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# SUDAN

## HUMANITARIAN ACTION

GLOBAL THEMATIC REPORT  
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Boys listen to their teacher at the Nemery primary school for boys and girls located in South Darfur  
UNICEF is rehabilitating the water and sanitation facilities in their school. Just like health, nutrition and  
water; education is also an important basic service in emergencies.

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## ACRONYMS

AUHIP	African Union High-Level Implementation Panel
AWD	Acute Watery Diarrhoea
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organisations
FGM/C	Female Genital Mutilation/Cutting
GoS	Government of Sudan
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
HNO	Humanitarian Need Overview
IDPs	Internally Displaced People
IOM	International Organization for Migration
IMCI	Integrated Management of Childhood Illness
IYCF	Infant and Young Child Feeding
JEM	Justice and Equality Movement
MICS	Multiple Indicators Cluster Survey
MoE	Ministry of Education
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NCCW	National Council for Child Welfare
NGO	Non-Governmental Organization
OPV	Oral Polio Vaccine
ORE	Other Resources Emergency
ORR	Other Regular Resources
OTP	Outpatient Therapeutic Feeding Programme
PSS	Psychosocial Support Services
RR	Regular Resources
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SHF	Sudan Humanitarian Fund
SPLM-N	Sudan People's Liberation Movement - North
SSRs	South Sudanese Refugees
TT	Tetanus Toxoid (vaccine)
UASC	Unaccompanied and Separated Children
UNDAF	United Nations Development Assistance Framework
UNAMID	United Nations Mission in Darfur
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water Sanitation and Hygiene
WES	Department of Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization

## I. EXECUTIVE SUMMARY

Sudan continued to face protracted, complex and overlapping humanitarian challenges in 2018. These include internal and external conflicts and resulting in displacement overlaid with climatic and socioeconomic pressures that make populations susceptible to natural disasters, epidemics, food insecurity and malnutrition. An economic crisis from early 2018 has triggered a rise in the cost of living and eroded household purchasing power (annual inflation reached almost 70 per cent by November). The situation was aggravated by shortages of fuel, bread, medicines and cash, impacting vulnerable children and families, including 5.5 million people in need of humanitarian assistance, and impeding humanitarian and development operations by all partners. Faced with this situation, Sudan has witnessed multiple civil demonstrations from December 2018, that in some instances have necessitated the deferment of UNICEF field activities.

The population in need of humanitarian assistance went up from 4.8 million in 2017 to 5.5 million in 2018 (2.6 million of whom are children). The population of Internally Displaced Persons (IDPs) was approximately two million, including 960,000 children and more than 300,000 returnees, as well as an undefined number of new vulnerable men, women and children due to the economic deterioration. Last year, Sudan continued to receive a regular flow of refugees each month from South Sudan with nearly 30,000 people arriving in 2018. At the end of the year more than 850,000 South Sudanese refugees, including approximately 520,000 children, were living in Sudan. Nearly 80 per cent of all South Sudanese refugees in Sudan stay in out-of-camp settlements, with important needs particularly in education, nutrition, and protection.

On humanitarian coordination, UNICEF continued to lead the child protection subsector, and the education, nutrition and Water, Sanitation and Hygiene (WASH) sectors. During 2018, the coordination team worked closely with the field offices in decentralising the humanitarian needs overview and the humanitarian response plan at locality level. Given its role in four sectors, UNICEF has promoted the intersectoral and integrated approach in the humanitarian planning cycle and in the prioritisation of the pooled funds.

UNICEF technical and financial support significantly contributed towards increasing children and women's access to lifesaving interventions, specifically to achieving the following results:

### CHILD PROTECTION

- In 2018, UNICEF and partners reached 194,551 children (100,003 boys and 94,548 girls) through Psychosocial Support Services (PSS), Child Friendly Spaces (CFSs), mobile teams and home visits.
- 7,323 unaccompanied and separated children were reached with child protection services.

### EDUCATION

- In response to emergencies in various parts of the country (Darfur states, South Kordofan, White Nile, Blue Nile) 82,810 children (52% girls) access formal and non-formal education, amongst others through the construction/rehabilitation of 725 temporary/semi-permanent classrooms with teachers' offices and gender-sensitive toilets.
- UNICEF also provided adequate teaching and learning materials and recreation kits for 226,712 emergency-affected children (52% girls).

### HEALTH AND NUTRITION

- In 2018, in partnership with the Ministry of Health at federal, state and locality levels, UNICEF provided essential health and nutrition services to reach 1,850,153 children under-five (including Internally Displaced Persons and refugees).



- 526,624 children received their first measles vaccinations (90% of the annual immunisation target).
- 1,085,925 children were treated for common childhood diseases through the Integrated Management of Childhood Illness (IMCI) services.
- 237,604 children received Severe Acute Malnutrition (SAM) treatment.
- UNICEF's Infant and Young Child Feeding (IYCF) practices reached 831,696 mothers and caregivers through health facilities and the 3,000 UNICEF-supported mother support groups across Sudan.

#### WATER, SANITATION AND HYGIENE

- In 2018, in partnership with the governmental Water Environmental Sanitation (WES) and the private sector, UNICEF provided access to basic water supplies for 161,789 vulnerable residents, Internally Displaced Persons (IDPs) and South Sudanese Refugees, including approximately 82,512 children.
- In partnership with the Ministry of Health and Non-Governmental Organisations, UNICEF has constructed household and communal latrines for 37,043 people (15,941 men and 21,102 women, including around 18,892 children).
- UNICEF in partnership with the Ministry of Health and NGOs, reached around 794,361 people with hygiene awareness.

Sudan's deteriorating economic conditions proved challenging for the humanitarian response. Severe fuel shortages, rapid inflation and a scarcity of cash hindered the delivery and quality of basic health, water, sanitation and hygiene (WASH), education and social services to an increasingly vulnerable population. These challenges forced mid-year revisions of UNICEF led sectors' (WASH, nutrition, education and child protection) Humanitarian Response Plan (HRP) with the cost of needs raised by at least 15 per cent over the original HRP. On the positive side, it was possible during 2018 to undertake needs assessments and provide support to vulnerable populations in areas bordering the conflict areas in Blue Nile, South and West Kordofan, and around the Jebel Marra area in Darfur.

In 2019, UNICEF will continue to provide crucial child protection, education, health, nutrition, and WASH services to the most vulnerable children in crisis-affected areas. UNICEF's work will - amongst others - focus on providing education in emergencies to 144,254 school-aged children, providing an additional 290,000 vulnerable people with access to clean water and reaching 300,000 severe acute malnourished children with therapeutic treatment.

## II. HUMANITARIAN CONTEXT

The situation in Sudan is characterised by the existence of unresolved internal conflicts and unfulfilled political reform. The comprehensive implementation of the African Union High-level Implementation Panel (AUHIP) roadmap to end the armed conflicts in Darfur, Blue Nile, and South Kordofan, and on the National Dialogue remains the basis for efforts to attain sustainable peace required to end long-standing armed conflicts in the country.



The economic situation reached a point of ‘instability and dysfunction’ (according to the World Bank).<sup>1</sup> In September 2018, the Sudanese Government adopted a series of austerity measures, including a major cabinet reshuffle, additional exchange rate devaluation and further restrictions on bank withdrawals. However, these measures were unable to stabilise the situation, and long queues continued at cash machines, fuel stations, and bakeries across Sudan. In December, following public demonstrations and protests, a state of emergency and school closures were imposed in several cities and towns, causing major disruption in children’s access to basic services, especially in education and health care.

In July and August, heavy rains and consequent flash floods also shaped the 2018 humanitarian situation and affected more than 195,000 people, damaging households and livelihoods in 15 out of Sudan’s 18 States. In August 2018, an outbreak of Chikungunya virus was reported in Kassala state (Eastern Sudan). As of 31 December, a total of 26,892 suspected cases of Chikungunya fever had been reported from ten states with the bulk of cases reported in Kassala and Red Sea States. Women represented 56 per cent of the reported cases while children under five years of age contributed to five per cent of the total cases. On a positive side, the Acute Watery Diarrhea (AWD) outbreak which first struck Sudan in 2016 and spread across Sudan’s 18 States in 2017 was somewhat contained in 2018. A total number of only 134 cases of AWD were reported (53.9% of cases were female), all of whom were admitted and treated, with one reported death in Central Darfur. A measles outbreak was also reported, with Kassala, Gedaref and Northern state being the most affected. The nutrition situation amongst vulnerable groups across Sudan remained critical, with a high number of reported cases of acute malnutrition among South Sudanese refugees in White Nile state and a high number of cases among populations in newly accessible areas in the Jebel Marra region and Blue Nile state.

Except for small pockets in the Jebel Marra Region in Darfur, the security situation in Sudan remained relatively stable in 2018 and there was good access to most areas of Sudan. However, Jebel Marra, the Nuba mountains of South and West Kordofan, and certain localities in Blue Nile State remained mostly inaccessible to humanitarian intervention despite some improvements in access. The status quo of sporadic fighting in Jebel Marra during 2018 also meant that displaced populations continue to be exposed to vulnerabilities, with the majority being children and women. The inter-agency assessments conducted in areas such as Mistariha, Otash and Hissahissa camps, Rokero, Thur, East Jebel Marra, and Golo uncovered important humanitarian needs in child protection, education, food, health, nutrition, shelter, and WASH. The assessments were conducted in these areas because of IDPs movements triggered by the clashes between government and opposition forces.

The UNICEF led sectors supported the delivery of humanitarian assistance into newly accessible areas in Jebel Marra region, and South Kordofan and Blue Nile states by strengthening the capacity of sub-national coordination structures, government and local partners, and through pre-positioning essential supplies especially before the rainy season, in preparation for immediate delivery to populations in need when access is attained. These are served through activities such as community-based child protection networks, education in emergency supplies, outpatient programmes, infant and young child feeding counselling sessions (IYCFs), and WASH-programmes.

In Sudan, over 75 per cent of South Sudanese refugees live out-of-camp, and in February 2018, UNICEF and UNHCR finalized a Letter of Understanding whereas UNICEF commits to support refugees out-of-camp where funding is available in the areas of child protection, education, health, nutrition and WASH. UNICEF continues to support child-related health services and nutrition response in camps.

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<sup>1</sup> Sudan Country Office Annual Report 2018

UNICEF continued 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. On the coordination side, a new HDPN overall coordination structure was adopted in June and afterwards UNICEF brought together the members of technical working groups in education, nutrition and WASH to develop a sector-specific and inclusive coordination approaches. Within the broader Collective Outcome exercise, UNICEF is co-leading the outcome on basic social services. On programming, UNICEF worked with key donors in developing HDPN intersectoral approaches, including for example one centred on education in West Kordofan, one centred on nutrition in Central Darfur, and one on WASH in Central and North Darfur, where there is a pilot project on integration of IDPs in a neighbourhood of El Fasher as a durable solution. UNICEF is also working alongside multiple partners in Um Dukhun as a pilot project in an area with a substantial number of returnees.

Sudan's deteriorating economic conditions manifested themselves among other in a lack of basic commodities and severe inflation. These challenges forced mid-year revisions of UNICEF led sectors' (child protection (sub-sector), education nutrition and WASH) Humanitarian Response Plan (HRP) and the UNICEF Humanitarian Action for Children appeal, with the cost of needs raised by a minimum of 15 per cent over different sectors requirements in the original HRP. Limited humanitarian funding in 2018 resulted into a lower than targeted outreach to children with SAM admitted for treatment, below target distribution of education in emergency supplies, and less than planned construction of water pumps and latrines in WASH. These needs were outlined in the Humanitarian Needs Overview (HNO) and in the HRP. Other challenges for implementation faced during the year were related to timely issuance of visas and travel permits for humanitarian personnel, and the rapid processing of technical agreements of the humanitarian partners'.

Given the limited amount of humanitarian funding available during 2018 to cover the needs, UNICEF is taking a decentralised approach to prioritising the interventions based on vulnerability levels of children and communities, and favours an integrated response, which increases the efficiency and durability of the support to the most vulnerable children.



## I. RESULTS

### CHILD PROTECTION

INDICATORS	TARGET	RESULTS	%
# children reached with Psychosocial Support Services	128,000 children	194,551 children	152 %
# Unaccompanied and Separated Children reached	5.500 children	7,323 children	133 %

In 2018, UNICEF and partners reached 194,551 children (100,003 boys and 94,548 girls) in humanitarian situations through Psychosocial Support Services (PSS), Child Friendly Spaces (CFSs), mobile teams and home visits. This, in total exceeded the target by 66,551 children (152%). This is mainly due to an improved funding availability for child protection in emergencies in 2018, which directly correlated with the increased support services provided. Much of the available funding is dedicated to addressing the protection needs of South Sudanese out-of-camp refugee children and children on the move which resulted in 113,753 children (58,359 boys, 55,364 girls) receiving support services.



Last year, 5,193 Unaccompanied and Separated Children (UASC) among South Sudanese refugees were supported through family reunification and alternative family care. This is 71 per cent of the total number of UASC (7,323 girls and boys). The achieved results on psychosocial support and unaccompanied and separated children are far beyond the planned targets. This is mainly due to the funding received to support (out-of-camp) South Sudanese refugees whose numbers and needs were under estimated during the beginning of the year.

To respond to the risks of Unexploded Ordnance in North, South and West Darfur States, which witnessed fighting during 2018, around 78,531 people received mine risk education through trained community volunteers.

Four children formerly associated with the armed forces/groups have been supported through psychosocial support, interim care and education while other options for their economic support are being assessed based on their individual family situations and needs. In addition, 20 more children who were previously released from armed forces in 2016 and more than 50 other vulnerable children have finalised their reintegration programme through receiving vocational training and work tools or going back to school for those who still have the chance to catch-up with their formal education.

On 19 December 2018, Sudan saw the beginning of the political unrest, raising concerns about child protection. Two children have reportedly lost their lives, one has been seriously wounded, and five others are detained. UNICEF continues to closely monitor the situation with the relevant authorities and Civil Society Organisations (CSOs) to ensure that all parties uphold the rights of the child and that the appropriate justice mechanisms are utilised for children involved.

## EDUCATION

INDICATORS	TARGET	RESULTS	%
# of school-aged boys and girls accessing safe learning spaces	99,080	82,810	83 %
# of children who have received education in emergency supplies and recreational materials	249,080	226,712	91 %

Sudan has one of the highest number of out-of-school children in North Africa and the Middle East region, estimated at 3.1 million (52% girls). Gender inequality and low enrolment rates persist, particularly in rural areas, conflict-affected areas and among nomadic communities.

In response to emergencies in various parts of the country (Darfur states, South Kordofan, White Nile, Blue Nile) 82,810 (52% girls) of the planned 99,080 emergency-affected children had access to formal and non-formal education in child-friendly learning environments. These were established with UNICEF support through construction/rehabilitation of 725 temporary/semi-permanent classrooms with teachers' offices and gender-sensitive toilets. These targeted localities were selected based the HNO severity ranking and needs assessments to reach the most vulnerable children. UNICEF also provided adequate teaching and learning materials and recreation kits for 226,712 emergency-affected children (52% girls). A major challenge has traditionally been that education in emergencies has not been perceived as a lifesaving funding priority by some humanitarian donors and further sensitisation and advocacy has been needed.

One highlight was when 4,565 grade eight conflict-affected children (40% girls) from Jebel Marra in Darfur were supported with travel, room and board costs to take their grade eight examinations to complete the basic education and transition to secondary education. Of these, 1,300 were children from non-

government-controlled areas; their participation was made possible through UNICEF and partners' negotiations at national and state levels to allow these children to travel from their locations to the examination centres.

Despite the progress reported above, high numbers of children are still out of school, especially in humanitarian settings. The demand for education is not met by education supplies due to an inadequate investment in basic education. Lack of classrooms and a poor school environment inhibits children's access to education as well as effective learning for new comers (first grade). Many states have reported a shortage of government teachers in nomadic, rural schools and Alternative Learning Programmes (ALPs), seriously affecting the quality of learning.

## HEALTH AND NUTRITION

INDICATORS	TARGET	RESULTS	%
# children under one year of age receiving first dose of measles vaccine	519,066	526,624	101
# of conflict-affected people receiving Primary Health Care (PHC) services	884,412	1,085,925	122
# of children 6-59 months affected by Severe Acute Malnutrition admitted to treatment	250,000	237,604	95
# of caregivers receiving infant and young child feeding (IYCF) counselling	564,000	831,696	147

In 2018, in partnership with the Ministry of Health at federal, state and locality levels, UNICEF provided essential health and nutrition services to reach 1,850,153 children under-five (including Internally displaced persons and refugees). This included 526,624 children who received their first measles vaccinations (90% of the annual immunisation target); 1,085,925 children treated for common childhood diseases through the Integrated Management of Childhood Illness (IMCI) services; and 237,604 children who received Severe Acute Malnutrition (SAM) treatment. UNICEF's Infant and Young Child Feeding (IYCF) practices reached 831,696 mothers and caregivers through health facilities and there were also 3,000 UNICEF-supported mother support groups across Sudan.

The high achievement of both the IYCF-counselling and IMCI-targets was due to the success of the community-based platforms. Mother support groups were expanded during the year to provide community level counselling and more community health workers were trained and equipped to provide treatment for diarrhoea and malaria at the household level.

In 2018, following a UNHCR conducted Nutrition Survey that reported high levels of malnutrition amongst South Sudanese refugees (SSR) in White Nile, as well as South and West Kordofan states, UNICEF launched a largescale surge response dubbed the '*Find and Treat Campaign*'. This mobilised the Ministry of Health, Non-Governmental Organisations (NGOs) partners and communities and built their capacity to screen 22,057 children under-five for malnutrition (of which 656 were identified with severe acute malnutrition and 2,500 as moderately malnourished). These children were admitted for treatment through Outpatient Therapeutic Programmes (OTPs) run by UNICEF and Supplementary Feeding Programmes (SFPs) run by the World Food Programme (WFP). These essential nutrition services were integrated with health interventions resulting in an additional 3,068 children receiving measles immunisations, 514 children receiving treatment for diarrhoea and 984 pregnant mothers enrolled in antenatal care.

UNICEF also led multiple initiatives to deliver humanitarian assistance to Internally Displaced Persons (IDPs) in communities previously isolated by conflict in the Jebel Marra area of Darfur. In these isolated communities, UNICEF provided technical and financial assistance to establish 30 new OTPs and 60 Mother Support Groups (MSGs) to extend access to IYCF-counselling for mothers and caregivers, Severe Acute Malnutrition (SAM) treatment integrated with immunisations and treatment for diarrhoea, malaria and acute respiratory tract infections. UNICEF welcomed regional office surge support and deployment of an IRISH AID Standing Partner who spent four months deep-field within Jebel Marra facilitating capacity building, partnership coordination, monitoring and transportation of supplies. UNICEF also deployed a local consultant into Jebel Marra to provide dedicated support to communities that had not received humanitarian assistance for over five years. All services: nutrition, immunisation, IMCI and WASH were delivered as an integrated package.

However, the year was not without challenges, namely fuel and cash shortages related to the economic crisis, which delayed the sub-national immunisation and vitamin A supplementation campaigns, as well as delayed the transportation of supplies and hampered monitoring and supportive supervision activities.

UNICEF and partners also responded to several disease outbreaks, including Chikungunya, Dengue and Acute Watery Diarrhoea (AWD), mobilising resources accordingly.

#### WATER, SANITATION AND HYGIENE (WASH)

INDICATORS	TARGET	RESULTS	%
# of people having access to water services	290,000	161,789	55 %
# of people having access to sanitation services	270,000	37,043	13 %
# of people reached with hygiene awareness	780,000	794,361	101 %

In 2018, in partnership with the governmental Water Environmental Sanitation (WES) and the private sector, UNICEF provided access to basic water supplies for 161,789 vulnerable residents, IDPs and SSRs including approximately 82,512 children. The new emergencies planned for in 2018 did not eventuate, resulting in a shift in focus towards long term solutions to protracted crises. This involved focus on rehabilitation and maintenance of existing systems rather than new construction and community operation programmes. This shift in modality resulted in 55 per cent of the planned 2018 humanitarian water supply target being achieved, yet simultaneously 1,026,780 people (510,663 men and 523,658 women, including 523,658 children) were reached with an improved access to water from non-emergency activities through the operation and maintenance and water chlorination services for their existing water sources, water transportation means, and household water storage.

In partnership with the Ministry of Health and NGOs, UNICEF constructed household and communal latrines for 37,043 people (15,941 men and 21,102 women, including around 18,892 children), which allowed achieving 13 per cent of the 2018 target. This target was also affected by the combination of lower than expected humanitarian WASH-funding and the non-occurrence of expected emergencies which resulted in a shift in modality. UNICEF utilised the Community-Led Total Sanitation (CLTS) approach to mobilise communities to construct their own long-term latrines and to promote sanitation in conflict affected and returnee communities.

In partnership with the Ministry of Health and NGOs, UNICEF reached around 794,361 people (405,124 children) affected by or at risk of Acute Watery Diarrhea (AWD), flooding or internally displaced or refugees. This equalled 101 per cent of the 2018 target. Beneficiaries were reached through hygiene promotion,



cleaning campaigns and household visits that focused on AWD prevention, handwashing and water safety. The activities were accompanied by the distribution of water disinfection chlorine, water tanks, pumps, soap bars, hygiene kits and jerry cans in affected states. These distributions and activities are cost-effective, enabling UNICEF to reach its targets despite funding shortfalls.

### RESULTS ACHIEVED WITH THEMATIC HUMANITARIAN FUNDING

Flexible humanitarian funding allowed UNICEF to respond quickly and effectively to new and protracted crises. Specific interventions such as responding to epidemics, floods or to new displacements as they happen and where they happen necessitate a level of flexibility that makes possible to react timely and in an intersectoral manner based on the needs of the affected populations. Specifically, with Humanitarian Thematic Funds the following tangible results were achieved:

#### EDUCATION

The Humanitarian Thematic Fund supported the provision of essential learning and educational supplies for 92,000 emergency-affected children nationwide. Examples of these supplies included:

- Metal Boxes with a padlock to ensure the safe storage of all items and a paintbrush and blackboard paint to turn the inside lid of the metal box into a blackboard.
- Plasticised paper posters including the alphabet and lines, Numbers 0-100 and squares, the multiplication table and a world map. The posters can be written on, using the water-based non-permanent marker pens provided in the box, wiped clean and re-used as appropriate. Adhesive tape is also provided for hanging the posters.
- Tape-measures, wooden cubes (for teaching arithmetic), clocks, slates, pencils, exercise books and chalk.

The grant also supported 37,100 children with access to Education in West and Central Darfur through the construction/rehabilitation of classrooms to reduce over-crowding and improve enrollment learning outcomes for children. Education cluster coordination was supported through this grant, including filed monitoring missions.

#### HEALTH

The Humanitarian Thematic Fund supported the procurement and distribution of essential, life-saving health supplies benefiting an estimated 85,250 children (50% girls) and 96,170 pregnant and lactating women. Essential drugs and health kits were procured off-shore and distributed across the country to provide immunisation against polio, measles, tuberculosis and neo-natal tetanus.

- UNICEF distributed seven Primary Health Care (PHC) kits to the State Ministry of Health and NGO partners in North Darfur to meet the needs of 70,000 affected population in Nifasha, Shadad, Abasi IDP camp, Alsiref and Kebkabiya localities.
- In preparation for high incidents of diarrheal diseases during the rainy season, UNICEF distributed 180,000 sachets of Oral Rehydration Salts (ORS) across the state.
- UNICEF also supported the installation of two solar fridges in Dirbat and Belle Elsiref to strengthen the cold-chain system, expanding vaccination access to 10,000 children.
- UNICEF procured 55,000 Doses of Tetanus Toxoid vaccine and 1.2 million doses of Oral Polio Vaccine (OPV) for subnational campaigns.

#### NUTRITION

- Scaling-up of life saving nutrition services in the conflict-affected areas of East Jebel Marra in South Darfur.

- Resumption of health and nutrition services in Feina (South Darfur) following a militia attack in April of 2018 which displaced many households and vandalised the only clinic providing health and nutrition services.
- The provision of services to other newly accessible villages in East Jebel Marra including Saboun, Elfagur, Gubo and Kara. In these villages, a total of 380 children suffering from Severe Acute Malnutrition (SAM) were admitted for treatment through a UNICEF-supported Outpatient Therapeutic Feeding Programme (OTP) and received measles immunisation and treatment for common childhood illnesses.
- The grant was specifically used to support operational costs of the Ministry of Health in running the OTPs.
- The procurement of limited cartons (176 cartons) of Ready-to-used Therapeutic Food (RUTF) as well as support of handling and clearance of 2,600 cartons of RUTF procured from another grant.
- 12 Mother Support Groups (MSG) were established for improved infant and young child feeding counselling.





## WATER, SANITATION AND HYGIENE (WASH)

The thematic funds enabled the WASH-intervention to focus on preventing and preparing for Acute Watery Diarrhea (AWD).

- A large water purification unit and 45m2 Oxfam tanks were procured to improve drinking water quality in the areas where people rely on surface water, like in White Nile State.
- 720 people in five states, 22 localities (North Darfur, South Darfur, Blue Nile, White Nile and Sennar) were trained on community-based chlorination activities
- In Blue Nile and White Nile States, rapid assessments of institutions (school and health facilities in Blue Nile, health facilities in White Nile) were conducted by the WASH-sector as part of the AWD preparedness and prevention plans. In White Nile, locality sanitation units were established in coordination with Ministry of Health, Education and Water in all nine localities.
- The new influx of IDPs into Ottash IDP-camp was supported in South Darfur following conflicts in Eastern Jebel Marra region. The existing water system in Ottash was supported by UNICEF and WES for operation and maintenance over three months, benefitting 5,000 people.
- 10,000 people benefitted from a new installation of two bladders near the newly arrived East Jebel Marra IDPs settlements.
- State level Sector coordination fora were supported by this fund; in Sennar, a one-day workshop was organised to discuss the state AWD preparedness plan.
- In North Darfur, 48 sector partners took part in the state AWD task force capacity building workshop to cover data collection, documentation and reporting process in case of an AWD outbreak.
- UNICEF and the State Ministry of Health trained 360 hygiene promoters at both the community and state level in four states (North Darfur, Blue Nile, White Nile and Sennar) to conduct hygiene promotion activities.
- 100 emergency household latrines were newly built in Ottash IDP-camp (South Darfur) for 500 newly arrived IDPs. In West Darfur, the fund was utilised to conduct locality-level Community-Led Total Sanitation (CLTS) training and 12 monitoring visits to support the agenda of locality-wide Open Defecation Free (ODF) in Sirba locality.

## CASE STUDY: FIND AND TREAT CAMPAIGN

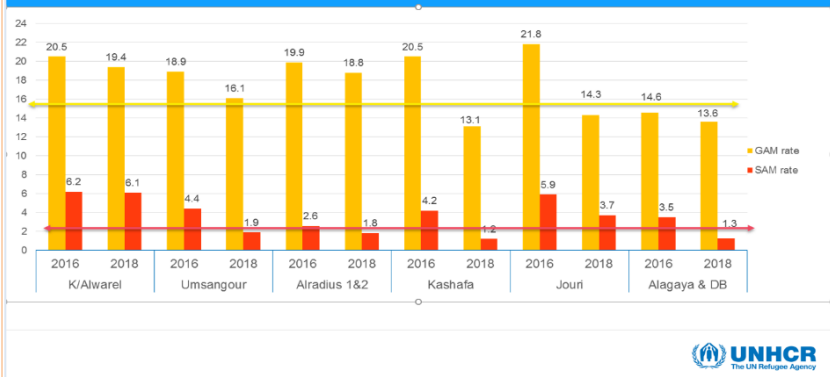
UNICEF adopts systems approach to deliver health and nutrition services at both facility and community levels. This allows refugees to access services from existing facilities, especially those living in host communities. UNICEF conducts monthly or bimonthly screening of children under five years for early detection and treatment of Severe Acute Malnutrition (SAM) integrated with immunisation, IMCI, Integrated Community Case Management (ICCM), health promotion, Infant and Young Child Feeding (IYCF), reproductive health and newborn care services. To address to acute and wider needs in a rapid manner, UNICEF has successfully implemented the *'Find and Treat Campaign'*, rallying partnerships to rapidly deliver lifesaving integrated health and nutrition services to affected children within a short term.

The states of White Nile, South and West Kordofan benefited from this approach, saving lives of thousands of children who could have suffered preventable deaths. This was in response to low immunisation coverages, high levels of SAM and Moderate Acute Malnutrition (MAM), high incidence of diarrheal diseases and low coverage of IMCI. A total of 24,282 children under five benefited from the campaign, including children screened for SAM and MAM. 482 children were found with SAM and received lifesaving treatment; 1,192 children were treated for MAM, 4,822 children were treated for diarrhea, ARI or malaria (IMCI diseases) and 14,201 children were vaccinated against measles. Additionally, 1,724 pregnant mothers received Antenatal Care (ANC) services and 15,201 children received Vitamin A supplementation.

### BACKGROUND

Many interagency assessments have been conducted on the wellbeing of refugees, all pointing to high needs for health, nutrition, WASH, protection and education. The most recent, the Standardized Expanded Nutrition Survey (SENS) conducted by UNHCR and partners, including UNICEF brought to light the specific health and nutrition needs among the refugees and coverage of existing interventions in key states, including White Nile, South and West Kordofan. The survey was done in West Kordofan (October – November 2017), White Nile (March-April 2018) and South Kordofan (May 2018).

**GAM and SAM Rate 2016 and 2018 in White Nile camps**



Among the findings, Global Acute Malnutrition (GAM) prevalence of 17.6 per cent (with 4.2% Severe Acute Malnutrition) was reported in Alliri, South Kordofan; GAM prevalence of 19.6 per cent (with 4% SAM) in Elmeiram, West Kordofan; GAM prevalence of 16.8 per cent (with 2.2% SAM) in Kharasana, West Kordofan.

Diarrhea prevalence reported in Alliri was 27.3 per cent, and 32.6 per cent and 24.3 per cent in Kharasana and Elmeiram respectively. Coverage of immunisation, Antenatal Care and Vitamin A supplementation were also low across all three states.

## PROGRAMME

The *Find and Treat Campaign* was adopted as an accelerated strategy to reach a maximum number of children in need of treatment for Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and diarrheal diseases as well as to identify and refer pregnant women for antenatal care. It was necessary to rapidly mobilise wider partnerships, leverage capacities from the Ministry of Health, NGOs, the World Health Organisation (WHO), the World Food Programme (WFP) to accelerate provision of lifesaving health and nutrition services to population in desperate need (i.e. the South Sudanese Refugees), stabilise the deplorable humanitarian crisis and to strengthen systems to maintain provision of these services in a systematic and routine manner.

The *Find and Treat Campaign* was implemented on assumption that it would be successfully implemented experience in 2017 in Jebel Marra. It was planned under the assumption that the refugee population will remain at their residential locations in the camps and out of camps. It was executed in an integrated and multisectoral manner under the assumption that all agencies and partners would be ready, and avail required logistics, supplies, financial and human resources.

The response was planned to benefit the entire refugee population; directly all children under five and pregnant and lactating mothers, and indirectly the entire refugee community in White Nile camps, South and West Kordofan out of camps. A total of 273,192 people was expected to benefit directly or indirectly. UNICEF planned the integrated response for efficiency and in consideration of multidimensional needs of the refugee child.

All other sick children were referred to the health center for further diagnosis and treatment. Children with acute malnutrition were brought to the Outpatient Therapeutic Feeding Programme (OTP) within the camp by a designated admission facilitator, usually a respected and well-known South Sudanese refugee leader within the community. As a measure to prevent non-compliance, no SAM child or sick child was referred unaccompanied. To ensure quality, each team covered not more than 100 households a day.

During the campaign, OTPs and health centres remained opened until the last child was screened. Children suffering from SAM with medical complications were transported for admission in the Stabilisation Centre (SC). When there was no NGO supporting the SC, UNICEF paid the full cost of transportation as well as the caretaker ration. More importantly, UNICEF staff in the field ensured that severe acute malnourished children were transported to the SC within one day of referral and followed-up to ensure that they received care and treatment free of charge, including medication and laboratory services.

A joint supervision team comprising of UNICEF, UNHCR, WHO, WFP and MOH ensured quality supportive daily supervisory support to the teams and held daily meetings to review the progress of implementation and take stock of challenges and lessons learned.

## RESOURCES

Provision of therapeutic supplies, MUAC tapes, IMCI kits, Vaccines, RH kits	UNICEF, WFP
Financial support	UNICEF
Transportation of supplies & logistics	CONCERN, Almanar, SCI, CIS
Field implementation of the response	SMOH, CONCERN, Almanar, SCI, CIS

Monitoring and supervision	UNICEF, WHO, WFP, UNHCR, SMOH, Concern, SCI, CIS, Almanar, Goal
Provision of supplementary feeding supplies	WFP
Orientation workshop and trainings	UNICEF, SMOH
Support transportation of complicated cases	CONCERN, SCI, Almanar, CIS
Coordination with COR, HAC and other state authorities	UNHCR
arrange after the campaign progress review meetings	UNICEF, UNHCR, SMOH

## RESULTS

A total of 24,282 children under five benefited from the campaign, including children screened for SAM and MAM. 482 children were found with SAM and received lifesaving treatment; 1,192 children were treated for MAM, 4,822 children were treated for diarrhea, Acute Respiratory Infections (ARI) or malaria (IMCI diseases) and 14,201 children were vaccinated against measles. Additionally, 1,724 pregnant mothers received antenatal care services and 15,201 children received vitamin A supplementation. The participation of various NGOs and UN-agencies plus commitment of the State Government ensured that resources were contributed and not coming from one agency; this greatly contribute to the success of the intervention.

## CHALLENGES AND LESSONS LEARNED

One of the key challenges faced was shortage of MAM supplies in West and South Kordofan states. this handicapped the provision of MAM treatment, creating a huge gap in the response.

The key lessons learned included the efficiency of the multisector approach and the leveraging of resources and platforms from other agencies. For example, even though UNICEF did not form a financial partnership agreement with some NGOs, the health centres being run by those partners conformed to the need of the campaign and adapted their strategies and approaches to meet the immediate needs. They opened their clinics throughout the week to ensure children had uninterrupted access, although normally the clinics are opened only once a week.

The community participation was a commendable lesson. The community health workers and volunteers were themselves South Sudanese Refugees who understood the cultural and social dynamics of the refugees. As a result, rejection of services was at record low. Overall the *Find and Treat Campaign* has successfully proven an emerging best practice and the results have been consistently impressive.

## MOVING FORWARD

While UNICEF's strategic focus will remain on system strengthening, the *Find and Treat Campaign* approach remains an important lifeline for many of Sudan's population caught-up in conflict. UNICEF hopes to replicate the *Find and Treat Campaign* in two other areas once access is provided. In areas with regular access, UNICEF will scale-up services and improve on quality, including improved monitoring.

## II. FINANCIAL ANALYSIS

**Table 1. 2018 Funding Status against the Appeal by Sector (in USD)**

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		% Funding Gap
		Funds Received in 2018	Carry-Over	
Health and Nutrition	52,712,245	33,699,929	8,004,020	21%
Education	19,999,784	8,548,620	3,098,081	42%
Water and Environmental Sanitation	32,851,617	7,739,648	1,276,367	73%
Child Protection	9,578,087	1,877,667	758,702	72%
<b>Total</b>	<b>115,141,733</b>	<b>51,865,864</b>	<b>13,137,170</b>	<b>44%</b>

**Table 2: Funding Received and Available in 2018 by Donor and Funding Type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	72,568
		72,568
b) Non-Thematic Humanitarian Funds		
Germany	SM180001	1,119,821
UNDP - MDTF	SM160012	1,397,732
UNDP - MDTF	SM160014	1,352,123
UNDP - MDTF	SM160015	75,714
UNDP - MDTF	SM180190	1,299,981
UNDP - MDTF	SM180577	300,231
USA (State) BPRM	SM180355	5,625,000
European Commission / ECHO	SM180138	11,329,002
European Commission / ECHO	SM180229	1,207,729
USA (State)	SM180292	655,372
USA (State)	SM180293	344,628
USA (State)	SM180228	7,900,000

Japan	SM180067	2,000,000
SIDA	SM180178	1,203,369
The United Kingdom	SM180395	2,600,780
Canada	SM180163	388,500
United States Fund for UNICEF	SM180571	490,000
Total Non-Thematic Humanitarian Funds		39,289,984
c) Pooled Funding		
(i) CERF grants		
(ii) Other Pooled funds		
CERF	SM180442	1,400,000
CERF	SM180443	962,378
CERF	SM180454	3,920,000
Total CERF		6,282,378
Other pooled funds	N/A	
d) Other types of humanitarian funds		
USAID/Food for Peace	KM180039	2,546,378
USAID/Food for Peace	KM180041	1,003,726
USAID/Food for Peace	SM180421	1,619,936
USAID/Food for Peace	SM180422	1,050,894
Total Other Pooled funding		6,220,934
Total humanitarian funds received in 2017 (a+b+c+d)		51,865,864
II. Carry-over of humanitarian funds available in 2015		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	N/A	
f) Carry over of non-thematic humanitarian funds		
UNDP - MDTF	SM170652	241,848
Global - Thematic Humanitarian Response	SM149910	689,258
United States Fund for UNICEF	SM170637	907,407
European Commission / ECHO	SM170250	322,578
USAID/Food for Peace	KM170038	541,527
USAID/Food for Peace	KM170040	2,167,272
USAID/Food for Peace	SM170499	738,640
USAID/Food for Peace	SM160591	83,026
USA (USAID) OFDA	SM170394	99,272
USAID/Food for Peace	SM160367	389,419
USA (USAID) OFDA	SM170372	65,264



UNDP - MDTF	SM160012	324,291
UNDP - MDTF	SM160014	108,205
UNDP - MDTF	SM160015	1,511
European Commission / ECHO	SM170193	2,078,689
UNOCHA	SM170475	579,693
UNOCHA	SM170476	628,458
UNOCHA	SM170486	76,285
UNDP - MDTF	SM170294	217,274
Germany	SM160362	1,545,497
USA (USAID) OFDA	SM170236	642,809
USA (USAID) OFDA	SM170237	447,026
UNDP - MDTF	SM170296	56,860
UNDP - MDTF	SM170388	39,732
Total carry-over non-thematic humanitarian funds		13,137,170
Total carry-over humanitarian funds (e + f)		13,137,170
III. Other sources		
7% Set Aside	GS160044	144,216
7% Set Aside	GS160045	239,274
GS180089		383,490
<b>Total other resources</b>		<b>383,490</b>
* Programmable amounts of donor contributions, excluding recovery cost.		

**Table 3: Thematic Humanitarian contributions received in 2018 (in USD)**

Donor	Grant Number	2018 Contribution Amount (USD)	2018 Programmable Amount (USD)
Global Thematic for Emergency	SM149910	SM1899100075	72,568
<b>Total</b>			<b>72,568</b>

### III. FUTURE WORK PLAN

In 2019, UNICEF will focus on the following humanitarian objectives:

#### EDUCATION

- 144,254 school-aged children have access to safe learning spaces and 327,356 children are provided with education in emergencies supplies and recreational materials.

#### HEALTH AND NUTRITION

- 300,000 children under-five years with SAM are admitted for treatment.
- 720,000 caregivers receive infant and young child feeding counselling.
- 623,820 children under one-year receive the first dose of the measles vaccine.
- 884,412 children under-five years have access to IMCI services

#### PROTECTION

- 186,273 children from IDP and refugee communities have access to psychosocial support services.
- Over 120,000 women and children are reached with gender-based violence prevention and response interventions.

#### WASH

- The WASH-sector humanitarian coordination forum is strengthened to guide, harmonise and optimise WASH-sector planning, advocacy, implementation, monitoring and resource mobilisation.
- 290,000 and 200,000 additional unserved and crisis-affected people have increased and sustained access to basic gender and disabled people sensitive water supply and sanitation facilities respectively.
- In addition, 300,000 crisis-affected people have access to basic gender and disabled people sensitive water supplies through supporting the operation and maintenance and water chlorination of their existing water sources.
- 600,000 crisis-affected people are reached with hygiene promotion interventions with a focus on AWD and handwashing with soap.

#### IV. EXPRESSION OF THANKS

In 2018, UNICEF continued implementing lifesaving interventions in Sudan, which would not have been possible without the generous funding from our humanitarian donors. Consequently, UNICEF Sudan expresses its highest gratitude to all the donors that continue to support our efforts in meeting the needs and fulfilling the rights of the most vulnerable populations, especially children. These efforts and results have been detailed in this report.

Flexible 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. UNICEF Sudan highly appreciates this type of funding in order to have a bigger and more effective impact on the lives of vulnerable children in a highly volatile, complex and dynamically evolving context like Sudan.

## ANNEX 1: HUMAN INTEREST STORY



### HANAA' S STORY

Her mother didn't expect her to live. Baby Hanaa was born in an IDP-camp in Darfur weighing less than average. At less than 2.4kg, she was also born with a bilateral cleft lip and cleft palate, which made it difficult for her to drink breastmilk. When she was only two weeks old, Hanaa, severely acutely malnourished, was referred to one of the UNICEF-supported treatment centres with medical complications.

Even though little Hanaa received treatment at the treatment centre, she was soon again admitted because she didn't manage to drink sufficient milk. Hanaa's mother recalls that her daughters was always sick, including with pneumonia and diarrhea. At the age of six months, Hanna was registered at the Nivasha IDP-Camp's Outpatient Therapeutic Programme (OTP). Health officers monitored her health and Hanaa received necessary treatment and therapeutic food. Her health gradually improved, and she was cured from malnutrition. Health officers continue to monitor her health and growth regularly, until her weight became 7.3kg at the age of eight months.

Hanaa's doctors advised her parents that the girl needed surgery for her cleft lip. She received blood transfusion and nutritional support from the hospital to get more strength for the surgery. After two months

of treatment, Hanaa was referred to Khartoum as per the consultative recommendation. Since then, she underwent three visits to the surgeon, and another operation was planned. When Hanaa turned 17 months she was walking side by side with her mother. She is in good health and has completed her vaccinations including the second dose of measles vaccine.

Her mother, Farha struggled a lot to get all the medical support for Hanaa. However, she is using her journey as a tool to raise awareness in the Outpatient Therapeutic Programme in her village. Farha is also participating in the local Mother Support Groups (MSGs), to enhance community knowledge on inclusive breastfeeding, vaccination and best family practices to prevent under five years old children from pneumonia and diarrheal diseases.

Hanaa had a chance to get medical treatment by the Ministry of Health's intervention programme supported by UNICEF. Her health status was followed up by health practitioners whom are monitoring her weight progress and vaccination regularly.

## ANNEX 2: 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](#).

Thank you!

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