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OVERVIEW

The conflict that started on 15 April 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has severely affected children across Sudan. As at 5 November, there were 14 million children in need of humanitarian assistance in Sudan, the highest ever in the country (OCHA accessed 05/11/2023; UNICEF 06/11/2023). One of their most pressing needs is protection from the indiscriminate attacks they're experiencing; as at 6 November there had been over 3,100 severe violations, including the killing and maiming of children. This number has likely increased as the war has since continued, and information from areas with escalated violence is limited (UNICEF 06/11/2023).

Sudan currently hosts the largest number of displaced children globally, as at 12 November September more than 3.3 million children were displaced within the country and across the border because of the current conflict (OCHA 12/11/2023; UNICEF 06/11/2023). According to the IOM Displacement Tracking Matrix, 29% of the 4.8 million people internally displaced since April are children under 18 years old (IOM 25/10/2023). The number of IDPs varies according to sources, with OCHA reporting 5.8 million IDPs since April 2023 (OCHA accessed 05/11/2023). The combined number of people displaced before and during the current conflict was 7.1 million as at 8 September, including 3.3 million children (STC 08/09/2023).

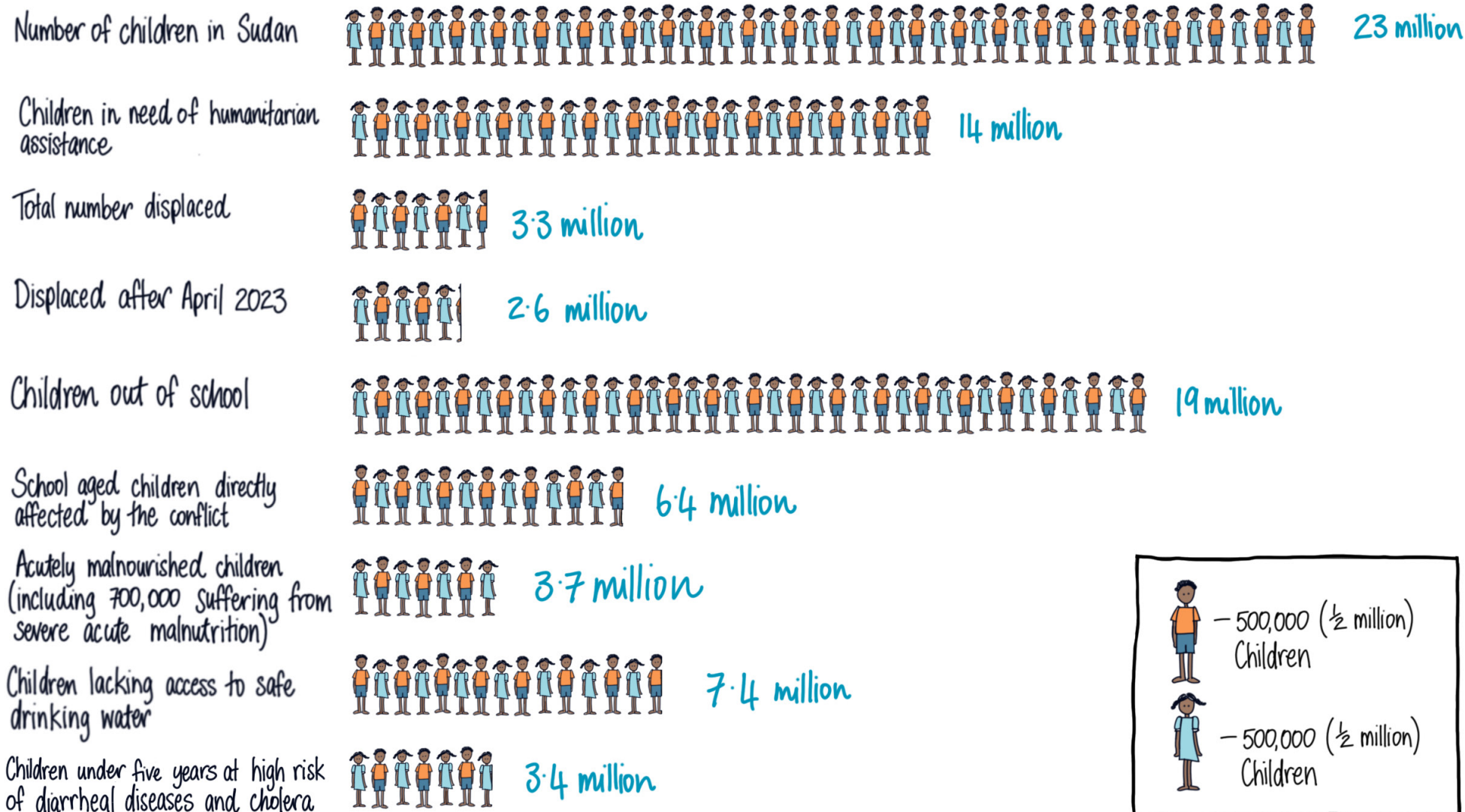
Displaced children are exposed to various risks, including disease outbreaks, lack of access to services and food, and protection concerns (OCHA 07/11/2022; STC 08/09/2023). Even before the outbreak of the current conflict in April, Sudan's 23 million children (representing 55% of the population) faced myriad challenges stemming from conflicts, political and economic instability, epidemics, food insecurity, and disruptions to essential services (OCHA 07/11/2022; UNICEF 2021).

As the conflict continues in Khartoum state and Darfur and Kordofan regions, child protection remains of significant concern, with children facing violence, abuse, and recruitment by the warring parties. Attacks on schools and hospitals disrupt children's lives and education, and sexual abuse and abductions have been reported (OCHA 02/09/2023; STC 2021).

KEY FINDINGS

- Children in Sudan are facing multiple crises as the conflict continues and expands. The number of children in need of humanitarian assistance increased from 8.5 million in December 2022 to 14 million in August 2023 (UNICEF 06/11/2023; and 05/12/2022).
- Children's physiological and mental health is a growing concern, as they are more vulnerable to disease outbreaks. Their exposure to violence, hunger, illness, and loss contributes to widespread psychological trauma (WHO 02/06/2023). Healthcare services are severely strained because of a lack of personnel, essential medications, and medical equipment, as well as attacks on medical facilities, leading to reduced capacity to mitigate disease outbreaks and the preventable loss of life, particularly among children. There are at least 1.1 million under-two children in need of vaccination (OCHA 26/10/2023).
- Before the current conflict, nearly three million children were already grappling with acute malnutrition from factors such as droughts, floods, localised conflict, and displacement that disrupted food production. As at 5 November, the dire situation had escalated further, with almost 3.5 million children affected, primarily because of mass displacements and a delayed humanitarian response (WFP 08/04/2023; WHO 2023; Health Cluster 05/09/2023).
- Shelter needs remain critical, as displaced families are often forced into overcrowded and substandard living conditions that also expose children to further health risks, among other challenges. In IDP camps in White Nile state alone, over 1,200 under-five children died from suspected cases of measles and malnutrition between May–September 2023 (WHO/UNHCR 19/09/2023; Shelter Cluster accessed 02/11/2023).
- This crisis has aggravated a pre-existing education emergency. As at 9 October, all schools countrywide were closed, keeping 19 million children out of school (STC/UNICEF 09/10/2023; UNICEF 20/10/2023; OCHA 19/10/2023). There is limited education response in IDP and refugee camps.
- Humanitarian response efforts already faced challenges related to access, funding, and security prior to the onset of the current conflict. Since April, these challenges have persisted and intensified in regions experiencing active conflict, where needs are most acute. Safety and security concerns continue to hinder response efforts in these areas. Funding shortfalls, liquidity issues, and increased bureaucratic impediments further hamper the ability to provide timely and effective humanitarian assistance to those in need (Sudan INGO/South Sudan NGO Forum 18/06/2023; USAID 27/10/2023).

IMPACT OF THE CONFLICT ON CHILDREN IN SUDAN



Source: ACAPS using OCHA (accessed 05/11/2023); UNICEF (06/11/2023); IOM (25/10/2023).

Displacement of children to neighbouring countries

RECEIVING COUNTRY	NUMBER OF PEOPLE SEEKING REFUGE (AS AT 2 NOVEMBER)	% OF NEW ARRIVALS THAT ARE GIRLS AGES 0–17	% OF NEW ARRIVALS THAT ARE BOYS AGES 0–17
Chad	450,000	29	28
Egypt	337,230	20	20
South Sudan	351,371	25	25
Ethiopia	38,009	20	22
Central African Republic	20,520	35	27

Source: UNHCR (accessed 06/11/2023)

According to UNHCR and IOM, between 16 April and 6 September 2023, 50% of the 351,000 people who crossed from Sudan to South Sudan, 57% of those who crossed to Chad, 40% of those who crossed to Egypt, 42% of those who crossed to Ethiopia, and 62% of those who crossed to the Central African Republic were children under the age of 18 (IOM/UNHCR accessed 05/11/2023; UNHCR accessed 06/11/2023; UNICEF 09/09/2023; OCHA 02/11/2023). As at 22 August, there were at least 559 unaccompanied and separated children (UASC) registered in Ethiopia and 313 in Egypt as at 25 October (UNHCR 25/10/2023 and 22/08/2023).

A significant number of children arriving from Sudan to refugee camps in Chad are in a dire state of malnutrition, dealing with diseases, or nursing injuries. These refugees face restricted access to essential services such as healthcare, clean water and sanitation, protection, nutrition, and education. Their influx has further strained regions where local communities are already grappling with challenging living conditions (UNICEF 29/09/2023). While the latest available data discusses the situation of displaced children in Chad in particular, the same likely applies to most Sudanese children displaced across the border.

On the border between Sudan and Egypt, the number of people stranded has increased since 10 June, with Egypt tightening its border policies, affecting Sudanese refugees. Over 15,000 are sheltering with host communities and relatives, and over 8,000 are in shelters in the city of Wadi Halfa (The New Arab 23/09/2023). The country demands that all Sudanese citizens obtain visas from the Egyptian consular office in Wadi Halfa or Port Sudan before crossing the border (RI 24/07/2023). Previously, under-16 children, women, and the elderly were allowed to enter without a visa, but Egypt has reversed that visa exemption (Al Jazeera 11/06/2023).

Malnutrition

Malnutrition among children in Sudan

As at September, about 3.5 million under-five children were acutely malnourished, 700,000 of whom suffered from severe acute malnourishment (SAM) required life-saving treatment, and were at 11 times higher risk of death compared with their healthy peers. Of this number, 100,000 grappled with further medical complications (OCHA accessed 05/11/2023; USAID 27/10/2023).

Between 1 January and 31 September, about 201,500 children ages 6–59 with SAM were admitted and received treatment in Sudan (UNICEF 20/10/2023; OCHA accessed 05/11/2023). These figures underscore the severe and growing food and nutrition challenges that children face in the country. As at July the monthly average number of children admitted to healthcare facilities because of moderate or severe malnutrition increased by more than 600% (from 14 before the conflict to 103) (WFP 08/04/2023). Each month since April, 55,000 children have required malnutrition treatment across Sudan. In Khartoum, however, fewer than 2% of nutrition centres are operational, while in West Darfur, only 1 out of every 10 centres is functioning (Health Cluster 05/09/2023; UNICEF 19/09/2023). At the same time, more than one million pregnant and nursing women and girls are currently experiencing acute malnutrition and require urgent treatment (Health Cluster 05/09/2023; UNICEF 19/09/2023).

As at 20 August, there had been a 30% surge in acute malnutrition cases in conflict-affected areas of Khartoum state and Darfur and Kordofan regions, a 15% increase among communities hosting displaced individuals, and a 10% rise across the rest of the country since the start of the conflict (WFP 08/04/2023; WHO 2023; Health Cluster 05/09/2023; WHO/UNHCR 19/09/2023). In eastern Sudan's Gedaref state, 132 children died from malnutrition between April–July, while a 36% mortality rate was reported among those admitted with the condition in Gedaref's state hospital. In White Nile state, more than 316 under-five children died of malnutrition or related illnesses from May–July, and over 2,400 SAM cases were recorded from January–August (STC 22/08/2023). Granular figures on children with malnutrition are not consistently available.

During the projection period of October 2023 to February 2024, around 15 million people (the highest ever recorded figure coinciding with Sudan's harvesting season) are likely to face IPC Phase 3 or above (Crisis or worse) conditions, including more than 3.8 million people likely to be in Phase 4 and 11.2 million people likely to be in Phase 3 (IPC 02/08/2023). The conflict has disrupted agricultural production, as well as markets and trade routes, affecting access to staple foods (Mercy Corps 30/10/2023). The impact of 2022 dry spells, the disruption of the 2023 planting season in May, and the anticipated increase in staple food prices throughout 2024 are likely to aggravate acute malnutrition among children (WFP 08/04/2023; OCHA 2023; Health Cluster 05/09/2023; WHO/UNHCR 19/09/2023; STC 09/06/2023).

Prior to the conflict, Sudan already had one of the highest child malnutrition rates globally. As at April 2023, before the start of the conflict, more than 3.4 million children 6–59 months of age were experiencing acute malnutrition, with more than 690,000 suffering from SAM and requiring immediate treatment (EC 05/10/2023). As at November 2022, global acute malnutrition (GAM) prevalence among under-five children remained at 13.6%, well above the emergency threshold of 10%, and geographical and treatment coverage for nutrition services was below 60% (WFP 31/03/2023). This is higher than in neighbouring Chad, where GAM affected nearly 1.8 million under-five children in 2022, and South Sudan, where around 1.4 million under-five children were suffering from GAM (WFP 31/03/2023; NYU 06/10/2023).

Malnutrition of Sudanese children in neighbouring countries

In screening centres in Chad, about 13,000 under-five children were suffering from acute malnutrition in September, mostly in Ouaddai state, which was hosting more than 80% of the refugees from Sudan. There had also been a 56% surge in the admission of malnourished children to hospitals across Ouaddai since the start of the conflict in Sudan. This substantial prevalence of malnutrition among incoming refugees underscores the extremely challenging circumstances faced by the displaced people from Darfur seeking sanctuary in Chad (WHO/ UNHCR 19/09/2023).

In Ethiopia, as at 23 October, out of 1,555 Sudanese refugee under-five children screened for malnutrition across transit and reception centres, less than 8% were identified as malnourished (UNHCR 25/10/2023). There is a lack of information on the malnutrition situation for Sudanese children displaced to other neighbouring countries, such as Egypt.

In South Sudan, as at 30 October, 7% of 817 under-five children screened for malnutrition across transit and reception centres were identified as malnourished. This marks the fourth week in a row when malnutrition rates have fallen below the emergency threshold of 10%. Actual numbers are likely higher, as it is possible that not all children refugees are screened (UNHCR 01/11/2023).

Health

Before the current conflict, Sudan had a mortality rate of 55% for under-five children, with 5% dying as a result of recurrent disease outbreaks and malnutrition (WHO 20/06/2023; UNICEF 05/12/2022 and 04/2023). Nearly 70% of the country's hospitals being non-operational adds to children's vulnerability. Healthcare facilities are facing extreme strain because of a lack of personnel, essential life-saving medications, and critical medical equipment. This situation is worsening the recurrent disease outbreaks and leading to the preventable loss of life (WHO 20/06/2023; UNICEF 05/12/2022). As at 15 October, the only medical supplies entering the

country were coming from aid organisations, which were unable to keep up with demand (UNFPA 15/10/2023). At the same time, conflict parties have been blocking the transportation of surgical and other medical supplies by humanitarian responders (USAID 27/10/2023).

Disease outbreaks

As at 26 October, 7.4 million children lacked access to safe drinking water and were at risk of waterborne diseases, while 3.4 million under-five children were at high risk of diarrhoeal diseases and cholera (OCHA 26/10/2023). The current conflict in Sudan has severely affected the availability of clean water and sanitation services across the country (WASH Cluster 24/08/2023).

The collapse of healthcare services and WASH service disruptions have resulted in an increase in disease outbreaks, especially in overcrowded IDP camps and reception centres in neighbouring countries. As at 19 September, acute respiratory infections, diarrhoea, and malaria were the three most frequent diseases among Sudanese child refugees because of disrupted WASH services and the consumption of unsafe water and food in Darfur. Between 15 May and 14 September, over 1,200 children died as a result of disease outbreaks in nine camps in White Nile state (WHO/UNHCR 19/09/2023). On 26 September, the Sudanese Ministry of Health declared a cholera outbreak in Gedaref state. As at 25 September, more than 264 suspected cases had been reported (WHO 29/09/2023).

Since April, displaced children have been forced to use non-potable water sources, increasing the risk of diseases, such as cholera, measles, and polio. Waterborne diseases among children in IDP camps and among children presenting at reception centres at border points have increased (OCHA 15/08/2023). In Blue Nile and Khartoum states, cases of waterborne diseases under control before the start of the conflict are increasing. The conflict has also disrupted sanitation services, particularly in IDP camps, where overcrowding is prevalent. Open defecation has become a problem, increasing the risk of water contamination and waterborne diseases. Inadequate access to clean water and sanitation facilities, coupled with rising food prices as a result of water scarcity, has created a challenging environment for vulnerable populations, including malnourished children (IOM 05/09/2023; UNICEF 04/08/2023; OCHA 15/08/2023).

Even before the conflict, Sudan was already facing water scarcity; the influx of IDPs across the country since April 2023 has further strained available resources. In 2022, diarrhoea was a significant threat to children, leading to the death of one in ten children. Over three million children also suffered from acute malnutrition, with 50% of cases linked to repeated diarrhoea or worm infections stemming from poor WASH conditions (OCHA 07/11/2022).

Vaccines

As at 26 October, about 1.1 million under-two children needed vaccination against life-threatening diseases (WHO 2023). At the start of the current conflict, electrical infrastructure damage, fuel scarcity, and violence in Khartoum destroyed crucial cold storage facilities, putting the delivery of millions of urgently needed vaccines at risk. Humanitarian organisations managed to salvage four months' worth of vaccines, which were successfully transported and stored in cold chain facilities in Gedaref and Kassala states, where construction was completed two weeks before the start of the conflict (UNICEF 16/08/2023, 12/06/2023, and 23/07/2023). The most needed vaccines for children in Sudan are for hepatitis B, measles, tetanus toxoid and diphtheria, and pneumococcal disease (WHO accessed 26/10/2023).

Prior to the crisis, Sudan's healthcare system already struggled with underfunding, a shortage of medical supplies, and limited infrastructure. This worsened during the political and economic instability leading up to the 2019 revolution. Between 2019–2021, the number of children who had not received one single vaccine dose had doubled (UNICEF 05/12/2022).

Maternal and newborn health

Among the 5.8 million IDPs in Sudan, 3.4 million are women and girls of reproductive age, among whom an estimated 109,000 are pregnant and in need of life-saving and essential reproductive health services. Based on the Minimum Initial Service Package Calculators, UNFPA estimates that in the next three months nearly 15,000 women are likely to experience pregnancy- and birth-related complications, including the need for caesarean section (UNFPA 29/10/2023).

Both newborns and their mothers require specialised delivery care, but the conflict, displacement, and limited medical resources challenge the provision of this essential care. Food shortages and increased food prices also directly affect and lead to the undernourishment of pregnant and breastfeeding women, contributing to an increase in malnutrition rates among children (UNICEF 19/09/2023; UN Women 24/09/2023). This is occurring within a context of heightened epidemic risk and significant challenges in terms of epidemic control. There is also limited available information on trauma and emergency care services available in conflict-affected areas (Health Cluster 05/09/2023).

In late April, Sudan's largest maternity hospital was forced to relocate its staff. While a significant number of patients were successfully moved, an unspecified number of patients in intensive care, including nine infants on ventilators, could not be evacuated and died (The Guardian 31/05/2023; Reuters 29/05/2023; Watchlist 13/06/2022).

Disabilities and mental health

One of the main impacts of the current situation in Sudan is the trauma resulting from war and displacement. Children exposed to war tend to show distress and stress reactions, such as specific fears, dependent behaviour, prolonged crying, lack of interest in the environment, psychosomatic symptoms, and aggressive behaviours. Physical trauma has resulted in permanent disabilities, while mental and behavioural health issues, such as depression, post-traumatic stress disorder, and anxiety, are widespread, particularly in areas of active conflict. Some of the mental health effects of war are visible in the longer term rather than in the short term (KII 06/09/2023; Osman and Nashwan 10/08/2023; Kadir et al. 16/01/2019; Musisi and Kinyanda 25/02/2020; Bürgin et al. 14/03/2022). As at 18 October, UNICEF had provided psychological support to 51,500 children (34,300 girls and 17,200 boys) countrywide (UNICEF 18/10/2023). As at 26 October, there was limited information on the response in several states, although different humanitarian responders had activated working groups and activities in Kassala, Northern, and White Nile states (Health Cluster 28/08/2023).

The critical maternal health situation aggravates the risks of disabilities, as premature babies are at risk of developing intellectual disabilities, cerebral palsy, and hearing and visual impairments. These potential risks have long-term implications for the physical and mental wellbeing of these children, as well as their participation in society (KII 06/09/2023; Osman and Nashwan 10/08/2023; Kadir et al. 16/01/2023; Musisi and Kinyanda 25/02/2020).

Shelter

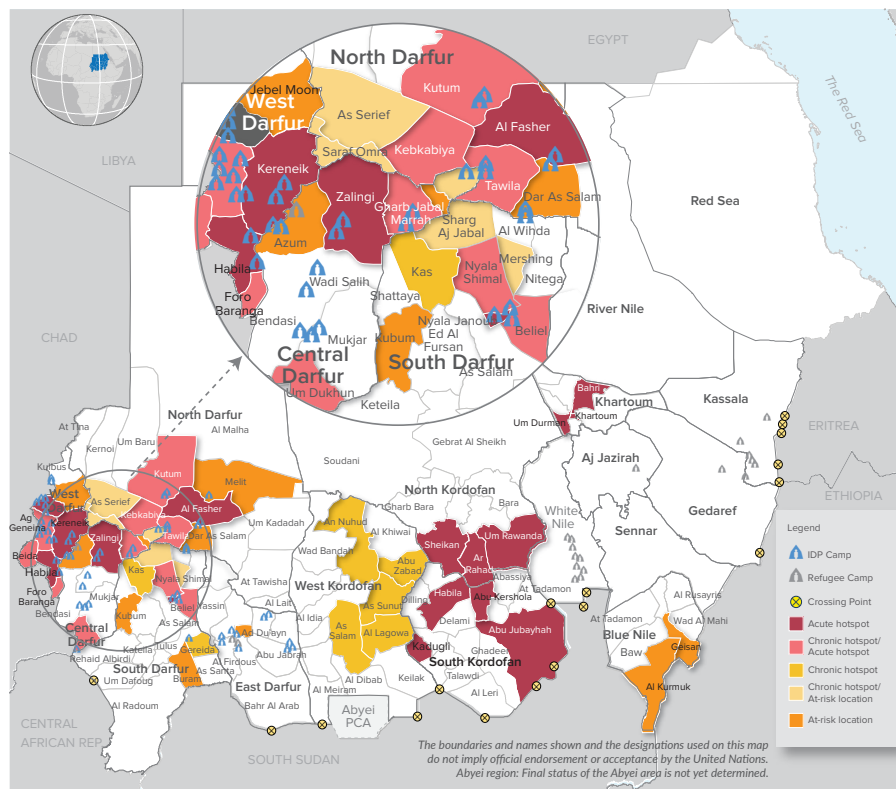
Before the conflict, only 16% (600,000) of the IDP population lived in permanent shelters, 24% (880,000) lived in semi-permanent shelters, and 60% (2,160,000) lived in substandard shelters. The conflict has forced countless children and their families to flee their homes, leaving them in dire need of safe and stable shelter. Many find themselves seeking refuge in overcrowded schools, in makeshift camps, or with relatives, often facing harsh conditions, inadequate protection, and limited access to essential resources. The lack of proper shelter exposes these vulnerable children to harsh weather conditions, such as heavy rains and hot temperatures, heightening their risk of illness, malnutrition, and the psychological toll of displacement. A significant number of these families have experienced displacement multiple times, as they would frequently end up in locations that fall under attack (STC 08/09/2023; Shelter Cluster accessed 02/11/2023; IDMC accessed 30/10/2023).

Protection risks

Critical protection areas for children include regions currently facing active conflict, such as Khartoum state, areas in Darfur region, and South and West Kordofan. Hasahisa IDP camp in Zalingei in West Darfur continues to remain under siege, with reports of shelling killing two IDPs on 23 October (UNHCR 20/10/2023).

Since April 2023, there has been an increase in cases of violence, such as the abuse and exploitation of women and children from conflict areas. Killing and maiming, child recruitment, and sexual violence are among the highest cases reported, around 38% of which involve girls (UNICEF 20/10/2023). There have also been reported incidents of the abduction of girls in Khartoum for sexual exploitation, including sexual slavery, in Darfur (UNHCR 16/10/2023; UNFPA 15/10/2023).

Protection hotspots in Sudan



Source: UNHCR (11/09/2023)

Killing and maiming of children

As at 23 July, conflict-related violence had killed more than 435 children and injured 2,025 in Sudan. The use of heavy artillery and shells is expected to result in extensive levels of unexploded ordnance (UXO) contamination. UXO present a severe threat to children. There have been confirmed reports of people either losing their lives or suffering life-altering injuries because of landmines in South Kordofan and South Darfur (UNICEF 23/07/2023; Dabanga 15/08/2023 and 13/09/2023; UNMAS 06/2023; UNICEF 03/2021; OCHA 07/11/2022). Between January 2020 and December 2021, 64% of under-14 children experienced different forms of violence, and boys especially were actively involved in armed conflict (UNICEF accessed 07/11/2023). UXO contamination from past conflicts, particularly in Blue Nile, South Kordofan, and West Kordofan states and in Darfur region, has resulted in deaths, humanitarian access constraints, and the denial of safe movements for children (OCHA 17/05/2023).

Conflict-related sexual violence

Warring parties frequently weaponise sexual violence against children to terrorise and intimidate them for political and military objectives (STC 2021). During conflict, women and girls become extremely vulnerable. Incidences of trafficking, rape, and sexual violence, exploitation, harassment, and abuse increase, with the current conflict increasing the risk of gender-based violence (GBV) for approximately 4.2 million women and girls. The number of children affected by GBV is hard to verify, as access constraints in areas experiencing active conflict, combined with the underreporting of conflict-related sexual violence and GBV cases, limit available information. As at 25 October, the Joint Human Rights Office had received 53 reports of sexual violence linked to the hostilities; the actual number is likely higher given the widespread underreporting of these incidents (Protection Cluster 31/10/2023). As at 7 July, the Sudanese Combating Violence Against Women unit reported at least 42 verified attacks against women and girls in the capital, Khartoum, and 46 in Darfur region (HOPE 24/08/2023). According to the group, these figures likely account for only 2% of the total cases, signifying a possibility of more than 4,400 cases of sexual violence. The total number can also be expected to increase as the conflict continues. At the same time, girls escaping from Ag Geneina in West Darfur to Chad also endure incidents of sexual harassment and abuse, including intrusive personal and body searches by the RSF (TNH 26/06/2023; HOPE 24/08/2023; CNN 17/06/2023; The Guardian 29/08/2023).

Cases of sexual and gender-based violence against women and girls have increased since the conflict erupted; in an October 2023 survey in Darfur, 82% of women described fearing attacks as they walked to collect firewood or fetch water. 83% of women and girls also claimed a lack of access to sexual and gender-based violence support services, and 92% of those who needed the services were not getting any help (IR 13/10/2023).

Even before April, GBV was already a major concern in Sudan. As at August 2022, GBV services were unavailable in over 61% of the localities in the country (OCHA 02/09/2023 and 07/11/2022)

Forced child recruitment

Children deprived of access to fundamental necessities, such as food and the prospect of a better future, are frequently compelled to join armed groups to survive. Reports of the recruitment of children as young as 14 years old have risen on both sides of the warring factions. On 15 September, the SAF detained 30 minors fighting within RSF ranks. Conflict parties often view child soldiers as expendable and compel them to participate in some of the most brutal aspects of their violence, as these young individuals tend to follow orders. Consequently, this practice not only shatters their childhood but also perpetuates cycles of conflict and instability (OCHA 25/09/2023; Arab News 01/09/2023). Between January 2020 and December 2021, the contexts behind child recruitment into armed groups included insecurity, displacement, family separation, and poverty. Some of the recruited children joined armed groups to meet their basic needs or seek protection (OCHA 02/09/2023 and 07/11/2022; STC 2021).

Unaccompanied children

During the initial two months of the conflict, over 340 children were stranded in an orphanage in Khartoum, unable to access essential supplies, such as food and medicine, amid intense fighting. At least 60 children died from starvation and fever during this period (The Guardian 31/05/2023; Reuters 29/05/2023; Watchlist 13/06/2022). The updated number of unaccompanied children within Sudan is unknown. Since April 2023, Ethiopia has received 928 UASC and orphans or vulnerable children from Sudan, and almost 3,200 UASC have received aid in Egypt, although the exact number of UASC in neighbouring countries is not clear (UNHCR 01/11/2023).

Child abduction

Reports of child abductions have emerged in Sudan, particularly in states where violence has escalated. In Nyala town (capital of South Darfur state), over 25 girls from IDP camps were abducted and subjected to sexual violence between April and June 2023 (TNH 26/06/2023; STC 07/07/2023). In Khartoum state, particularly in Halfaya and Masalma, similar reports have emerged regarding the abduction of women and girls by the RSF, who are holding them captive in detention camps (Al Arabiya 14/08/2023).

Education

Over 19 million school-aged children are expected to stay out of school in the 2023–2024 academic year because of the displacement, teaching staff shortages, and infrastructure damage resulting from the conflict. This number includes 6.4 million school-aged children directly affected by the conflict (OCHA accessed 05/11/2023). The new academic year was expected to begin in September–October, but most schools across the country had not reopened as at November 2023, with only some NGO-supported schools being operational (Education Cluster 23/10/2023; UNICEF 12/09/2022; KII 30/08/2023). There is no certainty about when they will reopen. It is uncertain if less conflict-affected areas will be able to resume education, as at least 1,000 schools are being used as IDP shelters (OCHA accessed 05/11/2023; Education Cluster 23/10/2023 and 12/10/2023). At least 54% (10,400) of schools in conflict-affected areas had been shut down before the end of the last academic year (OCHA 19/10/2023).

The longer children are out of school, the more likely that they will remain out of school. The lack of education is likely to have longer-term effects, impeding children from achieving their full academic potential (UNICEF 20/10/2023; OCHA 19/10/2023). Children will continue to miss out on urgent psychosocial support, protection from physical threats, social-emotional learning, and recreational services. Lack of education also increases protection risks for children, exposing them to the risk of early marriage, child labour, trafficking, forced recruitment, and GBV, including female genital mutilation (Education Cluster 23/10/2023).

The current conflict has worsened an already existing learning crisis. Before the recent conflict, education was already disrupted because of a nationwide teachers' strike protesting unpaid salaries from December 2022 to February 2023. Teacher shortages were prevalent as a result of salary instability, inadequate training, and a lack of capacity to cater to all children's needs. Despite significant needs in the sector, government funding for education was low, ranging from 0.6–2.3% of the GDP between 2017–2021. In 2022, it further decreased to just 0.1% of the GDP, leading to severe implications on education quality in Sudan (UNICEF 30/03/2023; WVI 16/06/2022; AllAfrica 04/04/2023; OCHA 07/11/2022; KII 06/09/2023). The 2018–2019 revolution that led to school closures was already affecting Sudan's education system. Subsequent education disruptions include devastating floods, the COVID-19 pandemic, and the teachers' strikes, aggravating school access for children (UNICEF 30/03/2023). In 2022, these issues led to the closure of over 400 schools, affecting 138,000 children. Before the start of the conflict in April, seven million school-aged children, especially in vulnerable and conflict-affected areas, were out of school (OCHA 19/10/2023).

Table 1. Pre-conflict out-of-school rate (%), 2013–2022

	PRIMARY EDUCATION	LOWER SECONDARY EDUCATION	UPPER SECONDARY EDUCATION
Sudan	33.0	34.0	51.5
Middle East and North Africa	5.0	10.0	30.5
World	9.0	16.0	33.5

Source: UNICEF (20/04/2023)

Table 2. Attendance in early childhood education (%), 2013–2021

COUNTRY AND AREAS	TOTAL	BOYS	GIRLS	POOREST 20%	RICHEST 20%
Sudan	22	22	23	7	59
Middle East and North Africa	27	30	30	19	36
World	29	N/A	N/A	N/A	N/A

Source: UNICEF (20/04/2023)

School access for IDP children

IDP children face various challenges in accessing education, including a generally poor quality of education, the limited availability of resources, and their integration into the camp or local school systems in host countries. In camps that host IDPs in Sudan, the majority of the sites lack the necessary facilities and adequate teachers to offer education to displaced children (JRS 05/07/2023; ECW 20/06/2023).

School access for Sudanese refugee children in neighbouring countries

As at 25 October, at least 8,201 refugee students had registered in Chad to attend primary, junior secondary, and senior secondary schools, half of whom were girls (UNHCR 25/10/2023).

Sudan's national curriculum is taught in IDP camp schools, but the language of instruction is more commonly English. In Sudan, Arabic is the language of instruction in schools, and even though it is likely that teachers in IDP camps are Sudanese refugees, it is also possible that the language of education provision in Chad or Ethiopia would be their own languages, such as French in Chad, creating a barrier for students (JRS 05/07/2023). Refugees from Sudan have

also missed a significant portion of the school year, which could make it difficult for them to resume their education (ECW 20/06/2023; IDMC 17/11/2022; UNICEF 07/11/2021).

Higher education

Higher education institutions have also been damaged, posing a long-term challenge to the country's workforce development (Education Cluster 05/09/2023; UNICEF 12/09/2022; KII 12/10/2023). Since April, more than 104 public and private higher education institutions in Sudan and research centres, have been subjected to damage and vandalism. The impact has been particularly severe in Khartoum state, where all higher education institutions have been affected. Across the country, six public universities and their associated facilities have suffered from theft, destruction, and arson. In August, the Ministry of Higher Education and Scientific Research announced the resumption of examinations in several universities across the country, even though most universities did not actually conduct the exams as a result of displacement and the destruction of infrastructure. This wave of destruction has left Sudan's higher education system in ruins; even if the conflict were to end immediately, it would take several years to reconstruct the infrastructure of these educational institutions (Al-Fanar Media 03/06/2023; THE 19/06/2023; Dabanga 14/08/2023).

The longer-term consequences of the conflict in higher education are severe, as an impending shortage of qualified and skilled workers in Sudan is anticipated. This shortage could significantly affect the country's economic development and have long-term implications for its workforce (MoHESR Facebook 27/08/2023; Reuters 10/08/2023).

Impact on girls

Before the conflict, there were existing gender inequalities in education, with 40% of girls reporting low literacy and numeracy skills because of the inability to access education. Child marriage and early pregnancy were two of the main reasons for girls leaving school, aside from financial constraints and the distance of the schools to their households (OCHA 07/11/2022). Child marriage is considered a coping mechanism for families facing financial issues, limiting educational opportunities but also increasing GBV risk for young girls (OCHA 19/10/2023). Being out of school because of the current conflict increases girls' vulnerability to trafficking and sexual and gender-based violence (Education Cluster 23/10/2023).

In 2022, 46% of schools lacked adequate access to drinking water services, and 71% of schools reported a lack of hand-washing facilities. A deficiency in menstrual hygiene management also disproportionately affected girls' attendance and enrolment in schools, increasing their protection concerns (OCHA 07/11/2022).

Between 2012–2020, 30% of girls in Sudan experienced female genital mutilation (UNICEF 20/04/2023). In 2022, 60% of girls ages 20–24 were married before the age of 18. Accountability for such crimes remains low and underreported because of stigmatisation, the risk of reprisals, and a lack of adequate support services for survivors (OCHA 02/09/2023 and 07/11/2022).

Impact on children with disabilities

There is no updated information on children with disabilities in Sudan, but they are likely to face a disproportionate impact of conflict. Without adequate support, children with disabilities may face challenges in evacuating conflict-affected areas and seeking safety, as well as accessing essential services and humanitarian assistance.

Prior to the conflict, education disruptions affected around 2.9 million school-aged children with disabilities who needed specialised assistance to both access and stay in education. Lack of education particularly affected the most vulnerable children, as they not only missed out on the benefits of learning and being engaged in recreational activities with their peers but also lack access to life-saving assistance services in the schools, such as psychosocial support, school meals, safe drinking water, hygiene services, and social interaction (Education Cluster 23/10/2023).

HUMANITARIAN RESPONSE AND ACCESS CONCERNS

Safety and security concerns, bureaucratic impediments, communications infrastructure damage, liquidity issues, looting, the rise in the prices of goods, and floods have heavily affected the humanitarian response (Sudan INGO/South Sudan INGO Forum 18/06/2023). There have been blockades from the warring parties constraining essential aid delivery for children and the affected population in general (USAID 27/10/2023).

Lack of humanitarian access for children

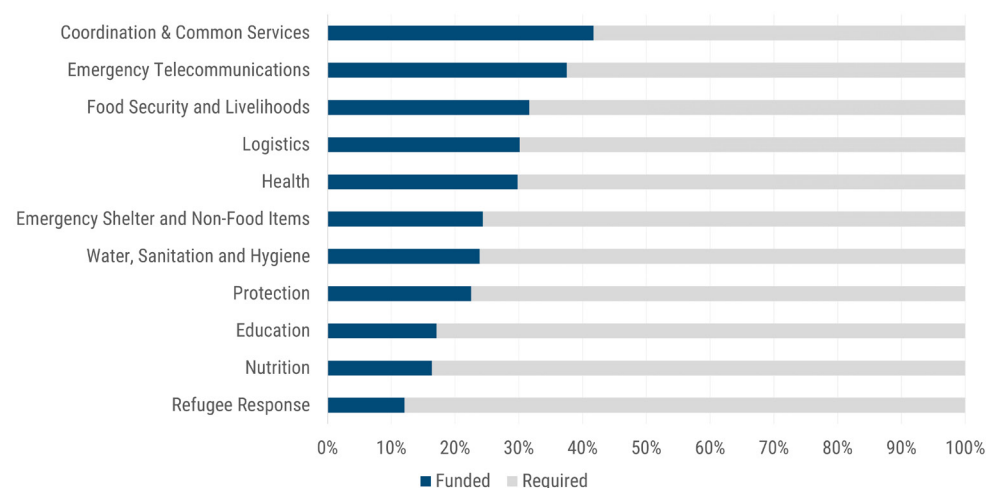
The RSF and the SAF have imposed blockades in Central Darfur and South Darfur states to restrict civilian movements and the transportation of critical aid, aggravating already heightened humanitarian needs. For example, RSF members have shelled and blocked humanitarian access to Hasahisa IDP camp, which was already hosting 55,000 IDPs prior to the conflict (USAID 27/10/2023). The blocking of humanitarian access in conflict areas has led to deaths among children as a result of preventable illnesses and malnutrition. Current bureaucratic access impediments have also worsened because of governmental structure collapse. Humanitarian responders have found it difficult to obtain entry visas, delaying aid delivery (Sudan INGO/South Sudan INGO Forum 18/06/2023).

As at 6 September, two of the major internet service providers in Sudan were no longer functioning, and local VSAT (very small aperture terminal) services, which are small-sized earth station used in the transmit/receive of data, voice and video signals over a satellite communication network were unreliable. Despite access being restored in some areas through humanitarian response efforts, disruptions to overall internet and VSAT connections constrain information-gathering and coordination between different humanitarian teams, affecting the response (ETC/WFP 04/09/2023). Because of inflation, the prices of essential items provided by humanitarian responders have also risen by up to 100% (S/NFI Cluster 04/09/2023). The current conflict also hinders efforts to combat disease outbreaks, making access to affected areas difficult (KII 02/08/2023; WASH Cluster 24/08/2023).

Funding

All sectors in Sudan have been affected and are currently in urgent need of funding amid increasing needs. As at 5 November, Sudan's Humanitarian Response Plan had only received 34% of the required funding (USD 2.6 billion), highlighting a significant gap in resources to provide essential assistance and support to the affected population (OCHA accessed 05/11/2023).

Funding progress by cluster



Source: OCHA (accessed 03/10/2023)