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## Sudan

In 2019, an estimated 5.5 million people, including 2.6 million children, will require humanitarian assistance in the Sudan.<sup>1</sup> The country hosts 1.2 million refugees, and sporadic fighting in parts of Jebel Marra have increased the number of internally displaced persons to 1.8 million.<sup>2</sup> Although humanitarian access to some formerly inaccessible areas has improved and government prioritization of key humanitarian interventions has benefited vulnerable groups, people in the Sudan continue to suffer due to a range of humanitarian crises, including protracted conflicts and related displacement, natural disasters, epidemics, malnutrition and food insecurity—all of which were further exacerbated by the economic crisis of 2018. Food insecurity and malnutrition are widespread, with 11 out of 18 states experiencing global acute malnutrition rates at or above the emergency threshold, and 2.4 million children affected by malnutrition.<sup>3</sup> Some 3.3 million people urgently require water, sanitation and hygiene (WASH) support, including to prevent future disease outbreaks.<sup>4</sup> Parts of Jebel Marra, Blue Nile and the Nuba Mountains have been inaccessible since 2011. For years, children in these areas have been cut off from basic services, such as vaccination for polio and measles, as well as nutrition, WASH and child protection support.

### Humanitarian strategy

UNICEF and humanitarian partners will continue to support the Government of the Sudan to respond to the country's ongoing humanitarian crisis. Joint planning will be expedited to identify the most vulnerable populations and reach these populations with sustainable local solutions that promote social cohesion and bridge humanitarian action and development programming. UNICEF will also support government-led voluntary return efforts and develop comprehensive responses to reaching children in high-risk zones affected by epidemics, conflict, the effects of climate change and economic crisis, including people on the move. To strengthen accountability to affected populations, communities will be involved in evidence-based decision-making that impacts their lives. UNICEF will continue to conduct upstream advocacy and support coordination to facilitate humanitarian response that reaches the most vulnerable and marginalized children and communities through its leadership of the education, nutrition and WASH sectors and the child protection area of responsibility. UNICEF will work with both State and non-State actors to increase access to affected children in Blue Nile, South Kordofan and Darfur states. The significant inroads made in Jebel Marra towards improving humanitarian access, protecting civilians and ensuring equitable access to basic services, will facilitate the development of longer-term strategies geared towards lasting and durable solutions.

### Results from 2018

As of 31 October 2018, UNICEF and partners had US\$58.8 million available against the US\$115.1 million appeal (51 per cent funded).<sup>5</sup> In 2018, in response to the chikungunya and acute watery diarrhoea outbreaks, UNICEF reached over 491,000 people with medical and non-medical interventions.<sup>6</sup> In and around the newly accessible areas of Jebel Marra, UNICEF reached nearly 140,000 people, including nearly 73,000 children, with access to improved drinking water. Nearly 785,000 children accessed integrated management of childhood illness (IMCI) services<sup>7</sup> and over 328,000 children under 1 year were vaccinated against measles. With UNICEF support, more than 173,000 children aged 6 to 59 months with severe acute malnutrition (SAM) received treatment. Over 67,000 school-aged vulnerable children accessed schooling through the establishment of safe learning spaces and nearly 148,000 children received essential education supplies that enabled school attendance. Nearly 4,900 unaccompanied and separated internally displaced and refugee children were reunified with their families or placed in alternative care arrangements. The implementation of the March 2016 action plan to protect children from grave violations, signed by the Government and the United Nations, led to the delisting<sup>8</sup> of the Sudan Government security forces from the Secretary-General's annual report on children and armed conflict.

# Humanitarian Action for Children

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#### Total people in need:

5.5 million<sup>9</sup>

#### Total children (<18) in need:

2.6 million<sup>10</sup>

#### Total people to be reached:

1.67 million<sup>11</sup>

#### Total children to be reached:

951,000<sup>12</sup>

#### 2019 programme targets:

##### Nutrition

- 300,000 children under 5 years with SAM admitted for treatment
- 720,000 caregivers receiving infant and young child feeding counselling

##### Health

- 623,820 children under 1 year received the first dose of the measles vaccine
- 884,412 children under 5 years accessing IMCI services

##### WASH

- 290,000 people accessing the agreed quantity of water for drinking, cooking and personal hygiene
- 200,000 people accessing appropriate sanitation facilities
- 600,000 people reached with handwashing behaviour change programmes

##### Child protection

- 110,245 children receiving psychosocial support
- 3,189 unaccompanied and separated children receiving long-term alternative care arrangements
- 120,244 women and children reached with gender-based violence prevention and response interventions

##### Education

- 144,254 school-aged children accessing safe learning spaces
- 327,356 children provided with education-in-emergencies supplies and recreational materials

	Sector 2018 targets	Sector total results <sup>i</sup>	UNICEF 2018 targets <sup>ii</sup>	UNICEF total results
<b>NUTRITION</b>				
Children aged 6 to 59 months affected by SAM admitted to treatment	225,000	159,526	250,000	173,109
Caregivers receiving infant and young child feeding counselling	500,000	561,785	564,000	610,197
<b>HEALTH</b>				
Boys and girls under 1 year receiving first dose of measles vaccine			519,066	328,159
Children under 5 years accessing IMCI services			884,412	784,903
<b>WATER, SANITATION AND HYGIENE</b>				
Affected people with access to safe drinking water	660,000	239,151	290,000	139,703
Affected people with access to safe means of excreta disposal	370,000	81,153	270,000	14,624
Affected people reached with hygiene messages and sensitization activities	1,800,000	850,761	780,000	297,549
<b>CHILD PROTECTION</b>				
Boys and girls receiving psychosocial support	443,461	85,368	128,000	113,914
Unaccompanied and separated boys and girls receiving long-term alternative care arrangements	5,600	2,353	5,500	4,870
<b>EDUCATION<sup>iii</sup></b>				
School-aged boys and girls accessing safe learning spaces	114,000	44,654	99,080	67,042
Children who have received education-in-emergencies supplies and recreational materials	384,800	110,287	249,080	147,537

Results are through 31 October 2018.

<sup>i</sup>The sector results in nutrition, child protection and education are lower than the UNICEF results due to the exclusion of the refugee caseload.

<sup>ii</sup>UNICEF nutrition targets are higher than sector targets because UNICEF targets include refugees that are not counted in the sector targets.

<sup>iii</sup>Education results are low due to 86 per cent under-funding of the education sector

## Funding requirements

The 2019 funding requirement reflects the emphasis on the yet to be published inter-agency Strategic Response Plan. UNICEF is requesting US\$122.5 million, which is 8 per cent more than the 2018 request, to meet the humanitarian needs resulting from the severe economic crisis and exacerbated by the lack of international development assistance and international financial institution support. Without adequate, timely and flexible funding to mitigate the negative social impacts of these crises, UNICEF will be unable to provide life-saving support, respond to the continuing nutrition crisis and reach the most vulnerable children with critical health, WASH and basic education services.

Sector	2019 requirements (US\$) <sup>13</sup>
Nutrition	47,344,176
Health	16,450,000
Water, sanitation and hygiene	20,196,000
Child protection	11,770,000
Education	26,750,059
<b>Total</b>	<b>122,510,235</b>

<sup>1</sup> Office for the Coordination of Humanitarian Affairs, 'Sudan: 2018 Humanitarian Response Plan', OCHA, 2017. Figures will be updated when the 2019 Humanitarian Response Plan is finalized, pending ongoing consultations with the Government.

<sup>2</sup> Office for the Coordination of Humanitarian Affairs, 'Sudan: 2018 Humanitarian Needs Overview', OCHA, 2017. Figures for refugees and internally displaced persons will be updated when the 2019 Humanitarian Needs Overview is finalized, pending ongoing consultations with the Government.

<sup>3</sup> Provisional WASH figures from the draft Sudan 2019 Humanitarian Response Plan, pending ongoing consultations with the Government.

<sup>4</sup> Ibid.

<sup>5</sup> Available funds include US\$45.7 million received against the current appeal and US\$13.1 million carried forward from the previous year.

<sup>6</sup> Non-medical interventions include standard case management, communication for development, etc.

<sup>7</sup> IMCI services include provision of IMCI kits, and training for health workers to tackle pneumonia, malaria and diarrhoea.

<sup>8</sup> The delisting was for the violation related to recruitment and use of child soldiers in armed conflicts.

<sup>9</sup> 'Sudan: 2018 Humanitarian Response Plan'. Figures will be updated when the 2019 Humanitarian Response Plan is finalized, pending ongoing consultations with the Government.

<sup>10</sup> Ibid.

<sup>11</sup> Based on children under 1 year reached with measles vaccination, school-aged children reached with education materials and caregivers of young children reached with infant and young child feeding counselling.

<sup>12</sup> Based on children under 1 year reached with measles vaccination and school-aged children reached with education materials.

<sup>13</sup> The Multi-Year Humanitarian Strategy for Sudan ends in 2019. Furthermore, while the strategy is multi-year, the humanitarian response plans are only developed for a single year.

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