



Displaced children participate in a drawing session at Al Salam internally displaced people's camp in Kassala state.



Humanitarian Situation Report No. 16

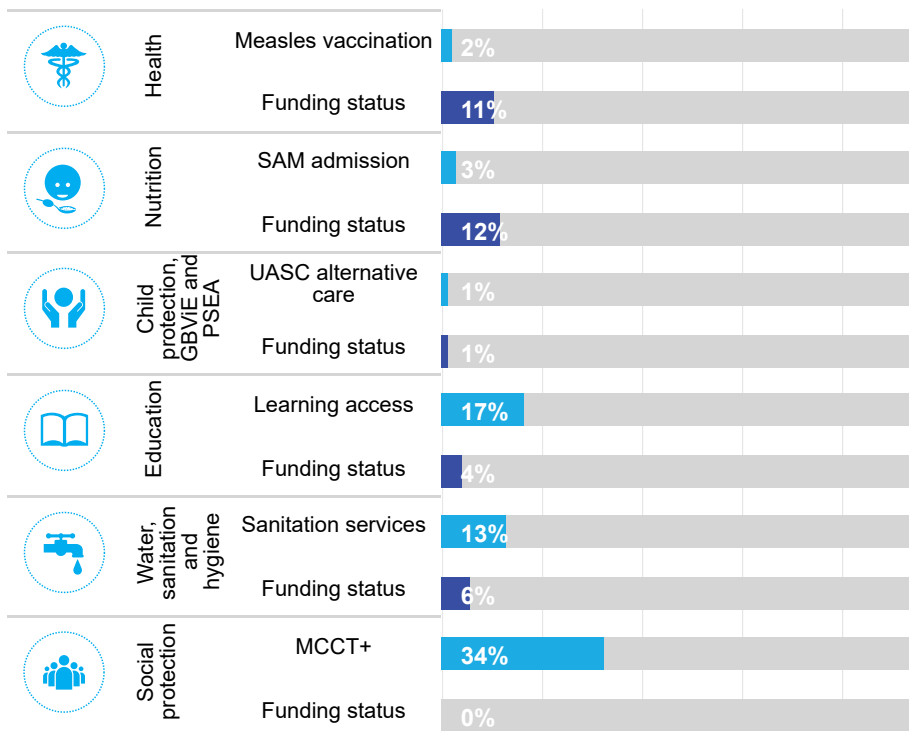
Reporting Period
1–29 February 2024

Sudan

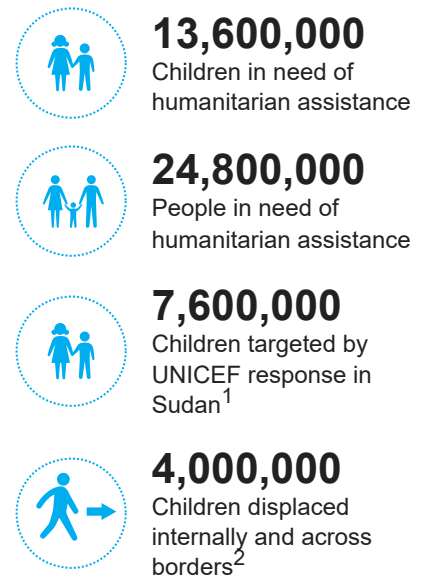
HIGHLIGHTS

- The brutal war in Sudan is creating disastrous conditions for a catastrophic loss of children's lives, putting at risk the health and well-being of Sudan's 24 million children, with serious implications for the wider region. 18 million children remain out of school. Famine is looking increasingly likely, especially in hotspots of Darfur, Khartoum, Kordofan. We must do everything we can to prevent this.
- In 2023, UNICEF and partners reached 6.4 million people with health supplies, 5.9 million people with safe drinking water, 5.4 million children with malnutrition screening – 313,400 received life-saving treatment, over 870,000 children and caregivers with psychosocial counselling, learning, and protection support, and 300,000 children and families with cash, information and services to preserve health and resilience. This report describes 2024 results, using a zero baseline.
- UNICEF appeals for US\$840 million in 2024 to sustain and scale lifesaving and resilience services for 7.6 million of the most vulnerable children.

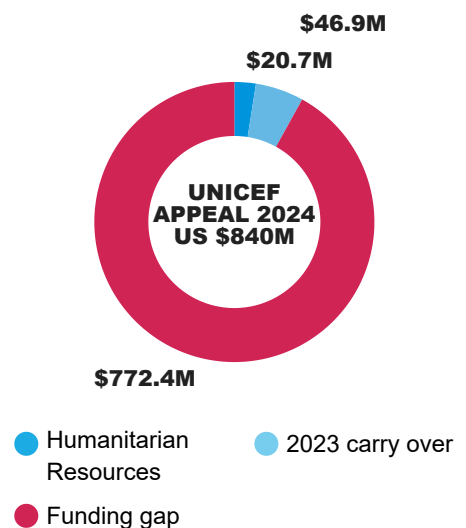
UNICEF RESPONSE AND FUNDING STATUS*



SITUATION IN NUMBERS



FUNDING STATUS (IN US\$)**



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

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

FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF Humanitarian Action for Children (HAC) appeal 2024 for Sudan requires US\$840 million to deliver a package of child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and cash plus interventions to save children's lives, alleviate their suffering and preserve their dignity. As of 29 February 2024, UNICEF has received approximately US\$67 million in humanitarian funding and has leveraged an additional US\$146 million complementary funding for preservation and resilience of systems for delivery of basic services and communities.

UNICEF is deeply grateful for the donor partners supporting its humanitarian response in Sudan in 2024, including the European Union Humanitarian Aid (ECHO), the governments of the United States of America, Germany, the United Kingdom, Norway, Kuwait, Japan, France, as well as Gavi, the Vaccine Alliance, Central Emergency Response Fund (CERF), and UNICEF National Committees.

UNICEF is calling on the warring parties to:

- Implement an immediate ceasefire.
- Ensure unhindered access and guarantees to safely move humanitarian workers and supplies across conflict lines, and borders, for reaching children and families in dire need of lifesaving support. Remove bureaucratic impediments to the rapid delivery of humanitarian assistance at scale; prevent telecommunications blackouts.
- Protect children and families by respecting international humanitarian and human rights laws, including halting grave violations of children's rights, including child recruitment, sexual violence and destruction of critical infrastructure (hospitals, water and schools).

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

- Prevent conflict-induced famine and spread of disease by accelerating funding and support to preserve lifesaving health and nutrition, water, sanitation and hygiene, and social protection services.
- Provide support to the re-opening of schools so that children can go back to classrooms, and conflict-affected children are protected, and can learn and heal in safe spaces.
- Let Sudan not become an abandoned crisis – mobilize the media, your capitals, everyone in solidarity with the children of Sudan - especially towards the Paris Conference on Sudan 15 April 2024.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The fierce fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) rages across Sudan, leading to the displacement of tens of thousands of people each week. In February alone, a staggering 415,000 people were displaced within Sudan and beyond its borders, bringing the total number of displaced persons to 8.3 million since April 2023³. Half of them are children. The escalation was particularly notable in areas of Khartoum, Al-Jazirah and North Darfur states. In South Kordofan State, intercommunal conflict between the Nuba and Hawazma tribes led to numerous casualties and deaths.

Prior to the conflict, Sudan already faced one of the highest rates of child malnutrition globally, with approximately three million children under the age of five impacted, including over half a million severely acutely malnourished. The escalating conflict is rapidly worsening the already critical food security situation⁴, posing severe risks for both existing malnourished children and those vulnerable to malnutrition, which is exacerbated by limited access to essential food, health, nutrition, and WASH services⁵.

As of 29 February, and since July 2023, there have been 10,841 cases of Cholera/Acute Watery Diarrhea (AWD) and 300 associated deaths reported to Federal Ministry of Health⁶. The national routine immunization coverage for diphtheria, pertussis and tetanus (DPT) 3 had significantly decreased, while the Darfur region has reported only 30 per cent DPT3 coverage. The risk of all vaccine-preventable disease (VPD) outbreaks has been at its highest since the conflict broke out. A new emergence of circulating variant poliovirus type 2 (cVDPV2) was reported from an environmental surveillance site in Port Sudan. While no paralysis in children due to the Polio virus has been reported yet, the probability of transmission among children is very high⁷.

In the face of a dire situation and ever-increasing needs, humanitarian space continues to shrink, and humanitarian access is becoming less possible because of insecurity and administrative impediments for UNICEF and its partners. Crossline humanitarian operation, including supply delivery, has not been possible since December and the Adre border crossing point, which was serving as the primary logistical hub for the movement of supplies and people into Darfur, was suspended in February. Despite all these constraints – UNICEF with its humanitarian partners continue to provide life-saving assistance to the vulnerable people they can reach.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Almost 11 months into the brutal conflict, UNICEF continued its efforts to sustain life-saving health services for affected populations. Since April 2023, UNICEF distributed emergency health supplies to reach 7.3 million people, of whom at least 3.2 million people have been reached with lifesaving health services at the primary healthcare level. The actual result received services are expected to be significantly higher because partners' data reporting continues to be impacted by the communications blackout.

In February 2024, health supplies were delivered to four states, including the hot spot areas benefiting 1,300 pregnant women and 700 newborns. In addition, basic malaria kits adequate for the treatment of 2,000 people and three integrated management of childhood illness (IMCI) kits sufficient to treat 30,000 children were delivered. In Khartoum state, UNICEF provided essential health services in 10 communities through the Al Buluk hospital and mobile clinics. Additionally, UNICEF focused on maintaining the functionality of health facilities

in the hotspot area of Gezira state supporting 35 of 75 health facilities in Madani locality, reaching over 150,000 people with life-saving services.

UNICEF delivered 6.3 million doses of different types, including 156,000 doses of polio novel oral vaccine (nOPV2) for the polio outbreak response in eight states of Sudan. All vaccines distribution to stable states has been completed to ensure continuation of the routine vaccination with a total of 450,000 children are planned to be reached with vaccines during the coming three months. Vaccines for hotspot areas (including Darfurs, Gezira, Khartoum and Kordofans) is prepositioned in Port Sudan and Kosti ready for distribution. Part of the delivered vaccines (66,000 doses) were reached to El-Fula, West Kordofan, which had been inaccessible for the past four months. Other hotspots that received vaccines include Al-Managil, Gezira state (64,000 doses) and North Kordofan 20,000 doses of measles. In January 2024, positive environmental samples confirmed a new polio outbreak in Sudan, with Red Sea state being the epicenters. In response, UNICEF plans to Support the national immunization program to conduct two vaccination campaigns in eight states (Blue Nile, Gedarif, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile), targeting 2.5 million.

Despite the overall declining trend, cholera cases continue to rise with six states reporting active cases (Gedaref, Kassala, Sennar, Red Sea, River Nile and White Nile), bringing the total to 10,840 cases and 300 associated deaths, since the outbreak began. The actual number of cases are higher due to under-reporting because of significant network disruption in February. UNICEF continued to respond to cholera by supporting the establishment of oral rehydration points in five states (Gedarif, Gezira, Kassala, Red Sea and White Nile) and continuing community-based surveillance and risk communication and community engagement interventions in six states (Gedarif, Gezira, Kassala, Northern, Red Sea and River Nile). UNICEF also provided essential healthcare supplies to cholera treatment units, including to hotspots, Khartoum and Gezira states, benefiting 422,000 people. In collaboration with partners, UNICEF reached 1.8 million people with Oral Cholera Vaccines (OCVs) in six targeted localities in Kassala and Red Sea states.

Nutrition

Sudan's humanitarian situation is rapidly deteriorating, with parts of the country facing a progressively increasing risk of famine due to active conflict, drastic food price increase, and below average agricultural production. According to the latest projection of Integrated Phase Classification (IPC) published in December 2023, approximately 17.7 million people in Sudan are likely to experience high acute food insecurity of crisis level (IPC Phase 3) or above through February 2024. According to FEWSNET's February 2024 situation update, the below average food availability among the worst affected population is expected to push some areas into catastrophe (IPC Phase 5) during the upcoming lean season, specifically in parts of Khartoum and West Darfur. Given the prevailing situation, the IPC ratings will likely deteriorate substantially during the lean season (April – September), reaching alarming levels in the June – September period compared to the current situation, or the same time period in the previous years. This has devastating implications for the country's estimated 3.6 million acutely malnourished children, 730,000 of whom are severely acutely malnourished⁸.

Mass Mid-Upper Arm Circumference (MUAC) screenings were conducted in ten localities in December 2023/January 2024 in Red Sea State, as well as in four states in February 2024 namely Central Darfur (two localities), Al Jazira (one locality), White Nile (two localities) and River Nile states (seven localities). A total 343,272 children were screened, out of whom 6,382 were identified to have severe acute malnutrition while 28,995 moderate acute malnutrition. These children were referred for enrollment in the respective programs. In the Red Sea state, nine of the ten localities where mass screening was undertaken had proxy Global Acute Malnutrition (GAM) above 20 per cent. East Al Gezira locality, of Jazira state, and Neritit locality of Central Darfur state recorded proxy GAM rates of 26.4 per cent and 16.3 per cent, respectively. The increase in the proportion of malnourished children is significant as the latest mass screenings were done in post-harvest season, and normally expected to show a decline compared to the September 2023 screening.

The limited access coupled with interruptions in telecommunications has affected routine reporting from health facilities that are offering treatment for acute malnutrition. Reports received from eleven states indicate that 9,857 severely malnourished children are admitted for treatment. These number is severely underestimated given the interruptions in network. UNICEF is working with implementing partners on ways to improve reporting while advocating for improved telecommunications network as it is key to facilitate lifesaving interventions.

Given the combination of access restrictions, food insecurity and increasing malnutrition, in the context of limited telecommunication to allow remote monitoring, there is a major concern that there could be areas that could descend into famine like situation whereby limited access could result in inability of humanitarian actors to identify the deterioration and act timely. UNICEF is teaming up with WFP and FAO on famine prevention plan with an intention of ensuring strong advocacy for access, support early warning for early action, and scale up multi-sectoral response with no-regrets approach. UNICEF is collaborating with WFP to include MUAC screening as part of the seasonal food security assessment that will be completed within March. Joining hands with cluster partners at national, regional, and global level, Sudan team is embarking on undertaking nutrition vulnerability analysis looking at both the key determinants to malnutrition and the levels and trends of malnutrition where we are able to access. The findings of the nutrition vulnerability analysis will inform subsequent advocacy and priority actions for nutrition.

UNICEF is expanding partnerships to increase the reach of critical nutrition interventions through 25 national and international NGOs in 127 localities, focusing on the response in Darfur, Kordofan, Eastern, and Central states before the start of the lean season. IDP camps are also key targets for these partnerships. Furthermore, UNICEF is supporting 21 nutrition SMART surveys between February and April 2024 to better understand and closely monitor the evolving nutrition situation. The SMART surveys will be conducted in prioritized localities in Blue Nile, Darfurs, Gedarif, Kassala, Kordofans, Red Sea, and River Nile states.

To support optimal infant and young child feeding practices, over 34,900 caregivers received counselling. The network blackouts across the country severely hampered reporting from facilities and localities, as many partners were not able to submit their monthly nutrition reports for January and February. UNICEF is working closely with State Ministries of Health and partners to collect nutrition reports from different states.

UNICEF continues to take all possible measures to ensure that severely malnourished children in Darfur and other states have access to life-saving therapeutic feeding supplies. In February, around 9,200 cartons of ready-to-use therapeutic food (RUTF) were delivered to the Darfurs via Chad, sufficient to treat around 9,200 children with SAM. An additional 12,000 cartons are ready to be immediately delivered to

partners, and 23,000 cartons of RUTF have arrived in Chad and being cleared for immediate distribution, covering the needs up to part of second quarter.

Water, sanitation and hygiene⁹

UNICEF continued to provide lifeline WASH services across Sudan's 18 states, benefitting an additional 913,360 people¹⁰, including 502,300 children, with safe drinking water¹¹ (results will likely be sustained throughout 2024 as it's mainly driven by water treatment interventions, which remain a critical component in reaching population at-scale with immediate lifesaving solutions)¹². UNICEF also reached over 24,670, including 13,570 children, with appropriate sanitation services, around 305,000, including 167,760 children, with hygiene promotion interventions, and over 156,250 people, including 85,930 children, benefitted from the distribution of WASH supplies¹³.

The pressing needs of the IDPs and their hosting communities remained a priority for UNICEF. In North Darfur for example, 92,200 people benefitted from UNICEF's support to the operation and maintenance and chlorination of 52 water sources, and over 53,800 received tailored hygiene promotion messages through the 16,200 home visits by UNICEF's hygiene promoters. UNICEF's supplies were critical in enabling the most vulnerable communities to access clean water and enact hygiene behaviors. This was made possible by the distribution of 25,000 jerrycans in West Darfur, as well as 25,000 jerrycans and 26,095 family hygiene kits in Central Darfur. A further 430 metric tons of WASH supplies were sent across the border from N'djamena in Chad, for distribution across the region soon. Despite the widespread humanitarian needs, UNICEF is committed to advancing developmental gains within pockets of geographical stability. For example, in Blue Nile, 10 communities were triggered¹⁴ to achieve open defecation free (ODF) status, while 8 were declared ODF¹⁵ in West Kordofan and 24 were ODF certified¹⁶ in Central Darfur – key efforts towards improving the quality of living, by decreasing fecal contamination in the environment and reducing incidence of WASH related diseases.

UNICEF continued to provide cholera-affected states¹⁷ with a range of WASH interventions to stop cholera transmission, whilst sustaining lifeline services in these states, the majority of which are hosting large number of IDPs. To ensure clean drinking water, UNICEF distributed water purification tablets to around 2,800 of the most affected/at-risk families in Blue Nile and White Nile states; whilst investing in chlorination at the points of consumption, covering 2,360 water supply points¹⁸ across Gezira, Khartoum, Northern state, River Nile, Gedaref, Kassala, Red Sea and White Nile. UNICEF continued to provide fuel for pumping for three water yards in North Kordofan state, contributing to uninterrupted provision of drinking water. To enhance community water quality monitoring, over 3,200 water quality control checks were conducted both at the source as well as household levels in Kassala, Blue Nile and White Nile. To ensure a clean environment, almost 100 latrines were desludged in Gezira, Red Sea, and White Nile; whilst 23 cleaning campaigns and solid waste collection were held across Gezira, Northern state, River Nile, Gedaref, Kassala and White Nile. To reinforce cholera-preventative hygiene behavior, UNICEF conducted mass hygiene sensitization, and around 4,000 home visits by hygiene promoters, benefitting over 91,500 people in Gezira, Gedaref, Kassala, Northern state, Red Sea, River Nile, and White Nile. UNICEF also continued to support the enabling environment, holding advocacy meetings with the Drinking Water Authority, the Ministry of Health, and the Commercial Authority for Wholesalers and Retailers in Gedaref to rally support for the enactment of public health laws; whilst involving the private sector in providing chlorine in the local market to treat drinking water to maintain standards. In River Nile, UNICEF worked with key influencers and religious leaders, to rally community engagement around preventing the spread of cholera in the state. UNICEF also contributed to improving the WASH conditions of critical health centres responding to cholera cases, through network extension from a rehabilitated borehole to one health facility in River Nile.

Despite the complex operating environment marked by insecurity, bureaucratic impediments, poor connectivity, the results above attest to UNICEF's ability to continue to respond to Sudan's crisis at scale, as well as the critical lifeline that UNICEF provides to vulnerable communities. However, with a US\$84 million funding gap in 2024, the hopes of around 3 million people to receive basic WASH services will remain unfulfilled without adequate funding, further jeopardizing their coping capacity to face such a multifaceted crisis.

Child protection, GBViE and PSEA

The conflict and the volatile security situation not only significantly increased child protection risks, leading to an increase in reports of child rights violations and violence against children across the states, but is also affecting the efficiency of the humanitarian interventions, including child protection responses. UNICEF is committed to working with other UN agencies, local community structures and other partners to ensure the protection of all children from violence. UNICEF and its partners continue to advocate for humanitarian access and implement awareness-raising campaigns to empower affected populations to protect themselves from various forms of violence, including accidents from unexploded ordnance (UXO).

During the reporting period, over 29,100 people received mental health support services, including 17,700 children (9,700 girls) and around 11,700 adults (8,100 women). Through partnerships with government agencies, civil society organizations, community leaders, and local service providers, UNICEF provided access to gender-based violence (GBV) risk mitigation, prevention, and response interventions to around 12,900 people, including 9,700 children (5,500 girls) and 2,900 adults. Additionally, 90 unaccompanied children, including more than 20 girls, were given alternative care and referred to necessary social services during the reporting period. More than 14,300 people, including over 9,800 children (5,600 girls) and 4,500 adults, were provided with safe and accessible channels to report exploitation including GBV.

Education

Eleven months into the conflict, Sudan continues to face an unprecedented learning catastrophe with almost 19 million school-aged children having their education disrupted. UNICEF, alongside its partners, has been advocating for the immediate reopening of schools. To date, only the River Nile state has seen the majority of its schools reopen. The Darfur region has seen only some pockets of school re-openings, and elsewhere, schools remain closed. As a result, an estimated 1 million children returned to school, while 18 million are not able to return to classrooms.

In January and February 2024, UNICEF reached close to 290,000 children with access to learning and over 124,400 children with learning materials.

Social Inclusion and Cash Assistance

UNICEF with partners is expanding its flagship Mother and Child Cash Transfer Plus (MCCT+) programme, as the main vehicle for increasing social protection coverage in Sudan and supporting women and children in communities affected by the conflict. Following the start of the new registration in January 2024, the programme so far registered close to 21,500 additional pregnant women in nine localities in Kassala and Red Sea states. This includes seven existing localities of Aroma, Telkok and North Delta in Kassala and Sinkat, Tokar, Haya and Agig in Red Sea state. Two new localities of Hamashkureib in Kassala and Dordieb in Red Sea State also joined the programme.

Ahead of the registration, UNICEF worked with partners to sensitize stakeholders and communities about the objective and design of MCCT+ programme, including programme eligibility, cash and other entitlements, grievance redressals, monitoring and evaluation, and prevention of sexual exploitation and abuse (PSEA). Intense sensitization efforts were mobilized for communities with stricter social norms and practices towards women.

A new cash payment cycle started in February in nine existing localities of Aroma, Telkok, North Delta and River Atbara in Kassala and Sinkat, Tokar, Haya, Agig and Port Sudan in Red Sea State. The cash distribution is expected to benefit around 51,800 pregnant and lactating women. As government services remain underfunded and government staff unpaid, UNICEF will also pay incentives to about 180 frontline workers, including local health staff, midwives and social workers, to support the cash distribution, registration and verification of pregnant women.

At the health facilities where cash distribution took place, UNICEF and partners ensured that health and nutrition services were made available to all women coming to visit the facilities for antenatal and postnatal care. Social and behavioral change interventions, as an integral component of MCCT+ as a cash plus programme, were also conducted to promote positive behaviors related to key essential family practices. UNICEF is working to further increase access for pregnant and lactating women to safe water and sanitation at the health facilities, and strengthen protection services for child marriage, female genital mutilation and birth registration and child-friendly recreational spaces while the mothers wait to receive their cash and services at the facilities.

Cross-cutting areas

Social and Behaviour Change (SBC)

UNICEF and partners continue to reach communities with lifesaving messages in the emergency response with focus on disease outbreak prevention (cholera and dengue fever), eight essential family practices and immunization campaigns. SBC interventions have supported the promotion of other cross-cutting areas, including the Accountability to Affected Population (AAP), community feedback mechanisms (CFM) and PSEA, to engage and reach communities in 360 events and orientations.

In February, the internet outage significantly impacted the reach of social media campaigns, leading to the decision to put on hold both Dengue Fever and Back to Learning mass media campaigns. However, SBC activities at community level have continued offline, including through religious leaders, mobile cinema, household visits, community group discussion and youth volunteers in addition to dissemination of messages through radio, TV and Print in some states to achieve a total engagement of 71,250 people, 49.5 per cent from the engaged population are women and girls and 28 per cent are youth.

In the Eastern states UNICEF and partners engaged 63,600 people on the essential family practice, disease outbreak prevention, immunization and Cash transfer (MCCT+).

The mobile cinema engaged over 17,300 community members across Gezira, Gedarif, Northern and Red Sea states. To increase integration of UNICEF services and provide behavioral incentives, UNICEF and partners have bundled SBC with service distribution of 191 cartons of hygiene and dignity kits for IDPs, following mobile cinemas events in three centers – Al-Houri Girls' Secondary School, Umm Shegerat Center and youth center in Al-Hamliya village.

Ongoing behavioral evidence generation is in progress with partners for Social Mapping and Social Network Analysis in five states (Gedarif, Gezira, Northern, River Nile and White Nile), which will be completed in March. UNICEF, in coordination with the Ministry of Health, is conducting social investigation for refusal analysis based on refusal and low coverage in recent Routine Immunization campaigns. The Health Promotion sub-committee has been activated to update the polio outbreak response. An SBC action plan, including activities and sub-activities, have been developed, and Communication and Crisis plans have also been developed.

Accountability to Affected Population (AAP)

UNICEF continues to mainstream and integrate Accountability to Affected Populations (AAP) across all interventions, including activities implemented by partners. The mainstreaming and integration of AAP is continuously implemented through capacity-building of staff, partners and all stakeholders at community level. With UNICEF leading the AAP working group, strengthened coordination is being built at interagency level to ensure AAP mainstreaming across inter- agency work.

The major shutdown of the network affected most of the CFM channels, communication and coordination platforms. UNICEF is coordinating with the network operators to re-connect the channel back to the network, especially the toll-free hotline. During the shutdown, the face-to-face channels were active as community help desks in the activity and distribution sites to provide the accessible platform for the communities. More than 600 cases were collected from these desks, which included general inquiries on different projects such as health, nutrition and cash, and requests for actions within specific projects. All these cases were handled on the spot with needed information shared and/or are referred for further analysis and case management when needed.

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF successfully conducted capacity-building activities for 45 staff members (28 women) of Sundaes Coalitions for Education for All, including staff from the UNICEF Call Center, who are involved in the UNICEF Safe Haven for Children and Women project across three gathering sites in Port Sudan. The team actively participated in Child Protection, GBV, AAP (Accountability to Affected Populations), and PSEA coordination meetings to ensure information sharing and collaboration.

Furthermore, through awareness raising in UNICEF supported sites, a total of 14,300 individuals, were reached with PSEA messages including what constitutes SEA, information on accessible, safe reporting channels and how to safely report SEA allegations perpetrated by humanitarian workers.

PSEA assessments were conducted for four new implementing partners to evaluate their PSEA knowledge, systems, and practices. Two re-assessments were carried out for existing IPs to ensure their PSEA frameworks remain effective and aligned with current standards.

Supply and Logistics

Since the start of the conflict, over 15,500 metric tons of critical lifesaving supplies have been delivered across Sudan, including 4,400 metric tons to hotspot areas and 11,100 metric tons to non-hotspot states. During the reporting period, 1,800 metric tons of supplies were delivered to non-hotspot areas including Red Sea, Kassala, Sennar, White Nile, Blue Nile, River Nile and Northern states and 150 metric tons of supplies delivered to Khartoum and South Kordofan. Additionally, 300 metric tons of health and nutrition supplies have been loaded on trucks awaiting clearance to North Darfur via the Northern route. A vaccine charter of 6.2 million doses of BCG, Yellow Fever, tetanus-diphtheria, COVID-19, oral polio, and measles rubella vaccines was received on 28 Feb 2024 and UNICEF supported and facilitated their transportation and delivery to three states – Red Sea, Kassala and Gedarf.

During the reporting period, child protection, health, nutrition, education, and WASH supplies worth US\$3 million were received in Port Sudan. Additionally, supplies worth US\$700,000 are undergoing customs clearance in Port Sudan. The immediate offshore supply pipeline of lifesaving supplies worth US\$5.6 million is expected to arrive in Port Sudan by end Q1 2024. On Chad cross-border operations, supplies worth US\$400,000 have arrived and are undergoing customs clearance, while supplies of life saving supplies worth US\$1.3 million are in transit and expected to arrive in Chad in April 2024.

The supply plan has been increased to US\$90 million, with approximately US\$58 million worth of critical supplies already ordered, leaving approximately US\$32 million funding gap to urgently restock lifesaving humanitarian supplies to sustain and scale up the response. Approximately US\$5.6 million of the supply plan is allocated to regional and local procurement. There has been an improvement in local suppliers' responsiveness and availability. To improve on last mile and end user monitoring of supplies, UNICEF Supply Division is providing technical support on reporting and monitoring tools to include in the Supply Downstream Dashboard and, the Real-Time Monitoring checklist has been finalized and incorporated into the programme monitoring tool.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF Sudan continues to respond to the unprecedented crisis based on a three-pronged strategy: (1) responding in hotspot areas, (2) addressing the needs of displaced people in safer areas, and (3) sustaining national structures for the provision of basic services to children and their families. UNICEF continues its efforts to reach more children and their families in hard-to-reach areas through diversifying partnerships – working with local actors, community organizations, and independent humanitarian organizations, while continuing support to existing systems and capacity to reach more children and families. To address continuing challenges of access and bureaucratic impediments affecting warehousing and transportation of supplies and personnel movement, UNICEF persists in advocating at the highest levels, in coordination with the Humanitarian Country Team (HCT) and key partners. UNICEF is actively adapting and implementing innovative strategies to address these challenges effectively, including exploring new routes and partners.

UNICEF remains a key member of Humanitarian Country Team (HCT) and Inter-cluster Coordination Group at the country and field levels, and contributes to interagency efforts including access group and logistics. UNICEF leads Education (co-led by Save the Children), Nutrition and WASH sectors, and Child Protection Area of Responsibility (AoR) in Sudan. UNICEF is also a key actor in Health sector and is leading AAP/Community Engagement (CEA) working group. The AAP Working Group (WG), led by UNICEF, has finalized the six strategic priorities for 2024. In addition, Sudan AAP WG participated in the Regional AAP WG for Southern and Eastern Africa to present current situation and the impact of the conflicts on the AAP, and agreed on coordinated regional approaches through sharing information, capacity building and resources packages.

The Child Protection AoR conducted 18 national and field level coordination meetings across the country, including in hotspot areas, ensuring effectiveness and coordinated child protection prevention and response in emergencies. During the reporting month, Child Protection AoR partners with the leadership of the National Council for Child Welfare (NCCW) at the national level, the State Council for Child Welfare (SCCW) at the sub-national level, provided life-saving humanitarian assistance, including support to over 31,800 children and their families with mental health and psychosocial support services through structured and non-structured activities; GBV response to 19 people through a survivor-centered approach; landmines prevention or victim assistance interventions 39,000 children, and tailored case management services for 778 children, including family reunification for unaccompanied and separated children (UASC) and alternative care arrangements.

Nutrition Sector revised and released interim People in Need (PIN) number in response to worsening food insecurity in Sudan ahead of the lean season, which is aligned to HCT Famine Prevention Plan. The sector is working with the regional office and global nutrition cluster on regional position paper for famine response is in progress. Nutrition cluster also engaged Darfur, Kordofan, Eastern States and Khartoum sub-national cluster to consult and finalize nutrition sector response mapping. While stepping up advocacy for funding in Nutrition, Cluster participated in all five Sudan Humanitarian Fund (SHF) consultations – four for Darfur states and one for Kordofan, securing a considerable amount of funding for nutrition.

WASH sector partners, with line ministries and other key stakeholders, supported the rehabilitation, operation, and maintenance of urban water stations in hotspot areas, including Khartoum, River Nile and Red Sea states. WASH sector cholera response plan scaled-up preventive interventions, including water quality monitoring and access to improved sanitation and hygiene services in collaboration with the health cluster and SBC forum. Reported cholera cases continue to decline, particularly in previous hotspots, namely Gedaref, Kassala, and White Nile states. To optimize resources, WASH sector partners adopted alternate response approaches, including resilient designs such as solar power in areas where fuel supply is challenging, and cost-effective water distribution points to ensure the sustainability of services. Additionally, capacity-building activities were conducted to target community committees to support long-term operation and maintenance. The sector reporting mechanism has been transformed into an online reporting format (activity info) to improve data quality and provide timely access and analysis at national and sub-national coordination forums. Multiple training sessions were organized to orient sector partners on the online format, in collaboration with line ministries and stakeholders, mapping urban water units across the country on functionality and accessibility. The exercise will also provide an understanding of the supplies needed and funding requirements to continue their operations. Plans to pre-position emergency supplies to support the WASH sector's flood emergency preparedness and response plan are underway. The sector is coordinating with partners and line ministries to deliver lifesaving supplies in flood-prone areas for timely access to humanitarian routes in hotspot areas before roads become inaccessible. Sudan's WASH sector participated in multiple advocacy workshops organized by the Global WASH Cluster (GWC) and NGO forum to strengthen the development of sector advocacy strategies.

Sudan is on the brink of becoming home to the worst education crisis in the world with 18 of 19 million children not in school, 7 million of whom were out of school children prior to the war. Eleven per cent of the schools' infrastructure is being used by the displaced community as shelter and over 3 million school-aged children have been displaced internally and across the border. In addition, school have been looted and destroyed in the conflict states. The conflict has challenged the Government's capacity to provide education services including resources, especially the recurrent costs such as timely teachers' compensation. However, the states' Ministry of Education have been committed to school reopening but continue to face barriers at the school-level with teachers not being compensated since the beginning of the conflict. Despite the challenge some schools have re-opened across the states in North Darfur, River Nile and West Darfur states though there is no official information on the number of schools that have reopened. The sector has been working with school communities, local leader State authorities and partners to identify realistic community-based alternative learning options such establishment of safe learning spaces in both the non-conflict states and in pockets within the conflict states.

Premised on this, education response has been ongoing and focuses on ensuring continued access to safe and protective learning environment and prioritizing support to see children return to schools and the schools reopening. The target population have been the vulnerable school-age children who are at increased risk of dropping out of schools and out of school children due to the worsening ongoing crisis. The Education emergency response has provided education opportunities to over 57,200 crisis-affected children, including 33,000 girls. Safe learning centres have been established to ensure children have access to safe and protective learning environment. The children have been supported with psychosocial services, teaching and learning materials, and recreational resources.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In February 2024, UNICEF Sudan published the following articles, press release and videos.

- Article: From struggle to sustainability
<https://www.unicef.org/sudan/stories/struggle-sustainability>
- Article: Protecting children against diseases
<https://www.unicef.org/sudan/stories/protecting-children-against-diseases>
- Article: Ramadan is here
<https://www.unicef.org/sudan/stories/ramadan-here>
- Article: Cultivating health through home vegetable gardens
<https://www.unicef.org/sudan/stories/cultivating-health-through-home-vegetable-gardens>
- Photo essay: This is my Makanna – my safe space
<https://www.unicef.org/sudan/stories/my-makanna-my-safe-space>
- Statement by UNICEF Executive Director Catherine Russell on children in Sudan at risk of famine
<https://www.unicef.org/press-releases/statement-unicef-executive-director-catherine-russell-children-sudan-risk-famine>
- Video: How poor access to nutrition made Arafa almost lose her twins
<https://www.youtube.com/watch?v=6p9cq3pxjC4>
- Video: 20-year-old Halima advocates for the protection of girls in Sudan's White Nile state
<https://www.youtube.com/watch?v=jLRMxDxsflw>
- Video: No matter what, vaccination continues: Measles & rubella vaccines save lives
<https://www.youtube.com/watch?v=3SnU04PGYVA>

- Video: Voices of children: What does mean to be a child in Sudan?
<https://www.youtube.com/watch?v=HPeXHFHo8xc>
- Video: This year, a different Ramadan in Sudan
https://www.youtube.com/watch?v=BF7o3qe_e0

HAC APPEALS AND SITREPS

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

NEXT SITREP: 1–31 MARCH 2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Health								
Children vaccinated against measles	Total	- 1.4 million	26,123	▲ 1%	-	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	- 3 million	173,653	▲ 4%	-	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	- 540,000	14,473	▲ 2%	540,000	14,473	▲ 2%	
Children 6-59 months screened for wasting	Total	- 5.9 million	271,941	▲ 3%	5.9 million	271,941	▲ 3%	
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	- 1.6 million	47,491	▲ 2%	1.6 million	47,491	▲ 2%	
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	- 2 million	126,245 ¹⁹	▲ 3%	373,959	44,903	▲ 10%	
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	- 59,176	16,455	▲ 21%	60,133	13,468	▲ 22%	
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	- 2.9 million	29,903	0%	-	-	-	
Unaccompanied and separated children provided with alternative care and/or reunified	Total	- 21,966	253	0%	23,933	2,481	▲ 10%	
Education								
Children accessing formal or non-formal education, including early learning	Total	- 1.7 million	289,968	▲ 1%	4.2 million	19,651	0%	
Children receiving individual learning materials	Total	- 1.2 million	124,413	0%	4.2 million	5,225	0%	
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	- 5 million	4 million	▲ 18%	4.9 million	3.1 million	▲ 1%	
People accessing appropriate sanitation services	Total	- 300,000	39,944	▲ 8%	1.5 million	104,186	▲ 6%	
People reached with hand-washing behaviour-change programmes	Total	- 5 million	586,652	▲ 6%	6.3 million	924,536	▲ 10%	

People reached with critical WASH supplies	Total	-	500,000	166,302	▲ 31%	-	-	-
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers ²⁰	Total	-	150,000	51,445	0%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								
People who participate in engagement actions	Total	-	5.3 million	167,125	▲ 1%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	1.3 million	1,425	0%	-	-	-

*Progress in the reporting period 1–29 February 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	207,360,985	10,146,858	13,304,868	183,909,259	89%
Nutrition	206,170,626	7,196,239	16,744,836	182,229,551	88%
Child protection, GBViE and PSEA	117,625,351 ²¹	598,201	1,055,337	115,971,813	99%
Education	80,103,091	475,000	2,601,090	77,027,001	96%
Water, sanitation and hygiene	89,551,000	657,065	4,419,390	84,474,545	94%
Social protection	100,000,000	-	332,897	99,667,103	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	39,188,947 ²²	1,663,188	8,411,081	29,114,678	74%
Total	840,000,000	20,736,551	46,869,499	772,393,950	92%

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ENDNOTES

1. UNICEF Sudan: Humanitarian Action for Children Appeal 2024 <https://www.unicef.org/media/149971/file/2024-HAC-Sudan.pdf>
2. 300 days of the war in Sudan - <https://www.unicef.org/sudan/press-releases/300-days-war-sudan>
3. According to DTM Monthly Displacement Overview (06), over 6.3 million people have been internally displaced and close to 1.9 million crossed borders since the conflict began in April 2023. Additionally, Sudan had 3.8 million IDPs before the conflict, with an estimated 800,000 being re-displaced, bringing the total number of IDPs in the country to 9.3 million.
4. "Crisis (IPC Phase 3) outcomes are widespread, Emergency (IPC Phase 4) outcomes exist in heavily impacted urban areas, and some households are expected to deteriorate to Catastrophe (IPC Phase 5) in Omdurman of Khartoum and El Geneina of West Darfur in the upcoming lean season." Clashes in Sudan's breadbasket threaten national food availability | FEWS NET
5. ACPAS Analysis Hub-Sudan - Healthcare and epidemics in the context of hunger.
6. Sudan Outbreak Dashboard <https://worldhealthorg.shinyapps.io/OutbreaksDashboard/#>
7. Polio Outbreak Response Situation Issue 23
8. In response to the projected deterioration of food insecurity, increased food prices, massive displacement and poor social services, and resulting aggravation of nutrition situation among children and pregnant and lactating women, Nutrition sector revised people in need (PIN) for treatment of acute malnutrition among under-five children, pregnant and lactating women, and girls (PLW/Gs), increasing the PIN from 4.7 million estimated in October 2023 to about 4.9 million in February 2024.
9. Achievements are driven through the engagement with 25 implementing partners (79 per cent of which national NGOs) delivering a portfolio of over US\$16.5 million (92 per cent, funded by UNICEF).
10. Including around 17,940: provided with durable newly constructed/rehabilitated basic water sources and 895,420 provided with water chlorination, operation and maintenance support for existing water facilities and water trucking.
11. The 79 per cent achievements in water supply was realized through the major cholera and war crises water chlorination/ flocculation, water services operation and maintenance and water trucking interventions. Those critical interventions were simultaneously initiated to the maximum possible number of the affected population and will be maintained for the same reached population at large throughout the upcoming months. There will be no sensible increase in that percentage in the upcoming months as WASH will be -at large- reaching the same population again.
12. Although the majority of the target has been achieved; the remainder will be concretized by deploying a mix of durable solutions (e.g., construction/rehabilitation, solarization) coupled with Operation and Maintenance support beyond water treatment solutions (e. provision of fuel, spare parts, minor rehabilitation and maintenance interventions).
13. Mainly soap, jerrycans and hygiene kits as way to help maintain communities, especially women and girls', sense of dignity.
14. Triggering signifies the communities' collective sense of disgust and shame has been sensitized, leading community members to confront the crude facts about mass open defecation and its negative impacts on the entire community, whilst getting them to reflect and then take common action.
15. ODF declaration means that no exposure of feces to the air or external/open environment in a community, has been found. In the context of Sudan, this stage is successfully reached upon verification and declaration by the Sanitation Action Group (SAG), a grassroots group, which represents the community.
16. ODF Certification is a process carried out officially by the Ministry of Health to certify the community is open defecation free. This process follows the ODF Declaration stage and is done as a follow up assessment to ascertain whether community really is open defecation free, as declared or not.
17. 11 of the 18 states in Sudan remain affected (Gedarif, Gezira, Khartoum, White Nile, Red Sea, Kassala, Sennar, Blue Nile, North Kordofan, River Nile and Northern).
18. Including water supply sources (one of shock chlorination in suspected/identified contaminated ones), points of storage, as well as distribution lines/carriers (donkey carts and water tankers, for example).
19. MHPSS results achieved through shared Education and Child Protection interventions.
20. MCCT+ cash distribution results were achieved using traditionally resilience/development-focused funding, which is why they are not reflected here even though the result is intrinsically HDP nexus.
21. This includes \$8,600,733 (7.3 per cent) for providing accessible ways to report sexual exploitation and abuse and \$23,670,400 (20 per cent) for prevention and response to gender-based violence.
22. This includes \$1,250,250 (3.2 per cent) for accountability to affected populations; the remaining amount is for social and behavioural change communication, including community engagement activities.