



**UNICEF  
SUDAN**

**UNICEF**

**HUMANITARIAN ASSISTANCE 2021**

# HUMANITARIAN ASSISTANCE

## ANNUAL REPORT

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Cover photo: a girl displaced by conflict in West Darfur stands in her tent in a camp for internally displaced persons.

## ACRONYMS

AoR	Area of Responsibility
COVAX	COVID-19 Vaccines Global Access
CFS	Child-Friendly Spaces
CMAM	Community Management of Acute Malnutrition
CLTS	Community-Led Total Sanitation
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention and Control (or Integrated Phase Classification)
IPV	Inactivated Polio Vaccine
IDP	Internally Displaced Person
IYCF	Infant and Young Child Feeding
JPA	Juba Peace Agreement
MRM	Monitoring and reporting Mechanism
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
OPV	Oral Polio Vaccine
OTP	Outpatient Therapeutic Feeding Programme
PBF	Peace Building Fund
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
RSF	Rapid Support Forces
S3M	Simple Spatial Survey Method
SAF	Sudanese Armed Forces
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals (or Sudanese Pound)
SPLM-N	Sudanese People's Liberation Movement – North
TPTP	Teacher Preparedness Training Programme
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNITAMS	United Nations Integrated Transition Assistance Mission
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation



## EXECUTIVE SUMMARY

The Sudanese revolution that ousted former President Omar al-Bashir and his regime in April 2019 gained worldwide attention and received strong support from the international community. Women and youth were at the forefront of the revolution and played a significant role in attaining political and social change. However, on 25 October 2021, the political and economic gains made after the revolution were threatened by a military takeover. The civilian transitional cabinet was dissolved, its leader was detained, and a state of emergency was declared. In the aftermath of the takeover, the breakdown of national governance systems, ongoing human and child rights violations, and a steep decline in available and planned international and domestic development financing, risk rolling back the hard-won achievements of the past two years.

As a result, millions of children and families in Sudan continue to suffer from financial hardship, the health and socio-economic implications of COVID-19, ongoing hazards such as flooding, drought, conflict, and displacement, as well as the effects of lifting subsidies from essential commodities in 2021. According to the 2022 Humanitarian Needs Overview (HNO), 14.3 million people are in need of humanitarian assistance, of whom 8.1 million are women and girls, and 7.8 million are children. The HNO also indicates that food insecurity reached an all-time high with 9.8 million people (22 per cent of the Sudanese population) facing an acute level of Integrated Phase Classification (IPC) Phase 3 and above.

Children of Sudan are among the most affected by the turmoil in the country. For vulnerable infants living through prolonged crises and emergencies, 1 out of every 18 will not reach their fifth birthday, and 1 in 7 will not have enough food to prevent wasting and stunting. Waterborne diseases such as cholera remain a risk due to unsafe drinking water. Even before COVID-19, more than three million children were out of school<sup>1</sup>, dispossessing young Sudanese of education, the safety of the schoolyard and school feeding. Conflict and insecurity increase forced recruitment and association with armed groups, creating physical and mental distress for all gender and age groups. These crises leave women more vulnerable to gender-based violence and negative social norms leave girls at risk of harmful traditional practices such as female genital mutilation (FGM) and restricted education.

Despite the many challenges in 2021, UNICEF managed to achieve the following key results:

- 217,232 children received psychosocial support.
- 11,838 unaccompanied and separated children were reached with family tracing and reunification or age-appropriate alternative family care.
- 28,467 girls, boys and women were supported with gender-based violence (GBV) risk mitigation, prevention, or response interventions.
- 280,864 girls and boys accessed formal or non-formal education, including early learning
- 444,829 children in humanitarian situations received subsidies, scholarships, grants, social assistance and/or teaching, learning and recreation materials to attend school.
- 1,289,285 children under-one year of age received the first dose of measles vaccine.
- 2,414,760 children under-five years of age accessed integrated management of childhood illness (IMCI) services.
- 260,376 children-under five suffering from severe acute malnutrition received therapeutic food and care.
- 854,067 caregivers received infant and young child feeding (IYCF) counselling.
- 3,280,000 people gained access to a sufficient quantity of safe water for drinking, cooking and personal hygiene.
- 82,000 people gained access to sanitation services.
- 1,762,700 people were reached with hygiene awareness messages.

The prospects created by the transitional government and the peace agreement have changed considerably because of the military takeover and its consequences. The situation remains highly unstable and unpredictable.

UNICEF, given its mandate that 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.

### 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 42 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.

#### Humanitarian situation

The humanitarian situation in Sudan deteriorated sharply in 2021 due to the military takeover, increase in inter-communal conflict, the deteriorating economic situation, the COVID-19 pandemic, floods and the subsequent rise in waterborne diseases.

Humanitarian partners estimate that of the 14.3 million people in need, about 9.1 million need emergency assistance for life threatening needs related to critical physical and mental well-being.<sup>2</sup> Meanwhile, 14 million people require life-sustaining support to meet minimum living standards. The WASH sector has the highest number of people in need – 12.1 million, followed by Food Security and Livelihoods – 10.9 million, and the Health sector – 10.4 million. There are around three million children under-five in need of nutrition assistance, of which 618,000 children under-five suffer from severe acute malnutrition (SAM) and need urgent treatment with therapeutic food to survive. Moreover, 59 per cent of the people in need are concentrated in conflict affected areas.

#### Economic deterioration

The economic crisis is driven by macroeconomic imbalances triggered by the 2011 secession from South Sudan and includes trade deficit, fiscal deficit, and distortionary economic policies subsidies, price controls, rampant inflation (averaging 360 per cent in 2021, with almost zero growth), desperate shortages of fuel and bread, dilapidating infrastructure and underfunded government ministries, which impacted the livelihoods of Sudanese households. Prior to 25 October, Sudan made notable progress in removing constraints to accessing international finance, albeit income flow of foreign currency (i.e., International Monetary Fund, extended credit facility) is on pause due to the current political crisis.

Government revenue remained largely dependent on extractive industries rather than a viable tax base, and infrastructure continues to deteriorate with no funding for maintenance. All of the above factors have resulted into Sudan's heavy dependency to humanitarian aid. Economic deterioration disproportionately affects women and girls resulting into higher risks of gender-based violence (GBV) and other forms of exploitation and abuse. More girls are dropping-out of school and get married at a younger age so as the household would not have to provide for them.

#### Security and humanitarian access

The security situation in wider Sudan has deteriorated from what it was last year. There was a marked increase in inter-ethnic crime and violence, with incidents resulting in multiple casualties. Currently, three million people are considered internally displaced. Major regional conflicts in Ethiopia and Libya continue to disrupt the stability of the region, as well as smaller protracted crises in Sudan's south-western neighbour (Chad, the Central -African Republic and South Sudan). Men and boys are at higher risk of being killed or forcibly recruited leaving behind a high number of female-headed households.

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

<sup>1</sup> Sudan HNO 2022

<sup>2</sup> Idem

affected communities. Conflict and cohesion sensitivity are regular considerations and a priority when engaging with these communities. 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 crossline land access and no national staff). The flooding during the rainy season (July to October) regularly impedes operations and access in pockets across Sudan.

### **Environmental hazards and disease outbreaks**

The 2021 flood season affected 314,500 people: destroying 15,500 houses and damaging another 46,500. The most affected states were Gedaref, Gezira and White Nile. UNICEF worked with state-level authorities to provide first emergency response. 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 current structure of the health system impedes further monitoring, reporting and treatment of the actual cases as laboratory testing for specific widespread diseases is not always available at a locality-level and thus, inaccessible to the affected population.

The COVID-19 pandemic arose as an imminent humanitarian threat to Sudan. 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). Children were disproportionately affected by COVID-19 as the extended school closures impacted their well-being and placed them under further protection risks. Schools reopened in January 2021, however, with great disruptions throughout 2021 due to COVID-19 but also due to the political instability. Moreover, due to quarantine policies and practices, women spent more time at home with potential abusive family members and had no way out, weakening social protective systems already in place for women, thus leaving them more vulnerable to gender-based violence and particularly *intimate partner violence* and other harmful traditional practices such as female genital mutilation (FGM), which is widely prevalent in Sudan.

### **Forced displacement**

There are three million internally displaced people (IDPs) in Sudan<sup>3</sup>. Most of them are in Darfur, Blue Nile and South Kordofan, which have been the epicenters of conflict over the past 17 years. This is largely due to the deterioration in the overall humanitarian situation with higher numbers affected by increased poverty and the complexities this raises in both rapid onset and prolonged crises.

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 through its position 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 2022, Sudan hosted more than one million refugees and asylum seekers.<sup>4</sup>

In 2021, 75,000 new South Sudanese refugees arrived across the southern border of Sudan. Most South Sudanese refugees found shelter in host communities. At the same period 59,000 Ethiopian refugees and asylum-seekers arrived from the eastern borders. Currently, mops the majority is relocated from border entry points and trans-it centres to one of two camps: Um Rakuba and Tanyetba which accommodates 19,100 and over 23,400 people respectively. Services – coordinated by UNHCR - continue to be established and UNICEF is supporting the child protection, education, nutrition and WASH response in both camps.

<sup>3</sup> Sudan HNO 2022

<sup>4</sup> <https://data2.unhcr.org/en/country/sdn>



Six-year old Helen plays in a child-friendly space  
In Um Rakuba camp for Ethiopian refugees.





## RESULTS

### CHILD PROTECTION AND EDUCATION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of children accessing mental health and psychosocial support	349,000	217,232	62%
Number of without parental or family care provided with appropriate alternative care arrangements	13,400	13,046	97%
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions.	203,200	28,467	14%
Number of children accessing formal or non-formal education, including early Learning	155,400	280,864 <sup>5</sup>	181%
Number of schools implementing safe school protocols (infection prevention and control)	2,434	2,965 <sup>6</sup>	122%
Number of children in humanitarian situations who received subsidies, scholarships, grants, social assistance and/or teaching, learning and recreation materials to attend school	687,140	444,829	65%

#### Child Protection

During 2021, UNICEF's child protection response received close to 11 per cent of the funding required to meet its targets. Around 217,232 children received psychosocial support through individual and family-based services as well as remote psychosocial support through radio stations and mobile phones. Around 46 per cent of the overall target was met, despite the negative impact of the COVID-19 pandemic and military takeover, which impeded humanitarian access and assistance.

A total of 13,036 unaccompanied and separated children 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 851 children to be identified as unaccompanied or separated and to be reunified with their primary caregivers or other family members.

UNICEF and partners provided prevention and response services such as legal, medical and psychosocial support to 28,467 survivors/people at risk of GBV. However, these numbers reflect the difficulty in verifying GBV survivors reached rather than the true number benefiting from UNICEF services. Work is ongoing to improve data collection methods in 2021.

In response to the military takeover on 25 October 2021, UNICEF supported the documentation of grave violations of child rights and advocacy for the release of children arrested during the demonstrations. Additionally, UNICEF supported partners to implement psychosocial support, case management, and strengthened community-based mechanisms for the benefit of children affected by violence related to the political instability.

Signed in 2016, the action plan between UN and Government of Sudan to protect children from grave violations of their rights has resulted into various efforts on ending the recruitment and association of children with armed forces and groups. Yet, the involvement of children in inter-communal conflicts continued throughout 2021. The Government of Sudan, including the Sudanese Armed Forces (SAF), the Rapid Support Forces (RSF) and Juba Peace Agreement (JPA) signatories received support from UNICEF to implement a roadmap for the verification, release, interim care, family tracing and reunification, and sustainable community-based reintegration of the children in their ranks. For the smooth implementation of this roadmap a strategic framework for the release and the reintegration of the children affected by armed conflict was adopted.



## Education

Children's access to education proved to be a major challenge in 2021. The COVID-19 pandemic and the military takeover resulted in over three months of school closure of mostly basic and secondary schools. In summary, only 180,864 out-of-school children were supported to gain access to formal and informal education opportunities with an additional 444,829 students reached with education supplies to continue learning. UNICEF also supported 2,965 schools to implement safe schools' protocols by providing COVID-19 kits, training teachers on the *teacher preparedness training programme* (TPTP), ensuring water and sanitation facilities were available, and hygiene messages in place. This helped to keep schools open and provide a safe place for students and teachers alike.

UNICEF supported the construction of 78 new classrooms and rehabilitation of 161 classrooms. In addition, 50 school latrines were constructed benefiting 85,753 students (46,854 girls) across Sudan. Also, 4,895 teachers (3,645 women) at primary-level and 13,426 teachers (7,811 women) at secondary-level were trained on conflict-sensitivity and peacebuilding, teacher preparedness training programme, 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 2,655 members of the school management committees (990 women) on co-school management, life skills in emergency, *prevention of sexual exploitation and abuse* (PSEA), COVID-19 awareness, and school improvement planning.

On 20 October 2021, Sudan adopted and launched the Learning Passport, being the fourteenth country to implement this initiative. The e-learning platform was adopted in Sudanese Arabic and includes the government textbooks, over 1,000 audio-visual modules, 250 learning activities and relevant assessments. As education was disrupted due to political unrest, 20 touchscreens were produced and installed in mosques, open markets, and outdoor spaces so that children and adolescents could keep learning in Khartoum.

## HEALTH AND NUTRITION

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of children under-one year vaccinated against measles	961,178	1,289,285 <sup>7</sup>	134%
Number of children under-five accessed integrated management of childhood illness (IMCI) services	1,094,800	2,414,760 <sup>8</sup>	221%
Number of children 6-59 months affected by severe acute malnutrition (SAM) admitted to treatment	330,000	289,000	88%
Number of caregivers receiving infant and young child feeding (IYCF) counselling	990,000	854,067	86%

## Nutrition

In the past 30 years, malnutrition rates have 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

<sup>5</sup> Schools were closed periodically throughout 2021, due to the pandemic and political instability. Therefore, UNICEF scaled-up effort to continue provision of e-learning and alternative learning opportunities.

<sup>6</sup> The result shows the number of schools that have met one of the following criteria: 1) have received COVID-19 kits; 2) trained teachers on Teacher Preparedness Training Programme (TPTP); 3) have functional WASH facilities; 4) have hygiene clubs; 5) apply physical distancing; and 6) use masks.

<sup>7</sup> Accelerated routine immunisation was conducted in all states and localities, with a focus on low performing and low coverage areas. The accelerated routine immunisation focused mostly on measles coverage - for both first and second dose - to help reach the backlog of unimmunised children as one of the strategies to stop the current measles outbreak.

<sup>8</sup> UNICEF raised relevant sale orders of IMCI kits and different child health supplies at the end of 2020. As a result of the global lockdown due to COVID-19, UNICEF received supplies in 2021 which allowed to achieve a greater number of beneficiaries than were initially targeted.

malnutrition, of which 618,000 children 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 2021, 5.8 million children under-five years of age were screened for malnutrition, with almost 290,000 children treated for severe acute malnutrition (SAM), - more children than any other year - reaching 88 per cent of the 2021 target. 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 854,067 mothers and caregivers received counselling on recommended infant and young child feeding (IYCF) practices at both community and facility levels reaching 86 per cent of the 2021 target. This was possible with the funds received as IYCF counselling is not heavily dependent on financial support and strong community mobilisation has generated positive results. 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 99 per cent of outpatient therapeutic feeding programmes (OTPs) across the country while one per cent of centers requires rehabilitation.

To improve community and facility-level cadres' capacity, 1,911 female and male nutrition workers and 3,206 community volunteers were trained on community management of acute malnutrition (CMAM), 46,275 volunteers were trained to community-based IYCF counseling, while 3,507 health staff were trained on facility-based IYCF counseling services. Thirty (30) new mothers support groups were established, and another 90 are under development. In addition, 42,000 mothers of children suffering from SAM were trained on mid-upper arm circumference (MUAC) screening.

### Health

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.

A total of 2,414,760 (221 per cent of the 2021 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. To this effect and to mitigate the risk of COVID-19 (which caused critically low availability of medicines and other medical supplies in Sudan), UNICEF delivered medical kits. This included emergency interagency health kits, primary health care kits, integrated management of childhood illness kits, and long-lasting insecticide-treated nets. The supplies were sufficient to cover 3,800,000 adult and 785,000 children.

Further, 8.5 million children under-five were vaccinated with oral polio vaccine (OPV) against poliovirus type 2 during the national immunisation days (more than double the targeted 4 million children thanks to increased access to non-government controlled areas). Routine immunisation services reached 1,289,285 children under-one with the first dose of routine measles vaccine, 1,141,749 children under-seven with the yellow fever vaccine, and 274,488 children under-five with the inactivated polio vaccine (IPV). In addition, 83,289 women of childbearing age (15-49 years) received their third and final dose of tetanus toxoid vaccine. To overcome the impact of COVID-19 on routine immunisation, UNICEF supported the deep analysis of immunisation coverage to identify high risk localities for accelerated routine activities.

UNICEF supported the roll-out of the COVAX vaccination programme nationwide, including for refugees and migrants, with 4.4 million doses of COVID-19 vaccines delivered and 2.5 million doses in the pipeline by the end of 2021. UNICEF also continued to lead on the infection prevention and control (IPC) and the risk communication and community engagement (RCCE) pillars of the COVID-19 response. UNICEF also supported 700 health facilities with essential medical equipment and supplies, including personal protective equipment (PPE) to ensure the continuation of lifesaving

healthcare interventions during the COVID-19 pandemic. Having provided over 62,163 community volunteers and health workers with personal protective equipment (PPE) since the start of the pandemic, made UNICEF the largest provider of PPE in Sudan.

In 2021, the call center supported by UNICEF which was originally established to provide COVID-19-related information and was strengthened to provide further information on different health issues to the community received 697,154 phone calls. From these calls, 4,054 concerned suspected COVID-19 cases, 225,271 inquiries about COVID-19, 8,122 inquiries about vaccination on COVID-19, 888 side effect complaints. The call center facilitated reaching the different epidemic cases through rapid response teams and tracked rumors, which helped to better interpret and respond to community concerns, including on vaccination hesitancy.

## WATER, SANITATION AND HYGIENE

INDICATORS	TARGET	RESULTS	PERCENTAGE
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	2,800,000	3,280,000 <sup>9</sup>	117%
Number of people in humanitarian situations accessing and using adequate sanitation facilities	600,000	82,000	14%
Number of people reached with hygiene awareness	2,200,000	1,762,700	80%

UNICEF's water, sanitation and hygiene (WASH) programme provided 3,280,000 crises-affected people (1,699,450 women and 1,580,550 men, including 1,639,950 children) 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 117 per cent of the 2021 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 provided 81,920 crises-affected people (43,850 women and 38,070 men, including 40,960 children) with emergency sanitation facilities. These achievements were realised through the construction/rehabilitation of emergency communal and household latrines. This represented 14 per cent of the 2021 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.

In addition, 1,762,700 crises-affected people (including 199,200 Ethiopian and South Sudanese refugees) were reached with hygiene promotion interventions. These focused on handwashing with soap, provision of infection preventing and control (IPC) supplies, hygiene kits, chlorine tablets and hand sanitizers. UNICEF was among the first major humanitarian actors to respond to the Ethiopian refugee influx in Gedaref and in Kassala states in 2020/2021. Prepositioned emergency supplies were a key success factors for UNICEF's immediate response. Since then, UNICEF established water supply systems for the refugees and constructed 449 emergency latrines to serve the population, including people with disabilities.

<sup>9</sup> Of these, 450,100 were provided with durable water sources through the construction/rehabilitation of 561 gender sensitive basic water sources (mainly motorised solar powered systems and handpumps). The rest of the benefited population (2,829,890) were provided with water disinfection, operational and maintenance, or water trucking support for existing water facilities



## CROSS-SECTORAL

### Humanitarian, Development and Peace Nexus

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 refugees (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 the active engagement of key community stakeholders. The second initiative targets wider states with a focus on COVID-19 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.

### Collaboration with other stakeholders

UNICEF Sudan is dedicated to effectively collaborating with all actors who are committed to support the children of Sudan to ensure, inter alia, coordinated response, quality programming, maximum benefit from expertise, greater territorial coverage and avoidance of duplications. This collaboration includes United Nations agencies, governmental counterparts, civil society organisations, donors and communities and covers health, nutrition, child protection, education and WASH in 15 states.

Each of UNICEF sections has built strong relations with their governmental counterparts (i.e., state Ministries of Education, state Ministries of Health and Water, Environmental Sanitation Project) who remained – prior to 25 October – major implementing partners especially regarding emergency responses. At the same time, when special skillsets/capacities were needed for quality implementation and/or in areas that governmental counterparts did not have access (i.e., Jebel Marra and the Two Areas), international and national NGOs have been UNICEF's major implementing partners. Following the military takeover, implementation approaches relied mainly on (I) NGOs and direct implementation by UNICEF. However, UNICEF also worked with local and technical government counterparts to ensure frontline workers (e.g., doctors, social workers, and teachers) could continue their work and life-saving and life-sustaining services and supplies reached those most in need. Given the current political instability, UNICEF is in the process of identifying the most suitable non-governmental partner(s) through open selection processes while trying to develop more integrated projects. Finally, UNICEF Sudan has engaged with the private sector in the areas of construction and supplies acquisition so as to empower the local economy and avoid programme implications resulting from routes disruption.

### 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 also utilised the information to ensure available resources were channeled to where needs were highest. 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 the eastern states, and the ethnic violence in Darfur.

The Education Sector reached its target of supporting 2.2 million vulnerable children with emergency education interventions in 2021. Relevant interventions include but are not limited to school feeding, establishment of temporary and semi-permanent emergency classrooms, and ensuring the availability of water and sanitation facilities in schools ('WASH in Schools').

The Nutrition Sector provided lifesaving nutrition interventions to 1,813,516 individuals, including 289,000 children treated for severe acute malnutrition (SAM) and 697,878 children for moderately acute malnutrition (MAM) by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent malnutrition in children under-five years, as well as pregnant and lactating women.

The WASH Sector ensured wash service delivery for approximately 3,192,688 individuals, including securing water delivery to 1,254,311 people, improving and sustaining sanitation services to 490,482 people, and delivering hygiene promotion activities to 2,515,481 people. Partners were guided to focus more on common hygiene and handwashing interventions, which were important to protect the population from COVID-19 infection. The sector also led the infection, prevention and control (IPC) pillar of the COVID-19 response.

The Child Protection *area of responsibility* (AoR) held consultations with operational partners in Khartoum, to explore how the national coordination system can further support the coordination of child protection during the current political situation and consequently established a child protection working group focusing on children in the capital city, Khartoum. In coordination with the Monitoring and Reporting Mechanism (MRM) country task force (tasked with the monitoring and reporting of grave violations of children's rights), the AoR developed a simplified child protection monitoring tool and trained partners on child protection monitoring to enhance incident monitoring and improve on referral systems, especially in areas where there was no robust monitoring system.

### CHALLENGES

- After the military takeover on 25 October 2021 - in which the military ousted the civilian component in the government, with which they had been partnering in a transitional government - the country is going through a phase of political instability and insecurity. These changes impacted different aspects of UNICEF's programmes, including high turnover of qualified government staff, limited ability to continue high-level policy dialogues and systems-building, as well as in implementing programming through government systems.
- The impact of COVID-19 impacted service delivery for children and their communities. For example, while access to education improved in 2021, learning loss amongst students was evident in rapid assessments and examination results, making the challenge to ensure that students are provided appropriate support and remedial education to address this challenge.
- The economic crisis presented a significant challenge, as more children were in need, but resources were limited. The entire social system is fragile and overstretched at all levels. The economic reforms, particularly subsidy reforms, are increasing poverty and deprivation. Limitations in cash liquidity and flow of foreign currency pose an extra challenge in delivery of programme implementation.
- The blockade of port Sudan resulted in further restriction of programme implementation. Supplies were stuck for months in the main port of the country. To ensure business continuity UNICEF Sudan has developed a plan to include alternate importation routes of supplies and has strongly advocated with state actors to ensure prioritised release of critical items.
- 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, imposing further security concerns and restrictions in access. UNICEF is leading the advocacy at different levels to access previously inaccessible areas in Blue Nile, Darfur (Jebel Marra) and Kordofan states.

### LESSONS LEARNED

The military takeover required UNICEF Sudan to adjust its business model in several respects, both internally and how it reaches externally to vulnerable people. UNICEF is reviewing its priority programmes in the current context with a focus on lifesaving, life-sustaining and resilience-building, community-based programmes focusing on local and technical levels. In response to the military takeover, many donors froze development aid to Sudan. Yet, Sudan and the international community needs to safeguard the *humanitarian, development and peace nexus approach*. There is a need to ensure that systems for delivering the latter at scale remain resilient. Civil servants/frontline workers (e.g., doctors, social workers and teachers) are the shock absorbers for continued essential service delivery in the fragile context of Sudan and UNICEF is putting systems in place to ensure that continuation of services is maintained. At the same time, UNICEF is ramping up assurance activities, programme monitoring visits and spot checks. UNICEF is also consulting the wider UN family and partners in Sudan to get to a common approach for navigating programme implementation under the ongoing circumstances.

The success of ‘prepositioning’, having supplies situated as close as possible to where disaster is likely to occur, was reiterated in 2021 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.

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. For example, 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.

UNICEF enabled the COVID-19 vaccine rollout by establishing an ultra-low freezing cold chain system. The procurement, delivery and distribution of COVID-19 vaccines through the COVAX facility, including for refugees and migrants, was led by UNICEF alongside partners, with 4.4 million doses of COVID-19 vaccines delivered and 2.5 million doses in the pipeline to cover 15 per cent of the population by March 2022.

#### **FUTURE WORK PLAN**

In 2022, UNICEF will focus on the following humanitarian objectives:

##### **Child protection and Education**

- 337,600 children and parents/caregivers accessing mental health and psychosocial support.
- 63,300 women girls and boys accessing gender-based violence prevention, risk mitigation and response interventions.
- 2,199,900 people with access to safe channels to report sexual exploitation and abuse.
- 12,700 unaccompanied and separated children accessing family-based care or a suitable alternative care arrangement.
- 659,900 children accessing formal or non-formal education.
- 3,452 schools implementing safe school protocols (infection prevention and control).
- 659,900 children receiving individual learning materials.

##### **Health and Nutrition**

- 961,200 children under-one year vaccinated against measles.
- 1,222,200 children under-five years accessing integrated management of childhood illness services.
- 330,000 children aged 6 to 59 months with severe acute malnutrition admitted for treatment.
- 990,000 primary caregivers of children aged 0 to 23 months accessing infant and young child feeding counselling.
- 643,700 people reached through messaging on prevention and access to services.

##### **Water, sanitation and hygiene (WASH)**

- 2,500,000 people accessing sufficient quantity of safe water for drinking and domestic needs.
- 100,000 people use safe and appropriate sanitation facilities.
- 2,500,000 people reached with hand-washing behaviour-change programmes.



#### + humanitarian cash transfers

- 100,000 households reached with UNICEF funded multi-purpose humanitarian cash transfers

Given that 72 per cent of the Sudanese population are under 24 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: SETTING-UP WASH SERVICES IN A REFUGEE CAMP

UNICEF Sudan's water, sanitation and hygiene (WASH) specialist Imad Eldin Hasan explains what it takes to set-up WASH services in a new refugee camp. He highlights that the running of WASH systems and in all (refugee) locations cannot be done without very close cooperation with all existing WASH partners on the ground.

##### Step 1:

Before the first refugees arrived in Sudan from Ethiopia, UNICEF was prepared thanks to the prepositioning of water, sanitation and hygiene (WASH) emergency supplies. Such supplies include bladders for the storage of water, chlorine and water quality monitoring kits, slabs for emergency latrines, and hygiene supplies (including household hygiene kits/ dignity kits, soap, jerry cans). To respond to the first urgent water needs of the newly-arrived children and their families, UNICEF ensured water trucking. This is an alternative water source when other, more sustainable sources cannot be found. Trucking is especially useful in emergency situations, such as the sudden arrival of people displaced by conflict. UNICEF has provided water storage facilities (with distribution system) in the reception centers of Hamdayet and Village 8, and in addition water trucking was provided in the two refugee camps (Um Rakuba and Tunaydbah).

##### Step 2:

Once the location for the first refugee camp (Um Rakuba) was determined, UNICEF and partners did a thorough assessment to determine the water sources for the camp, learning about soil quality, ground water availability and potential yield, and existing water sources for rehabilitation. In the meantime, UNICEF and WASH sector partners installed temporary water storage facilities (bladders) across Um Rakuba for storing water to be delivered by means of water trucking. Ten water bladders in the camp were established before the refugees first arrived, later five additional water bladders were added. When the situation in Ethiopia did not improve, UNICEF and its partners started preparing for a long-term response. Three boreholes were constructed and the old pipeline in the camp was replaced.

The situation in Tunaydbah was different as there was no groundwater available in the area, only surface water. Therefore, UNICEF and WASH sector partners established temporary treatment plants providing 500 cubic litres of water per day. UNICEF also supported the construction of the water network, including one of the three elevated tanks in the camp and 72 distribution points with 432 taps (6 taps in each distribution point). Currently, there is no more need for water trucking, which is only conducted to transport water from the elevated tanks to the new extension settlements, which host recently arrived refugees. People benefit from 20 litres of water per day per person, which is above the Sphere standard of 15 litres of water per day per person.

To ensure the safe water quality, UNICEF supported operation and maintenance of water system in Hamdayet for over eight months until early February 2022. The support includes regular control of water quality and chlorination of stored water. While UNICEF supports running costs including spare parts, fuel, operators' salary and so on in Hamdayet, other WASH partners are supporting other locations with similar arrangement. The impact is that refugees receive clean, uncontaminated water, preventing water-borne disease outbreaks, like cholera (which did fortunately not happen).

##### Step 3:

A third, and important step to consider, is the social-behavioural aspect of the WASH response. For example, gender-based violence remains a risk when women and girls collect water or use latrines in the night. By focusing on safe access to WASH services, women and children will not only be

protected from violence but also from malnutrition and disease (for example, clean water and toilets will prevent diarrhea, as well as resulting malnutrition). Further, with the construction of gender-sensitive latrines and menstrual hygiene awareness at schools, daughters will have the opportunity to go to school safely, even during their period.

The latrines that were built in Um Rakuba and Tunaydbah camps, protect girls and women from gender-based violence as they are located in close proximity of the shelters. During the early response phase, UNICEF provided 100 solar-powered streetlights to ensure safe access to shared latrines in Hamdayet and Um Rakuba camp. UNICEF also constructed toilets at the primary school in Tunaydbah (six toilet blocks), which helps girls to stay in school. The beneficiary list for the household hygiene kits (containing items such as buckets, washing powder, soap, sanitary pads and child potty) prioritises women and girls most in need.

Another issue is providing host communities with WASH services to prevent conflict between the refugees and their host communities. When refugees first arrived in Um Rakuba camp, they retrieved water from nearby Doka town, which caused tensions. UNICEF constructed two boreholes for the surrounding host communities, and a new pipeline from the elevated water tank in the camp was extended to the host community, so that both communities have equal access to clean water.



Nine-year old Ilsa collects water from a UNICEF-constructed water distribution point in Tanyetba camp for Ethiopian refugees.





### STORY: THE MOBILE CLINIC

Wadar Yousif just finished a consultation with the doctor for her 8-month-old infant, Takema Mekki. 'I am relieved. I came to weigh him to make sure he is doing well especially after being sick with a urinary tract infection which caused him a high fever', said Yousif who lives near the railway station in Al-Damazine city.

That day, the mobile clinic was set-up at a local school and was serving the neighborhoods around the railway station. All the communities there were affected by floods caused by heavy rains in August and September, and they are mostly situated in the western part of Al-Damazine locality with lack of access to close-by health centers.

'There were rains in August, but we began seeing the floods in September. Many of the neighborhoods we assessed suffered because the houses are makeshift straw houses. The toilets collapsed and we began seeing a hygiene and sanitation issue', said Dr. Omer Adam, head of the emergency and combatting epidemics unit at the State Ministry of Health.

Dr. Adam's team is leading the process and the plan is to conduct nine mobile clinics in Al-Damazine locality and ten in Al-Tadamon locality. Each mobile clinic operates over a period of two days, and it selects a location that is accessible to several neighborhoods. 'We operated ten mobile clinics so far for flood-affected communities in the last few days targeting 20 neighborhoods such as Abo-Madayen, block 49 and A-Safa. Our team serves an average of 150 patients per clinic', said Nora Rahma Hussein, a health officer at Al-Damazine locality and a supervisor of the clinic.

The mobile clinic has general doctors, midwives who work with pregnant women and nutrition officers who are taking care of malnourished children. Nurses are also available to administer intravenous fluids when needed or tackle small wounds while a lab technician conducts rapid malaria testing. The floods and resulting sanitation situation led to high cases of malaria, urinary tract infections, allergies and water-borne diseases. The closest hospital to the targeted neighborhoods is at least five kilometers away and the rain makes the roads difficult to navigate.

Safia Ibrahim, a nutrition officer, was busy measuring the mid-upper arm circumference of toddlers to identify their level of malnutrition. 'I look at the measurements to decide the kind of intervention as each child has different needs based on the level of their malnutrition', said Ibrahim. Most of the children in the clinic that day were given prevention meals which was good news for Ibrahim and the team. 'Malnutrition is also tied to diseases that affect children, we try to tackle that in the mobile clinic to protect them from it, but we are also aware that the economic situation is getting tougher, and children are getting less meals, we use the clinic to spread awareness about nutritious meals that are important to keep good nutrition status of the children', said Ibrahim.

Abdelbagi and her team provide mosquito nets to protect pregnant women from malaria and other diseases and give them pregnancy related vitamins including folic acid.

The mobile clinic does not limit its work to service-provision, but this platform is used to disseminate health promotion messages to the patients and caregivers. The messages they disseminate are on breastfeeding, child's nutrition, maternal and reproductive health, immunisation of children and personal hygiene.

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

### 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 marginalized 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](#).



The mobile clinic in Damazine, Blue Nile ©UNICEF Sudan.

## FINANCIAL ANALYSIS

TABLE ONE: Planned versus funded humanitarian budget for 2021 (in US dollars)

Sector	Appeal Target	Funds Available Against Appeal as of 31 December 2021	
		Funds Received in 2021	Carried Forward
WASH	40,073,000	17,915,644	3,160,219
Education	50,782,851	5,828,777	741,669
Health	29,035,529	16,047,561	4,370,071
Nutrition	59,793,941	16,555,966	4,370,071
Child Protection	18,065,397	914,463	1,043,639
Social Policy	7,938,000	13,472	349,138
Sector Coordination	5,435,583	188,830	158,726
<b>Total</b>	<b>211,124,301</b>	<b>57,464,713</b>	<b>14,193,533</b>

*\* 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 2021 (in US dollar)

Donor Name/Type of funding	Programme Budget Allotment (PBA)	Amount Received
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic Humanitarian Funds</b>	SM189910	188,830
See details in Table 3		
<b>b) Non-Thematic Humanitarian Funds</b>		
German Committee for UNICEF	SM210934	225,225
Australian Committee for UNICEF	SM200182	20,424
Canada	SM210014	3,129,890
Canada	SM210194	2,373,418
Canada	SM210201	791,139
Japan	SM210070	966,600

SIDA - Sweden	SM210133	3,516,499
USA (USAID) OFDA	SM200654	5,000,000
USA (USAID) OFDA	SM210033	2,518,621
USA (USAID) OFDA	SM210085	3,000,402
USA (USAID) OFDA	SM210447	6,800,000
USA (State) BPRM	SM200612	7,800,000
USA (State) BPRM	SM210013	5,110,000
USA (State) BPRM	SM210427	900,000
Germany	SM210005	1,173,709
German Federal Foreign Office	SM220018	1,126,126
European Commission / ECHO	SM210232	2,421,308
United Nations Multi Partner Trust	SM210521	2,700,004
<b>Total Non-Thematic Humanitarian Funds</b>		<b>49,573,365</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF grants</b>		
UNOCHA	SM200874	1,499,614
UNOCHA	SM210185	1,800,000
Total CERF		<b>3,299,614</b>
Other pooled funds		
<b>(ii) Other Pooled funds</b>		-
<b>d) Other types of humanitarian funds</b>		
Other types of humanitarian funds		
USAID/Food for Peace	KM210083	3,850,000
USAID/Food for Peace	KM210085	417,900
USAID/Food for Peace	SM210841	135,004



Total Other Pooled funding		4,402,904
<b>Total humanitarian funds received in 2021 (a+b+c+d)</b>		<b>57,464,713</b>
<b>II. Carry-over of humanitarian funds available in 2021</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM189910	426,874
<b>f) Carry over of non-thematic humanitarian funds</b>		<b>13,766,660</b>
The United Kingdom	SM170463	5,951
USAID/Food for Peace	SM200081	266,556
USAID/Food for Peace	KM200002	1,063,673
USAID/Food for Peace	SM200088	612,494
UNOCHA	SM200076	6,947,400
United States Fund for UNICEF	SM190568	158,470
European Commission / ECHO	SM190319	415,758
UNDP - MDTF	SM200805	372,370
UNDP - MDTF	SM200807	733,021
WFP - Italy	SM180590	125,693
SIDA - Sweden	SM200845	1,630,343
USAID/Food for Peace	KM190013	67,195
USAID/Food for Peace	SM190140	397,686
USA (USAID) OFDA	SM200139	861,580
Japan	SM200071	56,631
UNDP - MDTF	SM200532	51,840
<b>Total carry-over humanitarian funds (e + f)</b>		<b>14,193,534</b>
<b>III. Other sources carried from 2020</b>		

TABLE THREE: Thematic humanitarian contributions received in 2021 (in US dollars)

Donor	Grant Number	2021 Contribution Amount (USD)
Norwegian Committee for UNICEF	SM1899101026	3,449
United States Fund for UNICEF	SM1899101097	37,252
German Committee for UNICEF	SM1899100551	122,647
Swiss Committee for UNICEF	SM1899100933	25,481
<b>Total</b>		<b>188,830</b>





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