require life-sustaining support to meet minimum living standards. The health sector has the highest number of people in need – 9.2 million, followed by WASH – 9 million, and the Food Security and Livelihoods sector – 8.2 million people in need. There are around three million children under-five suffering from acute malnutrition (SAM) out of which an estimated 570,000 have severe acute malnutrition (SAM).

¹ Sudan HNO 2021

There are 2.5 million internally displaced people (IDPs) in Sudan². Most of them are in Blue Nile, Darfur, and South Kordofan, which have been the epicenters of conflict over the past 17 years. These are also the areas where 52 per cent of people in need are concentrated, meaning also that almost half of the people in need are in non-conflict central and eastern parts of the country. This is a shifting trend as in 2018, 74 per cent of people in need were living in conflict areas. This is largely due to the deterioration in the overall humanitarian situation with much higher numbers affected by increased poverty and the complexities this raises in both rapid onset and prolonged crises. The Government's ability to respond remains restricted by a lack of funds and capacity. Around 2.6 million children (51 per cent girls) are threatened by the consequences of conflict, floods, disease outbreaks, poverty, displacement, and unemployment, causing high levels of life-altering traumatic injuries and stress that require support. One way to reach these children is through education, providing a safe place for children to learn, grow and access the support they require as well as providing long-term opportunities. However, more than 2.9 million (55 per cent girls) of Sudan's most vulnerable children need humanitarian support to continue their formal education.

Environmental hazards and disease outbreaks

The 2020 flood season affected 850,000 people and began with flash flooding affecting the States of Blue Nile, Kassala, Khartoum, North Darfur, Red Sea, West Darfur, and West Kordofan. Following this, heavy rains in upriver countries caused the Blue and White Nile rivers to rise to record levels and overflow, flooding households and infrastructure as they surged through Blue Nile, Gazera, Khartoum and Sennar states as the worst affected. UNICEF response focused on areas in and near Sinja town in Sennar state where the Dinder seasonal tributary also overflowed 100,000 people were affected. Swift pre-emptive action prevented a cholera outbreak from occurring in the aftermath of floods, however malaria and other mosquito borne diseases had a heavy impact on people and health systems.

The COVID-19 pandemic arose as an imminent humanitarian threat to Sudan. In March, UNICEF determined and initiated its response, aligned into the Transitional Government and wider UN response strategy. UNICEF took the national lead on *infection prevention and control* (IPC) and *risk communication and community education* (RCCE), country-level coordination, provision of WASH services to critical facilities, and provision of personal protective equipment (PPE). The education of 9.6 million children was affected by COVID-19 when all schools were closed in March and the scheduled reopening of schools in September was postponed until 2021.

Forced displacement

Past and current conflicts in Sudan and neighbouring countries have left thousands of people internally displaced or living as refugees and without basic support, in and outside of camps. As of February 2021, 2.5 million people, including 1.4 million children, are displaced due to conflict and ethnic violence in Darfur, Kordofan and the Eastern states. While peace agreements mark political progress, deep communal tensions can quickly ignite into deadly violence. Sudan also hosts 1.1 million refugees (including 715,000 children) fleeing strife from surrounding countries. Around 730,000 of these refugees are from South Sudan, including 474,500 living outside of camps in host communities³.

Regional geopolitical developments also affected Sudan with the conflict in Ethiopia resulting in over 60,000 new refugees arriving across the eastern border of Sudan. Refugees appeared in greater numbers from 7 November onwards with 50,000 arrived by 5 December with distressing reports of harassment and violence as they made their way to Sudan. Arrivals have been relocated from border entry points and trans-it centres to one of two sites, Um Rakuba and Tanyetba which can accommodate 20,572 (now at capacity) and over 50,000 (currently around 14,000) respectively. Services continue to be established in both areas and challenges going into the rainy season are foreseen with flood mitigation measures being explored. The host community must also be

² DTM Mobility Tracking figure of 2,399,433 plus the HAC figure for displacement populations in areas not covered by the DTM.

³ HNO 2021

considered during this crisis with considerable burden placed upon resources shared with new arrivals.

Looking to the future

Yet in this glooming picture there is hope. The new transitional government, and signed peace agreement present an unprecedented opportunity to get things right. Establishing peace, ending the economic crisis, as well as the engagement and empowerment of young people and women who were so critical to the change process, have been clearly put at the fore by Abdalla Hamdok, Prime Minister for the Transitional Government of Sudan.

The current momentum calls for action to capitalise on a potential shift to an enabling environment. It presents an opportunity to work on sustaining peace, capacity-strengthening and community empowerment. Going beyond treating the symptoms of vulnerability - such as acute malnutrition, poor health status or poor learning achievements - and focusing on opportunities to strengthen the capacities of service providers, systems and communities.

UNICEF, given its mandate spans across the humanitarian-development-peace continuum, continues to take a lead role in working in close collaboration with key UN and NGO partners in developing a humanitarian, development and peace nexus (HDPN) approach to coordination and programming in Sudan. This includes response to emergencies and lifesaving needs, investment in preparedness and resilience, seeking durable solutions for displaced people, supporting conflict prevention, social cohesion and peacebuilding, planning for longer-term development, and building and working with national capacities.

A child receives therapeutic food and care
In a stabilisation center for children suffering
from severe acute malnutrition and medical
complications in Abu Shouk camp for internally
displaced persons, North Darfur.



RESULTS

CHILD PROTECTION AND EDUCATION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of girls and boys receiving psychosocial support	208,000 children	122,054 children (62,247 girls)	59%
Number of unaccompanied and separated children Reached with family tracing and reunification or alternative care	8,600 children	4,132 children (537 girls)	48%
Number of children supported with quality, age and gender appropriate child protection services, including case management and referral.	120,000 children	11,416 children	9.5%
Number of school-aged girls and boys accessing safe learning spaces	134,738 children	9,148 children	6.8%
Number of children who have received education in emergency supplies and recreational materials	404,215 children	203,253 children	50%

Child Protection

During 2020, UNICEF's child protection response received close to 50 per cent of the funding required to meet its targets. Around 122,054 children (51 per cent girls) received psychosocial support through different approaches such as individual and family-based services as well as remote psychosocial support through radio stations and mobile phones. Around 59 per cent of the overall target was met, with the negative impact of COVID-19 measures in the first two quarters largely overcome through innovative delivery mechanisms (radio support and mobile teams).

A total of 4,132 unaccompanied and separated children (13 per cent girls) against a target of 8,618 children (31 per cent girls) were identified and reunified with their families or placed in alternative family care, which roughly aligns with initial planning assumptions. Internal displacement from internal conflict and violence in Central, North and West Darfur made up the majority of cases while the influx of Ethiopian refugees from the Tigray region caused around 848 children to be identified as unaccompanied or separated but these children are yet to be verified and included in the data.

UNICEF and partners provided prevention and response services such as legal, medical and psychosocial support to 11,416 victims of gender-based violence (GBV) (48 per cent girls) mainly in the Blue Nile, White Nile and South Darfur states. However, these numbers reflect the difficulty in verifying GBV victims reached rather than the true number benefiting from UNICEF services. Work is ongoing to improve data collection methods in 2021.

Efforts on ending the recruitment and association of children with armed forces and groups and the involvement of children in inter-communal conflicts continued throughout 2020. This included a two-day workshop with representation from the Sudanese Armed Forces (SAF), Rapid Support Forces (RSF), National Council on Child Welfare (NCCW), GBV Prevention and Response Unit (government partner) and other civil society experts to review the draft training manual for SAF to institutionalise the child protection and GBV prevention in armed conflict within SAF institutions. A team from UNICEF and the National Council for Child Welfare (NCCW) visited West Kordofan state to pre-test the logo and slogans for the upcoming campaign against child recruitment and association. Two workshops for 60 social workers from Blue Nile, Darfur, Khartoum, and Kordofan states were conducted to improve the knowledge, skills and practices of social workers dealing with children released from armed forces and groups. A visit to South Kordofan by the technical committee succeeded in negotiating the evacuation of troops from an occupied school and UNICEF has established a routine command to be issued every three months, by the Head of RSF and the General Command of SAF to all field commanders confirming the prevention of recruitment for persons under eighteen years and criminalising such action.

Education

Overall, the year 2020 has made access to education difficult for Sudanese children with over nine months of closure for educational institutions, especially basic and secondary schools, and the public ban on gatherings to curtail the spread of COVID-19. In summary, only 9,148 out of school children (60 per cent girls) were supported to gain access to formal and informal education opportunities with a total of 203,253 students (48 per cent girls) reached with education supplies to continue learning. This includes aiding Grade 8 and Grade 11 students to prepare for their transition exams and to ensure exam centres were equipped with necessary supplies (masks, soap, hand sanitisers) to provide a COVID-19 safe environment. As for improving school environments, UNICEF support helped construct 78 new classrooms, rehabilitate 161 classrooms and construct 50 school latrines for the benefit of 29,912 students (53 per cent girls) across Sudan. Also, 5,490 teachers (59 per cent women) were trained in *teacher preparedness training programme* (TPTP), teaching methodologies for the accelerated learning programme and early childhood education, life skills in emergency, and *education in emergencies*. UNICEF contributed to building the capacity of 1,564 members of the school management committees (36 per cent women) on co-school management, life skills in emergency, *prevention of sexual exploitation and abuse* (PSEA), COVID-19 awareness, and school improvement planning.

HEALTH AND NUTRITION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of children under-one year of age receiving the first dose of measles vaccine	780,500 children	708,210 children	91%
Number of children under-five accessed integrated management of childhood illness (IMCI) services	987,700 children	1,618,767 children ⁴	164%
Number of children 6-59 months affected by severe acute malnutrition (SAM) admitted to treatment	300,000 children	255,000 children	85%
Number of caregivers receiving infant and young child feeding (IYCF) counselling	900,000 caregivers	730,360 caregivers	81%

Nutrition

In the past 30 years, malnutrition rates have sadly not improved in Sudan. Worse still, the number of children who are stunted and wasted has actually increased since 1987, especially in Sudan's conflict-ridden Darfur region as well as the eastern states. Sudan has one of the largest numbers of malnourished children in the world. A striking three million children under-five suffer from malnutrition, of which more than half a million from severe acute malnutrition. Without treatment these children are at risk of severe illness, developmental delays and death.

Despite the challenging operational environment and COVID-19 pandemic, UNICEF and partners ensured the continuity of lifesaving health and nutrition services, even in the most hard-to-reach areas. In 2020, 3.5 million children under-five years of age were screened for malnutrition, with over 255,000 children treated for severe acute malnutrition (SAM), reaching 85 per cent of the 2020 target. This was possible with the funding available due to the carry-over of nutrition supplies from 2019. These admissions were as expected at this time of year, with COVID-19 having no significant impact on the continuity of community management of acute malnutrition (CMAM) services. Several infection prevention and control (IPC) measures and precautions were implemented to maintain services whilst ensuring the safety of beneficiaries and frontline staff.

Up to 730,360 mothers and caregivers received counselling on recommended infant and young child feeding (IYCF) practices at both community and facility levels reaching 81 per cent of the 2020 target. This was possible with the funds received as IYCF counselling is not heavily dependent on financial

⁴ UNICEF was able to mobilise more funding specifically for supplies in 2020, this allowed more than the yearly target to be reached. This was coupled with the inclusion of states (River Nile, Gezeira, Northern and Khartoum) which were not originally included in targets (an additional 987,000 children)

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

Nutrition services were available in 96 per cent of outpatient therapeutic feeding programmes (OTPs) across the country while one per cent require rehabilitation and three per cent need further confirmation. 98.5 per cent of OTPs were fully stocked and efforts continued to improve service quality with a cure rate of 92 per cent. To improve community and facility-level cadres' capacity, 1,099 female and male health workers were trained on CMAM, 11,463 volunteers were trained to community-based IYCF counseling while 1,512 health staff were trained on facility-based IYCF counseling services. Further 2,442 new mothers support groups were established, bringing the total number of mother support groups to 7,656 nationwide. In addition, 32,216 mothers of children suffering from SAM were trained on mid-upper arm circumference (MUAC) screening.

Health

Despite the socio-economic-political challenges and multiple health emergencies that Sudan faced during 2020, a total of 16.7 million boys, girls, men and women benefited from lifesaving packages of health and nutrition services through UNICEF support. Amidst the COVID-19 pandemic, UNICEF's efforts to maintain delivery of lifesaving health and nutrition services, in addition to directly responding to the COVID-19 outbreak was paramount. The functionality of the over 3,000 health facilities was restored and maintained with UNICEF support. Maternal, newborn and child health and nutrition services were scaled-up both at the facility and community levels.

However, the service uptakes for maternal and newborn care was affected significantly by the COVID-19 pandemic. As a result, the skilled birth attendance rate and the proportion of newborn babies who received postnatal care within two days of delivery declined from 88 per cent in 2019 to 50 per cent in 2020 and from 66 per cent in 2019 to 53 per cent in 2020 respectively.

A total of 1,618,767 (163 per cent of the 2020 target) sick, under five-year-old children received care through the integrated management of childhood illnesses (IMCI) approach as a result of scaling-up IMCI services in crises-affected areas, a two-fold increase from 2019. To this effect and to mitigate the risk of COVID-19 in which the availability of medicines and other medical supplies was critically low in Sudan, UNICEF delivered medical kits and supplied around 30 per cent more than in 2019. This included ready-to-use therapeutic food (RUTF), the inter-agency emergency health kits (IEHK) and midwifery kits among others. This sustained service helped prevent any cholera or measles outbreaks, and stock-outs of RUTF and vaccines did not occur in 2020.

UNICEF managed to mobilise more resources specifically for supply procurement that lead to increased coverage and access of more children under-five beyond the 2020 target. Also, with new CERF funding, UNICEF could support Gezira, Khartoum, Northern and River Nile states, which were not included in the 2020 targets (an additional 987,700 children were reached).

Further, 1,468,425 (87 per cent) and 1,273,504 (76 per cent) children under-one year of age were vaccinated against pneumonia and measles respectively during four rounds of immunisation, targeting the 109 lowest performing localities. Over 8.2 million children under-five received polio vaccinations. These figures include 708,210 children living in humanitarian situations or hard-to-reach areas (including refugees). This represents ninety (90) per cent of the 2020 target for measles vaccination. The vaccination programme met most of the targets for the year with less than 10 per cent not met due to COVID-19 restrictions and minor delays in campaign roll-outs.

As part of the direct COVID-19 response, UNICEF led on the infection prevention and control (IPC) and the risk communication and community engagement (RCCE) pillars, while contributing to the other response pillars. Having provided over 62,163 community volunteers and health workers with personal protective equipment (PPE), UNICEF was the largest provider of PPE in Sudan. The COVID-19 call centre, which UNICEF established at the Federal Ministry of Health (FMoH), received over

25,000 calls a day during the peak of the outbreak to report suspected cases of COVID-19 as well as asking for COVID-19 related information and is now providing health information beyond COVID-19.

UNICEF engaged with the Federal Ministry of Health to provide the required support to prepare for COVID-19 vaccine introduction, including supporting the country to fulfil the pre-requisites for vaccine deployment, establishing coordination mechanisms, and to provide technical assistance to develop and disseminate adjustable standard operating procedures (SOPs) and protocols, trainings, planning and monitoring tools, and advocacy materials. UNICEF also successfully advocated for the inclusion of teachers into the country's COVAX plans, as priority frontline workers to ensure that schools are open sooner than later.

WATER, SANITATION AND HYGIENE

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of people having access to water services	360,000 people	504,640 people	140%
Number of people having access to sanitation services	100,000 people	68,434 people	68%
Number of people reached with hygiene awareness	1,500,000 people	2,195,826 people	146%

The UNICEF WASH programme provided 504,640 crises-affected people (257,851 women, 17,837 South Sudanese Refugees) with access to sustainable basic water services. This was realised through the construction/rehabilitation of gender-sensitive, motorised basic water sources (mainly solar systems) and hand pumps, reaching 100 per cent of the 2020 target and achieving this with less funding than requested due to the programme focus on rehabilitating existing water sources rather than constructing new water sources.

UNICEF supported 2,277,612 crises-affected people (1,154,199 women, 27,167 South Sudanese and Ethiopian refugees) with operation and maintenance, and water disinfection services and/or interim emergency safe water sources. These interventions reached 91 per cent of the 2020 target. The programme managed to reach more people with less funding because of the high number of water disinfection interventions during the flood-response compared to the more costly focus on operations and maintenance of water systems in protracted crises.

UNICEF provided 68,434 crises-affected people (52 per cent women, 13,848 South Sudanese and Ethiopian refugees) with emergency sanitation facilities in the Darfur, Gedaref, Kassala, Sennar and South Kordofan states. These achievements were realised through the construction/rehabilitation of emergency communal and household latrines. This represented 34 per cent of the 2020 target. The underachievement in the emergency sanitation target was mainly because of the low emergency latrine construction funding and programme shift in the stable emergency areas towards the implementation of the community-led total sanitation (CLTS) development approach that sensitizes the community to construct their own latrines rather than using the direct latrine construction approach.

A total of 2,195,826 crises-affected people (51 per cent women, including 123,251 South Sudanese refugees) were reached with hygiene promotion interventions. These focused on handwashing with soap in Blue Nile, Darfur, Kassala, Kordofan, Sennar, Red Sea and White Nile states. This number represents 110 per cent of the 2020 target, an overachievement considering funding levels, which is due to the COVID-19 and major flooding response requiring more widespread use of hygiene promotion interventions.

Infection prevention and control (IPC) reached around 488,150 people (253,341 women, 244,078 children) in COVID-19 high-risk sites in seventeen states with supplies and services including hygiene promotion, sanitation and water supply interventions (160 per cent of 2020 target). The beneficiaries

were visitors and staff of isolation/health centres, internally displaced populations (IDPs), refugees, school children, prisoners and hygiene promotion officers. The overachievement was because of the prolonged COVID-19 pandemic presence and expansion in terms of magnitude and geographic areas that necessitated UNICEF expanded WASH COVID-19 supported interventions.

UNICEF responded effectively and timely to the needs of about 1.5 million flood-affected people who received disinfected domestic water. The WASH flood response helped protect the flood-affected communities from a cholera outbreak with zero cases reported.

UNICEF was among the first major humanitarian actors to respond to the Ethiopian refugee influx in Gedaref and in Kassala states. Prepositioned emergency supplies were a key success factors for UNICEF's immediate response. UNICEF established immediate interim water supply systems for the refugees at the reception centres and camp sites for 17,837 refugees through the establishment of well-disseminated water storage and distribution systems supported by water trucking systems. UNICEF is currently working to replace and expand the interim water systems provided with sustainable systems. In addition, 3,400 jerry cans, 25 handwashing stations, soap, and chlorine tablets were also distributed as immediate responses.

CROSS-SECTORAL

Peacebuilding

In the five Darfur states as well as South and West Kordofan and Khartoum, UNICEF is working with other UN agencies and organisations on two key peacebuilding programmes initiated in 2020. The first, supported by the UN Peacebuilding Fund (PBF), takes an integrated approach in Darfur to support durable solutions for IDPs and Sudanese refugee return (e.g. resolving land disputes), strengthening the Rule of Law and equitable access to social services and to foster a culture of peace including through active engagement of key community stakeholders. The second initiative targets wider States with a focus on COVID prevention to enhance social cohesion. Both initiatives are underpinned by conflict analysis, support social services that are sensitive to conflict and strengthen peace, and include empowerment of youth and women.

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 Blue Nile and the eastern states, and the ethnic violence in West Darfur.

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 out-patient 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 partners reached 1.1 million people with access to water supply, around 600,000 with access to sanitation, and 3.3 million with hygiene interventions. Partners were guided to focus more on common hygiene and handwashing interventions, which were important to protect the

population from COVID-19. The sector also led the infection, prevention and control (IPC) pillar of the COVID-19 response.

CHALLENGES

- The country is currently undergoing an important transition from a military rule to a civilian one. The transition itself has posed some challenges on programme implementation. The high turnover of government staff and the dramatic changes and restructuring of the relevant transitional government institutions led to lack of institutional memory and continues to be a significant bottleneck for ensuring continuity of quality services for children.
- Political instability in the country continues to be a challenge, along with changes at the decision-making level in the Government of Sudan. UNICEF works with technical staff within the different government institutions in order to help the continuation of the programme implementation.
- The impact of COVID-19 and the imposed lockdown delayed many interventions due to restrictions on gatherings and movement of staff.
- The economic crisis presented a significant challenge, as more children were in need, but resources were limited (due to discrepancy between official and market rate of the Sudanese Pound). The entire social system is fragile and overstretched at all levels. The economic reforms, particularly subsidy reforms, are increasing poverty and deprivation. The recent government decision to devalue the Sudanese Pound will have a positive impact on UNICEF's ability to implement, however the situation needs close monitoring over the next weeks and months.
- The security situation and eruption of political instability and tribal conflicts in different parts of the country, is adding another layer of vulnerability for the children in Sudan. UNICEF is leading the advocacy at different levels to have access to previous inaccessible areas in Blue Nile, Darfur (Jebel Marra) and Kordofan states.

LESSONS LEARNED

As with the rest of the world, COVID-19 measures have required UNICEF Sudan to adjust its business model in several respects, both internally and how we reach externally to reach vulnerable people. The restrictions on international movement of staff put a heavier burden on those in country to provide capacity where and when it was needed. A culture of “stepping in” was developed where staff from around the country readily shifted to field offices where humanitarian hotspots were. This however had its limitations when multiple crises occurred at the same time, for instance, in May COVID-19 measures were taking hold, when Geneina in West Darfur experienced an episode of ethnic violence and displacement. However, under normal circumstances, the speed with which human resources can be redeployed from within country, rather than internationally, makes it the first strategy to responding as quickly as possible and the Ethiopian refugee crisis in Gedaref was a good example.

COVID-19 has required the UNICEF Sudan office to rely much more heavily on information-communication technology, and with this has come a new ease of remote coordination and to some extent service delivery, opening the opportunity to leverage global resources in the future. Staff have been able to work from home, even while quarantining, while maintaining good communication with the rest of their teams. However, the importance of reliable internet service was amplified, and further risk mitigation measures are a priority for the future. UNICEF also widened its service delivery toolset by introducing remote learning opportunities for education and remote psychosocial support services for children and families affected by humanitarian emergencies. This provides a mechanism to scale reach exponentially as geospatial limitations are no longer a factor. In the future, access to internet services will likely become a commonplace need alongside those of traditional methods.

The success of “prepositioning”, having supplies situated as close as possible to where disaster is likely to occur, was reiterated in 2020 with the flood season. However other lessons along this path have been learned. It has become clear that response to other disasters can also benefit significantly from such exercises. The sporadic episodes of ethnic violence or refugee influxes were examples. However, it has been clear that much more preparatory work can be done beyond supply prepositioning. UNICEF is now looking at how it can “preposition” funding, ready for rapid disbursement, ways to speed up human resource deployment, and also clarifying and strengthening

coordination structures. The Gedaref response has shown how even in seemingly stable areas of Sudan, humanitarian needs can arise without warning and government buy-in to the “prepositioning” idea is crucial to a shock responsive state in the future.

Inflation and the deviation of prices from the fixed official exchange rate has been a constant challenge over 2020. As prices of locally purchased goods and services rose, the real value of foreign currency sold at the official rate plummeted making value for money a critical consideration. UNICEF has been able to reconfigure payment regulations to allow for USD to USD payments to international NGOs that are equipped with the right credentials and bank accounts. This exercise has strengthened UNICEF’s ability to remain engaged during times of currency volatility.

The endemic ethnic tension and sporadic violence outlined the need for UNICEF to take a broader approach to peacebuilding. With the inception of UNITAMS, UNICEF was tasked with a peacebuilding responsibility that was focused on the Jebel Marra and surrounding conflict areas. However, as violent outbursts occurred in almost every state that UNICEF operated in, it was clear that a nationwide approach and capacity was required. UNICEF is now actively strengthening its capacity in this regard with conflict sensitivity and community cohesion becoming mainstreamed in all programme areas.

UN agencies including UNICEF had the benefit of early funding from CERF in 2020. This “frontloading” generated significant benefits through providing funding in time to allow supplies to be purchased, delivered and then dispatched to prepositioning locations well before the expected emergencies occurred. There is usually a systemic delay or gap in funding at the beginning of the year which has knock on effects throughout the year, but this was avoided in 2020.

UNICEF was a critical component of the reflection and revision of the ‘security risk mitigation’ surrounding non-government-controlled territory in the Jebel Marra region. This eventually allowed UNICEF teams to access previously unreachable populations in a sustainable yet safe way. This provided several lessons that will be applicable in dealings with other non-government-controlled areas in other parts of Sudan.

In 2020, Sudan was elevated to priority status in UNICEF procurement mechanisms. This allowed Sudan’s requests to be fast tracked within the global system and considerably hastened processes which complemented the “front-loading” aspect of the CERF funding.

UNICEF engagement with the private sector has also provided much scope for development in the near future. Good experiences thus far include engagement following flooding, where private companies were able to deliver much needed construction supplies to government partners for infrastructural repairs and improvements. COVID-19 messaging also made significant use of partnerships with mobile communication providers to reach millions of users with key hygiene messages. These partnerships will be continually fostered and expanded to ensure win-win-win solutions for UNICEF, the Government of Sudan and the private sector enterprises.

FUTURE WORK PLAN

Looking into 2021, Sudan remains in a fragile position. The new government has been tasked with ensuring 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 Blue Nile and South and West Kordofan. Communal conflict has erupted in several areas in 2020 (Geneina in West Darfur, Port Sudan in Red Sea State), 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 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 COVID-19 pandemic present further complications to a nation and people already ravaged by years of conflict, disease and deprivation.

In 2021, UNICEF will focus on the following humanitarian objectives:

Child protection

- 349,000 children accessing mental health and psychosocial support;
- 203,200 women and children reached with gender-based violence prevention, risk mitigation and response interventions;
- 2,282,140 people with access to safe channels to report sexual exploitation and abuse;
- 13,500 registered unaccompanied and separated children supported with reunification services.

Communication for Development (C4D)

- 423,000 people reached with messages on access to services

Education

- 170,940 children aged five to seventeen years accessing formal or non-formal education;
- 288 schools implementing safe school protocols (infection prevention and control);
- 687,140 children aged five to seventeen years receiving learning materials.

Health

- 6,980 health care facility staff and community health workers trained on infection prevention and control;
- 961,200 children under-one year vaccinated against measles;
- 1,012,400 children under-five years accessing integrated management of childhood illness services.

Nutrition

- 330,000 children aged 6 to 59 months affected by severe acute malnutrition admitted for treatment;
- 990,000 mothers and caregivers accessing infant and young child feeding counselling.

Social protection

- 50,000 households reached with humanitarian cash transfers across sectors

Water, sanitation and hygiene (WASH)

- 2,750,000 people accessing sufficient safe water for drinking, cooking and personal hygiene;
- 550,000 people accessing and using adequate sanitation facilities and living in environments free of open defecation;
- 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: EMERGENCY WASH RESPONSE IN JEBEL MARRA

Aja and Boulay village clusters, in Northern Jebel Marra, are areas that have remained largely inaccessible since the eruption of the conflict in Darfur in 2003. Aja was completely abandoned back

in 2003 and people fled toward neighbouring areas and different displacement sites, specifically to Kabkabiya and Rokero.

At the end of 2019, the Sudan Liberation Army – Abdul Wahid faction (SLA-AW) contacted the Office for the Coordination of Humanitarian Affairs (OCHA) and requested delivery of humanitarian assistance to Aja and Boulay in Northern Jebel Marra. OCHA established a channel of communication with SLA-AW and with local government authorities to conduct a crossline mission to Aja and Boulay, as per the new directives. Collaboration with the SLA-AW is a new chapter for UN agencies, and it required close communication in order to lay the groundwork before the delivery of humanitarian supplies. OCHA's team in Central Darfur explained to the SLA-AW focal person that delivering needs is subject to assessment of the humanitarian situation. In addition, safety and security for the humanitarian teams as well as ensuring freedom of movement for the humanitarian teams is the responsibility of SLA-AW in their area of control. Subsequently, the inter-agency rapid needs assessment took place.

As there were no humanitarian partners present in Aja and Boulay villages, most of the basic social services were lacking in these villages: the nearest services are in Rokero, Sortoni and Golo, at approximately three hours walking distance. People in need include 5,544 people in both clusters (2,820 people in Aja and 2,724 people in Boulay).

During the inter-agency mission, the following needs for WASH were identified.

Boulay:

- Boulay community is fetching water from nine unimproved traditional dug wells which are likely contaminated. An additional three wells were vandalised and filled by stones during the conflict, and three wells were in high need of disinfection.
- The community stated that during dry season most of the dug wells dry up and only one lasts until the next rainy season.
- Community members complained about the smell and presence of worms in water.
- Very poor sanitation and hygiene situation was observed, especially among children, and not a single household latrine existed in the whole village.

Aja:

- The whole community depends on three open dug wells for drinking water, of which only two are functioning.
- Very poor sanitation and hygiene observed especially among children, and no household latrines.
- From focus group discussions, very few people know about the critical times for handwashing with soap.
- Community members reported cases of diseases such as malaria, bilharzia, diarrhea and respiratory infections (around 230 cases reported recently).

As WASH was found to be one of the most urgent needs, UNICEF supported the provision of access to safe drinking water to the population of Aja:

- UNICEF, through the government Water and Environmental Sanitation (WES) department, supported the drilling and installation of three hand pumps in the area, which serve 1,500 people.
- 30 community members were trained on community management of operating and maintenance (CMOM) and hand pump mechanic to ensure sustainability of the service.
- WASH non-food items (NFIs) including collapsible jerrycans and 33mg chlorine tablets for household water treatment, were distributed. The distribution was done together with the NFI sector.

While the interventions have not been able to address sanitation needs so far, UNICEF is planning to work on sanitation and hygiene promotion in the coming year, once the region becomes more accessible. Community-led total sanitation (CLTS) will be a main approach to improve sanitation and hygiene status in both communities.



Construction of hand pumps in Aja, Northern Jebel Marra (March to May 2020).

Ethiopian refugee children receive humanitarian services.



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 challenging 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 2020 (in US dollars)

Sector	Appeal Target	Funds Available Against Appeal as of 31 December 2020	
		Funds Received in 2020	Carried Forward
WASH	25,345,000	15,186,661	4,008,268
Education	33,222,430	11,059,307	1,363,553
Health	25,393,608	19,617,717	5,449,152
Nutrition	49,017,960	27,026,447	5,449,152
Child Protection	12,632,498	5,188,987	1,095,739
Sector Coordination	1,500,000	64,327	0
Total	147,111,496	78,143,446	17,365,864

* Funds available includes funds received against current appeal and carry-forward from previous year.

TABLE TWO: Funding received and available by donor and funding type in 2020 (in US dollar)

Donor Name/Type of funding	Programme Budget Allotment (PBA)	Programmable Amount*
I. Humanitarian funds received in 2020		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	64,327
b) Non-Thematic Humanitarian Funds		
Canada	SM200182	1,763,047
Canada	SM210014	3,129,890
Japan	SM200071	272,727
SIDA - Sweden	SM200845	1,760,770
USA (USAID) OFDA	SM200139	12,000,000
USA (USAID) OFDA	SM200654	5,000,000
USA (State) BPRM	SM200612	7,800,000
USA (State) BPRM	SM210013	5,110,000
Germany	SM200738	2,347,418

Germany		1,173,709
	SM210005	
Germany		1,173,709
	SM220002	
United Nations - DPKO		404,337
	SM190452	
UNDP - MDTF		
	SM200532	922,073
UNDP - MDTF		
	SM200805	1,049,501
UNDP - MDTF	SM200807	799,981
Total Non-Thematic Humanitarian Funds		44,707,161
c) Pooled Funding		
(i) CERF grants		
(ii) Other Pooled funds		
CERF	SM200076	23,027,392
CERF	SM200874	1,500,000
Total CERF		24,527,392
Other pooled funds	na	
d) Other types of humanitarian funds		
Other types of humanitarian funds		
USAID/Food for Peace	KM200002	1,630,031
USAID/Food for Peace	KM200004	4,717,541
USAID/Food for Peace	SM200081	1,500,000
USAID/Food for Peace	SM200088	996,993
Total Other Pooled funding		8,844,565
Total humanitarian funds received in 2020 (a+b+c+d)		78,143,446
II. Carry-over of humanitarian funds available in 2020		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	22,542
f) Carry over of non-thematic humanitarian funds		
European Commission / ECHO	SM190319	653,812

The United Kingdom	SM170463	72,718
United States Fund for UNICEF	SM190568	567,130
European Commission / ECHO	SM200004	3,745,411
WFP - Italy	SM180590	341,809
UNDP - MDTF	SM190335	165,030
USAID/Food for Peace	KM190013	960,480
USAID/Food for Peace	SM190140	848,545
USA (State) BPRM	SM190411	2,962,040
UNOCHA	SM190436	1,793,884
UNDP - MDTF	SM170652	32,405
UNDP - MDTF	SM190442	187,214
USAID/Food for Peace	KM180041	637,270
USAID/Food for Peace	SM180422	360,660
UNOCHA	SM190463	516,289
European Commission / ECHO	SM180229	161,361
USA (USAID) OFDA	SM190302	1,075,243
USA (USAID) OFDA	SM190303	1,325,539
United Nations - DPKO	SM190452	74,740
UNDP - MDTF	SM190443	831,704
USAID/Food for Peace	SM190127	29,266
UNOCHA	SM190151	774
Total carry-over non-thematic humanitarian funds		17,365,864
Total carry-over humanitarian funds (e + f)		17,388,406
III. Other sources carried from 2019		
7% Set Aside	GS180063	112,876
7% Set Aside	GS180089	709,554
		822,430

TABLE THREE: Thematic humanitarian contributions received in 2020 (in US dollars)

Donor	Grant Number	2020 Contribution Amount (USD)
Canadian UNICEF Committee	SM1899100843	10,219
German Committee for UNICEF	SM1899100551	54,108
		64,327

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