



Evaluation of the UNICEF L3 Response in Sudan (2023-2024)

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Preface

This evaluation of UNICEF's Level-3 response in Sudan offers a critical reflection on one of the most complex and protracted emergencies in recent history. The Evaluation attests to UNICEF's continued effort to address the needs of children and families across Sudan, while also highlighting the systemic and operational challenges that constrained the response.

UNICEF's interventions were broadly relevant to Sudan's diverse and evolving needs, particularly in more readily accessible areas where the organization demonstrated agility in scaling up operations and mobilizing resources. Strong national-level leadership in cluster coordination and advocacy for children's rights helped align efforts across the humanitarian system. However, the response was hampered by delayed adaptation, limited community engagement, and persistent access constraints—especially in harder-to-reach and conflict-affected areas. These limitations contributed to equity gaps, particularly for children with disabilities, adolescents, and other vulnerable groups.

The evaluation reveals that neither UNICEF nor the broader UN system was adequately prepared for the scale and complexity of the crisis. Early warning systems and emergency preparedness mechanisms were insufficient, delaying the scale-up of life-saving interventions. Operational inconsistencies, including uneven application of emergency procedures and staff displacements, further impeded effectiveness. While operational capacity improved over time, particularly through cross-border operations and investments in access, the need for stronger conflict-sensitive programming and more systematic use of Humanitarian Cash Transfers remains clear.

UNICEF's efforts to sustain national systems in health, education, nutrition, child protection, and WASH were vital in preventing systems collapse. However, the broader impact was constrained by conflict-related devastation and political instability. Internal coordination challenges and delays in integrated programming limited the potential of a more cohesive response. Although progress was made in localization—through partnerships with national NGOs and Emergency Response Rooms—greater diversification and deeper community engagement are essential to fully leverage local capacities.

Cross-cutting issues such as Accountability to Affected Populations (AAP), Protection from Sexual Exploitation and Abuse (PSEA), and gender-based violence (GBV) were only partially integrated, particularly in remote areas. Geographic isolation and digital exclusion further marginalized vulnerable populations, underscoring the need for low-tech, community-based approaches and more responsive feedback mechanisms.

Looking ahead, the evaluation calls for a strengthened corporate commitment to early warning, emergency preparedness, and security risk management. It recommends enhancing the use of emergency procedures, expanding integrated programming, and prioritizing equity and inclusion across all levels of response. Advancing localization through deeper partnerships and increasing conflict-sensitivity within the Sudan Country Office will be critical to building a more resilient and inclusive humanitarian response.

This evaluation serves not only as a reflection on past performance but rather also as a strategic guide for future action—one that places children's rights, dignity, and resilience at the center of UNICEF's humanitarian mandate in Sudan. I am exceedingly grateful to all colleagues and partners who engaged with us and contributed to it, and trust that it has proved to be a meaningful and insightful exercise.

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Acronyms and abbreviations

AAP	Accountability to Affected Populations	HAC	Humanitarian Action for Children
AAR	After-Action Review	HCTs	Humanitarian Cash Transfers
AOR	Areas of Responsibility	HPM	Humanitarian Performance Monitoring
AWG	Access Working Group	HQ	Head Quarters
BCP	Business Continuity Plan	HR	Human Resources
CBO	Community Based Organization	HRP	Humanitarian Response Plan
CCCs	Core Commitments for Children in Humanitarian Action	IA CFM	Interagency Community Feedback Mechanism
CEAP	Corporate Emergency Activation Procedure	ICCG	Inter Cluster Coordination group
CEED	Climate Environment Energy and Disaster	IDP	Internally Displaced Person
CFM	Community Feedback Mechanism	IHL	International Humanitarian Law
CO	Country Office	IMO	Information Management Officer
CPD	Country Programme Document	INGO	International Non-Governmental Organization
CRP	Sudan Crisis Response Plan	IPC	Integrated Food Security Phase Classification
CSO	Civil Society Organization	IYCF	Infant and Young Child Feeding
DO	Designated Official	JOP	Joint Operating Principles
EMOPS	Office of Emergency Programmes	KIIs	Key Informant Interviews
EMT	Emergency Management Team	L3	UNICEF Level 3 Emergency
EPP	Emergency Preparedness Platform	MCCT+	Mother and Child Cash Transfer Programmes
EQ	Evaluation Question	MEB	Minimum Expenditure Basket
ERR	Emergency Response Rooms	MENA	Middle East and North Africa
ERT	Emergency Response Team	MENARO	Middle East and North Africa Regional Office
ESARO	Eastern and Southern Africa Regional Office	MHPSS	Mental Health and Psychosocial Support
ET	Evaluation Team	MICS	Multiple Indicator Cluster Survey
FGD	Focus Group Discussions	MPS	Minimum Preparedness Standards
FGC	Female Genital Cutting	MRM	Monitoring and Reporting Mechanisms
GBV	Gender-Based Violence		
GEC	Global Emergency Coordinator		

MUAC	Middle Upper Arm Circumference
NCCW	National council for Child Welfare
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
NSA	Non-State Actor
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OLS	Operation Lifeline Sudan
ORE	Other Resources (Emergency)
ORR	Other Resources (Regular)
OTP	Outpatient Therapeutic Programme
PBR	Programme Budget Review
PD	Programme Document
PHC	Primary Health Centres
PIN	People in Need
PLW	Pregnant and Lactating Women
PSEA	Protection from Sexual Exploitation and Abuse

RO	Regional Office
RSF	Rapid Support Forces
RUTF	Ready-to-use therapeutic food
SAF	Sudanese Armed Forces
SAM	Severe Acute Malnutrition
SBC	Social Behaviour Change
SCO	Sudan Country Office
SLA	Sudan Liberation Army
ToR	Terms of Reference
TPM	Third-Party Monitoring
UASC	Unaccompanied and Separated Children
UNDAF	United Nations Development Assistance Framework
UNDSS	UN Department of Safety and Security
UNSC	United Nations Security Council
WASH	Water, sanitation and hygiene
WCARO	West and Central Africa Regional Office



Executive summary

Introduction

The conflict in Sudan has triggered one of the most severe humanitarian crises in recent history, marked by mass displacement, widespread food insecurity, and the collapse of essential services. **By the end of 2024, Sudan had the highest number of internally displaced persons globally, with over 11.5 million people uprooted and millions more fleeing to neighbouring countries.** Children have borne the brunt of this crisis, accounting for more than half of the displaced population and facing acute risks from malnutrition, disease outbreaks, and disrupted education. The near breakdown of the health system, limited access to clean water and sanitation, and the closure of schools have compounded the suffering of millions, particularly in conflict-affected areas.

In response to the deteriorating humanitarian situation and the scale and complexity of the crisis, **on 16 June 2023, UNICEF's Executive Director approved the activation of UNICEF's Level 3 (L3) Corporate Emergency Activation Procedure (CEAP) inside Sudan and extending to cross-border operations into Sudan.** Although the L3 was initially declared for only six months, the response was extended by an additional six months ('Sustain phase') for four consecutive times until December 2025.

UNICEF commissioned an independent strategic evaluation of its Corporate Emergency Procedure Level 3 (L3) response in Sudan. The report highlights the unique aspects of the response, including the evolving coordination landscape, the role of national and local actors, and the integration of humanitarian, development, and peacebuilding approaches.

Evaluation purpose and objectives

Purpose: The evaluation has both an accountability and a learning purpose. **From an accountability perspective, the evaluation assessed UNICEF's performance against its objectives and the needs in Sudan** and gauged the extent the preparedness and implementation of the response conformed with UNICEF emergency procedures and related processes. **From a learning perspective, it capitalized on the evidence regarding what worked and did not work in the response, to inform the humanitarian work of the UNICEF Sudan Country Office (SCO), the three African Regional Offices (MENARO, WCARO and ESARO) and other HQ Divisions and Offices** supporting the on-going response in Sudan, while also informing UNICEF efforts across future L3 emergencies.

Objectives: The evaluation assesses the value of UNICEF interventions with respect to the priorities for children and their families, the organization's mandate, corporate commitments and core functions, the roles played by other actors and the needs of the wider response. These in turn are considered against the backdrop of an evolving political, institutional, economic and demographic context across the country.

Evaluation scope

Thematic scope: Additionally, it incorporated an assessment of cross-border operations from neighbouring countries identifying the support provided by MENARO, WCARO, and ESARO. The scope focuses on key strategic areas such as preparedness and procedures, response modalities, operations and cross-cutting issues. Through this analysis, the evaluation also covered all of UNICEF's key programmatic areas, including health, nutrition, child protection, water, sanitation and hygiene (WASH), education and social protection, as included in the Sudan 2023 Emergency Response Plan.

Geographical Scope: Although the evaluation covered the entirety of the SCO response throughout Sudan, field work outside concentrated in the following areas: River Nile, Red Sea, Kassala, Gedaref, Central Darfur, Blue Nile and South Kordofan. Additionally, the evaluation incorporated an assessment of cross-border operations from neighbouring countries identifying the support provided by MENARO, WCARO and ESARO.

Chronological scope: this evaluation covered the period from June 2023 until- December 2024.

Evaluation criteria and questions

In line with the ToR and consistent with the identified purposes and objectives, the enquiry conducted by the evaluation was guided by five main criteria. The first four consisted of the following: OECD/ALNAP evaluation criteria for humanitarian evaluations (Appropriateness/Relevance; Effectiveness (including quality); Connectedness pertaining to the balance between short and longer-term agendas) and Coherence/Coordination (both internal and external and across sectors and geographic areas). The first and last criterion covered cross-cutting issues. The seven evaluation questions were grouped by criterion.

Evaluation methodology

In order to address the agreed upon evaluation questions, the evaluation, which was inherently formative and utilization focused, relied on the following mix of quantitative and qualitative methods:

- ▶ An extensive document review (over 200 resources were consulted);
- ▶ Over 175 KIIs (conducted both remotely and in country) with UNICEF staff, partners and local authorities;
- ▶ 46 Focus Group Discussion (FGDs) with communities reaching 519 participants, of which 302 were female;
- ▶ Online surveys with UNICEF staff and partners to gain their perspectives on UNICEF's response;
- ▶ Quantitative and comparative analysis of the response interventions' results in 2023 and 2024; a quantitative analysis of the response's achievement against the Core Commitments for Children in Humanitarian Action (CCCs) in the humanitarian action review; and lastly, a comparative analysis of programme documents, implementing partners and related budgets of 12 months preceding and following the activation of the L3 in Sudan.

Key findings (by criterion)

Relevance

Overall, **UNICEF's response was relevant to the context.** UNICEF focused on balancing lifesaving support, essential services, and resilience-building activities through an adaptive three-pronged strategy. **The UNICEF response was limited particularly in hard-to-reach areas,** due to the magnitude of needs, access challenges, inconsistent needs assessments. A deliberate approach to utilizing humanitarian cash transfers (HCTs) in the UNICEF Sudan response, influenced by operational challenges and differing perspectives, constrained the ability to reach the most vulnerable populations in a timely manner. Despite UNICEF's, and the wider UN's, relatively stronger presence in government-controlled areas, which raised concerns among external stakeholders about alignment with humanitarian principles, **UNICEF strived to 'balance' and compensate limited presence and access on different fronts** including investments in strengthening access, negotiations with all parties to the

conflict, the expansion of partnerships with NGOs and Emergency Response Rooms (ERRs) in HTR, and the recruitment of extenders. **Conflict sensitivity was not systematically mainstreamed into programming** through either robust conflict analysis or prevention efforts. Although the response progressively aligned with CCCs, maintaining consistent quality programming proved challenging due to contextual volatility and large-scale displacements.

Effectiveness

Preparedness: While **mandatory preparedness measures** were followed, they **were insufficient for the scale and complexity of the crisis**. Neither UNICEF nor the broader UN system anticipated the magnitude and complexity of the conflict and resulting operational disruptions. **Lack of a UN system-wide early warning mechanism for conflict severely limited preparedness**. Limitations pre-war included the prominence of risk of flood/disease outbreaks over conflict in risk assessments and, during the response, the lack of updated Emergency Preparedness Platform (EPP). The variable use of and views on the EPP raised questions about the platform's relevance and purpose. Despite signs that security, communications and scenario planning needed more attention, at the end of 2024, the SCO was still not fully prepared to ensure staff safety due to insufficient very high frequency (VHF) radios, armoured vehicles and evacuation options (mostly due to bureaucratic impediments for importing such assets).

Emergency Procedures (EPs): The EPs were **applied selectively and unevenly by the SCO, with mixed results**. The most telling gap in the utilization of the EPs occurred during the 2024 programme budget review (PBR) process, when, despite the ongoing crisis, standard recruitment procedures were adopted, resulting in avoidable delays in the recruitment of 150 new staff which impacted the timeliness and effectiveness of the response. Overall, **while the EPs were viewed as generally helpful** (e.g. timely and appropriate surge deployments, expedited delivery of supplies, loan mechanism from HQ, management of new premises), **they do not appear to have been a game-changer in consistently ensuring the fast-tracking of the response at the country level** (see PD development timelines despite fast-tracking provisions).

Programme Delivery: UNICEF's programme appropriately sought to balance ambition and pragmatism, resulting in **an adequate improvement in results from 2023 to 2024, particularly in WASH, health, severe acute malnutrition (SAM) screening, and mental health and psychosocial support (MHPSS)**. However, **the education response remained lacking**, despite UNICEF's best efforts. Improvements in reach and effectiveness coincided with the implementation of the Next 100 Day Plan and state-level work plans, but persistent underperformance in hard-to-reach locations, delayed Mother and Child Cash Transfers (MCCT+) scale-up, and shortcomings in adolescent programming and inclusion reflect significant shortcomings in the equity of the response.

Cluster leadership and interagency scale-up commitments: UNICEF fulfilled its Cluster Lead Agency roles with surge support and coordination early in the response. However, **subnational coordination remained weak**, due to a lack of dedicated coordinators and overburdened roles. In areas controlled by Non-State Actors, UNICEF has yet to explore comparative advantages and capitalize on opportunities for co-ordination, drawing on lessons from similar contexts like Syria and Yemen. **UNICEF played a strong leadership role in inter-cluster coordination**, with notable successes in education advocacy and accountability initiatives (accountability to affected populations (AAP) and protection from sexual exploitation and abuse (PSEA). Limited progress in intersectoral coordination and missed opportunities to fully integrate protection and other cross-cutting priorities across the response undermined overall impacts.

Access and Operational Challenges: **Negotiating access has been at the forefront of the UNICEF response in Sudan**. Access constraints remained a major challenge, with bureaucratic barriers and fragmented negotiations with Non-State Actors slowing aid delivery. UNICEF made dedicated investments in access personnel, access training for staff and access strategies. While access remains a key bottleneck, these investments proved adequate in supporting enhanced operational reach over time. UNICEF effectively worked with partners on the ground, utilising their comparative advantage for improved access when possible. **UNICEF seemed to be relatively stronger at negotiating access at the federal level and with central leadership at large, compared with (I)NGO partners** who had different community level comparative advantages.

Resources and management systems: Resource mobilisation steadily increased within a difficult funding environment, supported by development funding. Donor relations were strong, though some requested greater transparency. Duty of care for staff improved after initial evacuation challenges, but national staff expressed dissatisfaction with unequal treatment compared to international staff. Recruitment delays hindered operations, with slow processes affecting programme implementation. Monitoring was inconsistent, limited by access issues, and fragmented reporting reduced effectiveness. Supply operations adapted to challenges, using regional support and local solutions like smaller trucks and local transporters. Financial bottlenecks, due to the banking system collapse and inflation, delayed payments to partners and disrupted programme timelines. Despite these obstacles, UNICEF implemented measures like deploying surge staff, improving monitoring tools, and strengthening local partnerships to enhance response efforts.

Leadership and Advocacy: UNICEF demonstrated strong leadership during the L3 Sudan response, with strategic vision, effective decision-making, and proactive resource mobilisation. The organization developed targeted strategies for advocacy, access, localisation, and famine prevention, while maintaining a consistent focus on child protection. Leadership ensured programme adaptation, support for government systems, and innovative approaches to access and localisation. **UNICEF's advocacy effectively highlighted the conflict's devastating impact on children in Sudan**, but violence against children persists, requiring a political solution. Early challenges in coordinating advocacy efforts delayed momentum, but the launch of the Sudan Humanitarian Advocacy Strategy in March 2024 provided a clear framework to align efforts on access, protection, and system preservation.

Connectedness

UNICEF was instrumental in preventing the collapse of national social systems, ensuring the delivery of essential services, particularly in accessible areas. By leveraging strong relationships with state ministries and community networks, UNICEF sustained critical services despite the numerous challenges. **While the gains achieved were vital, they remain fragile** and cannot ensure sustainability without structural recovery and political stability.

Coherence-coordination

Coordination among HQ, RO and CO: the collaboration was effective in some areas - notably supply management- but was impacted by differing perceptions, delays in decision-making, and divergent priorities, which occasionally led to mismatches between support provided and field-level needs. The early transition of the Global Emergency Coordinator role from HQ to MENARO was seen as premature by many, limiting global advocacy and donor engagement during a critical period.

Multi-sectoral and integrated programming: Geographic convergence enabled some programme integration, boosted by initiatives such as the [Makanna approach](#), the [Somoud Action Plan](#) and the [Famine Prevention Plan](#). However, full integration was inhibited by programme silos within UNICEF, underutilization of the integrating potential of social behaviour change (SBC), and partner specialization. Several potential opportunities for deeper integration were missed

Cross-Border Collaboration: UNICEF managed cross-border supply routes via Chad, supported by **robust coordination between regional offices and the Copenhagen Supply Team**. However, the heavy reliance on the Adre crossing, which depended on Sudanese government approval, made the route vulnerable to closure. While alternative routes through South Sudan were trialled, **cross-border logistics via Chad and South Sudan remained costly and prone to disruptions.**

Localisation: The UNICEF L3 response in Sudan allowed the SCO to make significant progress on its localisation agenda, with a **notable increase in partnerships with national NGOs and innovative engagement with mutual aid groups (ERRs) to extend reach into hard-to-reach areas.** **UNICEF has not yet sufficiently invested in the quality of its partnerships, ensuring they are 'equal and mutual.'** The recruitment of a localisation specialist and the development of a localisation strategy in 2024 marked important steps toward institutionalizing localisation efforts.

Crosscutting issues

AAP: UNICEF has embedded AAP principles into programmes and appointed an AAP Programme Manager, and developed feedback mechanisms. However, **the approach to community engagement was insufficient despite investments in feedback mechanisms:** limited field presence for monitoring purposes restricted opportunities for direct interaction with affected populations, especially in hard-to-reach areas. While structured feedback systems were established, these remained insufficiently accessible and failed to reach grassroots and marginalized communities

Gender equality: Gender considerations were integrated into programmes, deploying gender-based violence (GBV) and PSEA specialists. Female frontline workers are engaged in targeted interventions like MCCT+ empowering women. Gender-disaggregated data was inconsistent in 2023 but improved in 2024, and support for women-led organizations has been limited. A Gender Programmatic Review (GPR) was completed to address gaps, including the needs of adolescent girls and boys facing heightened protection risks.

PSEA: Since 2023, UNICEF advanced PSEA efforts by appointing a PSEA manager, raising awareness among nearly one million people, and meeting compliance standards with all 69 partners. Key initiatives include confidential feedback systems, GBV services and the 2024 Somoud Action Plan. **Challenges remain, including low reporting rates, limited field presence, and community mistrust of formal mechanisms.** As co-chair of Sudan's Inter-agency PSEA Network, UNICEF continues to lead protection efforts, integrating PSEA into broader response plans.

Final conclusions

Relevance

UNICEF's response in Sudan was broadly appropriate and relevant to Sudan's diverse needs and challenges. The response was slow to adapt and was significantly hampered by access constraints, limited community engagement, and underassessment of needs in hard-to-reach areas. Equity gaps persisted, with inadequate focus on disability, adolescents, and vulnerable populations in areas of active conflict. Limited use of HCTs and systematic use of conflict sensitive approaches reduced impact.

Effectiveness

Neither UNICEF nor the rest of the UN system were prepared for the scale and complexity of the crisis. Systemic gaps in early warning mechanisms delayed the response's scale-up. Operational support activities were hampered by staff displacements and inconsistent application of emergency procedures. Access was a persistent challenge in the response. Operational capacity improved over time achieving stronger results in accessible areas and enhancing resource mobilisation, cross-border operations, and dedicated investment on access. By 2024, UNICEF scaled up its efforts, achieving stronger results in most programme areas, particularly in accessible states, while shifting focus towards prevention and resilience. Significant disparities remained in hard-to-reach areas and among vulnerable groups, such as children with disabilities and adolescent girls and boys, highlighting the need for greater equity in future programming.

Strong national-level leadership in cluster coordination and AAP interagency efforts, advocating for children's needs and aligning resources effectively. Sub-national coordination gaps and limited focus on leveraging comparative advantages of NGOs hindered the reach of the response.

Connectedness

Efforts to sustain national systems, particularly in health, education, nutrition, child protection and WASH services, were critical in preventing system collapse. However, conflict-related devastation and access limitations restricted the broader systemic impact. Gains in service delivery, while vital remain dependent on structural recovery and political stability.

Coherence – coordination

UNICEF’s internal coordination was uneven, with gaps limiting its potential especially during the early stages. Cross-border operations were effective, but reliance on the Adre crossing highlighted the need for alternative routes. Integrated programming has yet to be realised and was hindered by delays, programmatic silos, and underused enablers like SBC. Progress was made on localisation through partnerships with national NGOs and ERRs, as well as tailored investments in localisation personnel and strategies, but continued focus on diversification and more inclusive, community-focused collaborations are needed to fully leverage local capacities.

Cross-cutting issues

Cross-cutting issues such as AAP, PSEA, and gender/GBV, were only partially integrated into the programme cycle, particularly in hard-to-reach areas. Systemic barriers, including geographic isolation and digital exclusion, limited access for marginalized groups such as children with disabilities and adolescent girls and boys, highlighting the need for further investments on low-tech, community-based approaches. Efforts to foster community participation have yet to build sufficient trust, with misaligned expectations and limited tangible responses to feedback undermining confidence.

Recommendations for UNICEF

STRATEGIC RECOMMENDATIONS	OPERATIONAL RECOMMENDATIONS
1. Strengthen corporate systems for early warning, emergency preparedness, and security risk management and ensure continued alignment across them 2. Enhance the use of Emergency Procedures 3. Strengthen the commitment to HCTs in humanitarian settings 4. Strengthen UNICEF’s cluster leadership and coordination within framework of the recent Humanitarian Reset 5. Ensure that the necessary time is set aside for reflection and regional sharing of good practices	6. Make equity and inclusion a higher priority 7. Expand integrated programming 8. Increase the SCO’s capacity for conflict-sensitivity 9. Continue to tackle the core problems of humanitarian access 10. Advance localisation through deeper partnerships with national and community-based organizations

1

Context

Sudan's crisis: a conflict rooted in the past

The war that broke out in Sudan on 15 April 2023, is the culmination of long-standing historical tensions, shaped by colonial legacies, regional inequalities, and years of political and military power struggles.

Since the military coup of 25 October 2021, the country has been governed by a *de facto* government. In January 2022, only six weeks after he resumed his role following the signing of an agreement with the coup leaders, Prime Minister Dr. Abdalla Hamdok resigned from his role. This and other political impasses were accompanied by protests and a deteriorating socio-economic situation across the country—all of which undermined many of the political and development achievements made by Sudan, including in the areas of legal and institutional reform, transitional justice, civic space, equality and non-discrimination, and women's rights.

During the first half of 2022, an alarming escalation of violence, including sexual violence against women, was witnessed, mainly in Darfur but also in South Kordofan and the Blue Nile. The drivers of violence included conflicts over resources, intercommunal tensions and a failure to make progress on

key provisions of the Juba Peace Agreement (JPA),¹ in addition to other root causes such as the ongoing drought.

In July 2022, the military announced it would withdraw from politics. On 5 December 2022, the military leadership and a broad range of civilian actors signed a Political Framework Agreement to lay the ground for a final political accord and the formation of a new civilian-led transitional government for a two-year political transition period. However, in April 2023, a debate over whether the Sudanese Armed Forces (SAF) would be placed under civilian oversight and plans for the integration of the paramilitary group Rapid Support Forces (RSF) into SAF, delayed the signing of the final agreement. On 15 April 2023, fighting broke out between the RSF and SAF, engulfing the country in conflict.² In the following weeks and months, the conflict led to widespread armed violence, airstrikes, and artillery across Sudan, including Khartoum and the city of Omdurman. At the end of 2023, the RSF took control of Gezira State and launched its first major attack in South Kordofan. By late 2024, heavy fighting broke out between the RSF and SAF in South Kordofan and Blue Nile. The armed conflict followed years of protracted crises marked by political upheaval, disease outbreaks, climate shocks, and severe economic deprivation for large parts of



the population. By the end of 2024, more than half of Sudan's population (24.8 million) needed humanitarian assistance to survive, an increase of 38 per cent since April 2023.^{3,4}

Humanitarian needs

The conflict has also led to immediate and large-scale displacement. By the end of 2023, Sudan had become the largest child displacement crisis in the world.⁵ The population of internally displaced persons (IDPs) increased by 27 per cent in 2024, rising from nine million to 11.5 million – the highest number of IDPs globally – and an additional 3.3 million people fled to neighbouring countries, including Egypt, Chad and South Sudan, with children accounting for more than 53 per cent of the displaced.⁶

Driven by the conflict, Sudan has experienced high levels of acute food insecurity, amounting to famine in some areas such as Khartoum and Gezira.⁷ According to the UN Human Rights Council-appointed experts, as of October 2024, “Never in modern history have so many people faced starvation and famine as in Sudan today.”⁸ The population's humanitarian needs have been very severe in the sectors for which UNICEF carries leadership and coordination responsibilities.

Health: The health system in Sudan collapsed, with 60 per cent of health facilities reportedly not functioning as of May 2023.⁹ The situation continued to deteriorate in 2024, with over 75 per cent of health facilities not operating in conflict-affected states.¹⁰ This was further exacerbated by security challenges, leaving millions without access to essential medical services. The minimally functioning healthcare services and limited access to safe drinking water and sanitation also led to widespread disease outbreaks. In 2024, 14.3 million people were at risk of cholera, dengue and malaria,¹¹ and as of January 2025, more than three million children were at risk of deadly epidemics.¹²

Education: The conflict led to significant school closures, resulting in 19 million children being out of school by December 2023.¹³ UNICEF advocated for school reopening and freeing schools from IDPs and supported with partners the reopening of schools in accessible states and the establishment of learning spaces. Nevertheless, by the end of 2024, 17 million children were still out of school.¹⁴

Nutrition: In 2023, nearly 313,400 children with severe acute malnutrition (SAM) were admitted for treatment.¹⁵ Admissions for SAM rose by approximately 44 per cent in 2024 compared to 2023, with 431,015 children treated.¹⁶ SMART surveys conducted in 2024 revealed that 43 out of the 49 surveyed localities exceeded the WHO emergency threshold for Global Acute Malnutrition of 15 per cent, classifying these areas as very high risk. Additionally, famine was declared in the Zamzam camp in North Darfur. As of 2025, 24 million people face acute food insecurity, with famine devastating five regions.¹⁷ Children in conflict-affected and hard-to-reach areas remain most at risk.

WASH: Widespread destruction of infrastructure also left millions without access to Water, Sanitation, and Hygiene (WASH) services, with one-third of the population lacking access to safe drinking water and two-thirds not having access to sanitation and hygiene services.¹⁸ While significant efforts were made to provide WASH services, the needs remain significant.

Protection:¹⁹ Women and girls have been particularly vulnerable to rape, sexual assault, and exploitation. Widespread theft, extortion, looting, and destruction of both public and personal property have further impoverished already vulnerable communities.²⁰ Children faced high risks of forced separation from their families, exposure to violence, abuse, neglect, and forced recruitment by armed groups. There have also been reports of child trafficking.²¹ The presence of mines and other explosive ordnances posed a significant threat to civilians and hinders humanitarian access and the safe return of displaced persons.²²



Challenges to humanitarian norms and humanitarian access

Since the start of the war, UN human rights experts and bodies have extensively documented the serious abuses and gross violations of international human rights law and fundamental humanitarian norms, in certain cases amounting to war crimes and crimes against humanity.²³ These violations have also affected children²⁴ and include widespread attacks on densely populated areas, as well as IDP camps, health facilities, markets, and schools. Gender-based and conflict-related sexual violence (GBV), especially rape, has been widespread in active conflict areas.²⁵ Chief among the concerns expressed by human rights experts has been the continued impunity for the perpetrators.

As for the specific norms of international humanitarian law (IHL) covering unimpeded access for humanitarian materials, services and personnel, these have been severely tested by the parties to the conflict. Achieving sustained and unimpeded access has emerged as one of the most significant challenges for all humanitarian actors, including UNICEF. Statements and actions of some of the parties suggest that they have intentionally obstructed access to and the delivery of humanitarian aid to populations under the control of opposing conflict parties.²⁶

Active hostilities, violence against aid workers, bureaucratic impediments and logistical constraints have been among the barriers that have inhibited access. The number of incidents impeding humanitarian assistance rose from 270 in July 2023²⁷ to 1,035 in June 2024.²⁸ Active hostilities and insecurity remained the primary factor hindering humanitarian operations in 2023 and 2024.²⁹ This has been a major challenge in conflict-affected areas, where routes controlled by armed actors have required complex access negotiations. Violence against aid workers escalated in 2024, with over 110 casualties reported by December, including deaths, injuries, and kidnappings, in comparison to 19 in the first half of 2023.³⁰ Attacks against humanitarian facilities also continued to increase, with a significant spike in attacks on healthcare facilities in June 2024. Bureaucratic and administrative impediments have also hindered the deployment of humanitarian staff, with visa processing times remaining a key challenge. This has been further exacerbated by limited crossline access and logistical and environmental factors, including damaged infrastructure, seasonal flooding, high

transportation costs and the closure of Sudanese airspace. In addition, the near-collapse of the banking system, soaring inflation, and communication constraints, particularly in hard-to-reach areas, further complicated aid efforts. Moreover, the limited capacities of government and local stakeholders, severely weakened by the war, added another layer of difficulty to the already challenging environment.

The humanitarian community in Sudan

Sudan has a long history of humanitarian response. Geography and changing climate conditions make the country perennially susceptible to the kinds of weather-related shocks that regularly befall the wider Horn of Africa region. But it is more often political upheaval and armed conflict that impact food security and the livelihoods of the Sudanese people. One of the key mechanisms to address a massive famine caused by civil war between the Sudanese government and South Sudanese rebels was Operation Lifeline Sudan (OLS), a joint UN humanitarian operation that was launched in the late 1980s by UNICEF's Executive Director, James Grant, in his capacity as the Personal Representative of the UN Secretary General. OLS ended in 2005 with the signing of the Comprehensive Peace Agreement (CPA), which marked the end of the Second Sudanese Civil War.

Since the early 1990s, Sudan has had a humanitarian response plan, initially called a consolidated (humanitarian) appeal, and UNICEF started delivering programmes for children and women in 1992.

The latest United Nations Development Assistance Framework (UNDAF) for Sudan (2018–2021),³¹ extended through 2023, was overtaken by the dramatic socio-economic and security deterioration of 2022. To provide a more useful framework in the changed circumstances, the UN Country Team in Sudan developed the UN Common Approach in 2022,³² focusing on three strategic priorities situated more on the humanitarian side of the nexus: 1. life-saving and sustaining basic services; 2. community stabilization and resilience; and 3. protection of civilians, human rights, and rule of law. Complementary to this, the 1.9 billion USD Humanitarian Response Plan (HRP) in 2022,³³ and the 1.7 billion USD HRP 2023, insisted on the same priorities, emphasizing immediate humanitarian needs while keeping reference to resilience and nexus links to long-term development goals.

Despite a long history of humanitarian intervention in the country, the L3 crisis covered by this evaluation had some unique aspects in terms of the humanitarian response. First, with Khartoum turning into a hotspot of the fighting and the related evacuation to Port Sudan, Port Sudan became the new location for the UNICEF Country Office (CO) and the centre for UN and inter-agency coordination. Sudanese government authorities, including the Humanitarian Aid Commission, also established their offices in Port Sudan.³⁴

Second, traditionally, the humanitarian community has consisted of both UN and non-UN agencies, with the latter including the Red Cross and Red Crescent Movement, as well as international, national, and local NGOs. However, relations between these actors have not always been smooth. For years, there has been a tendency on the part of a number of international aid actors, as they sought to manage dilemmas around independence and neutrality,³⁵ to view national and local NGOs with a degree of suspicion, due to their perceived close ties to the authorities. Additionally, the national NGO forum has long been considered ineffective. This does not imply that local civil society has been uninvolved in the response since April 2023; on the contrary, they have played a significant role. Since the onset of the war, in addition to national and local NGOs, local volunteer initiatives, mutual aid groups, and so-called Emergency Response Rooms (ERRs), have emerged to support their fellow citizens, particularly in areas heavily impacted by conflict. Many of these groups trace their roots to the movement that led to the overthrow of the Bashir regime in 2019 and may not identify as traditional humanitarian actors.³⁶

Lastly, for years, the humanitarian community in Sudan, including UNICEF,³⁷ has worked in a (triple) 'nexus-mode' combining humanitarian action with a development and peace approaches.³⁸

UNICEF's L3 response in Sudan

Overview

The outbreak of the conflict forced an immediate evacuation of international staff from the capital and Darfur, while national staff were relocated away from conflict hotspots. To recalibrate operations, critical staff remained in Port Sudan, where a hub was established to lead humanitarian response in the country.³⁹ Among the staff evacuated from the country, however, were coordinators of the four humanitarian clusters for which UNICEF carries leadership responsibility. Essentially, the war not only dramatically changed the operating environment but also fundamentally altered prior ways of working.

The obstruction of aid routes forced UNICEF to continually (re)evaluate crossline and cross-border opportunities. Earlier field presence underwent significant restructuring, requiring UNICEF to navigate a vastly different and diverse operating environment. In insecure regions like Darfur, where access impediments led to office closures, UNICEF transitioned to remote operations, relying on staff relocated to accessible parts of the country. Additionally, in areas where UNICEF had no prior presence, such as the Northern States, the organization established operations from scratch. This involved developing new programming and fostering relationships with local actors unfamiliar with UNICEF and the broader humanitarian system.

In response to the deteriorating humanitarian situation and the scale and complexity of the crisis, on 16 June 2023, UNICEF's Executive Director approved the activation of UNICEF's Level 3 (L3) Corporate Emergency Activation Procedure (CEAP) inside Sudan and extending to cross-border operations into Sudan. The UNICEF office of Emergency Operations (EMOPS) Director was appointed as the Global Emergency Coordinator (GEC) for the response for the first three months. Although the L3 was initially declared for only six months, on 15 December 2023, the response was extended by an additional six months ('Sustain phase'). The Middle East and North Africa (MENA) Regional Director began serving as the GEC during the second half of the initial phase and continued through the Sustain phase. This has been extended four times more until December 2025.

The L3 procedure has implications for a range of UNICEF functions,⁴⁰ and after activation it defines the organization-wide response to a humanitarian crisis. It aims to trigger system-wide, rapid mobilization and scaling-up of resources to deliver emergency assistance and protection. The L3 procedure outlines a package of minimum actions and processes for streamlining UNICEF’s operations to ensure a timely, predictable and efficient response.⁴¹

In May 2023, UNICEF also outlined the organization’s **three-pronged strategy** (see Box 1 in Chapter 9.1 for more information):

- 11. Deliver life-saving supplies and services in conflict hotspots
- 12. Provide urgent assistance to displaced and host communities in states receiving large numbers of displaced persons
- 13. Support the preservation of systems that deliver basic services across the country

Funding Requirements and Gaps

2023: UNICEF’s humanitarian funding requirements for 2023 were initially set at \$583.6 million but were revised upwards to \$837.6 million in the revised HAC from May 2023, due to a staggering 57 per cent surge in People in Need (PIN) to 24.7 million and a 44 per cent increase in people targeted (PT) to 18.1 million (see Table 1).⁴² The sector requiring the most funding was Nutrition (\$346.3 million), followed by Education (\$123.2 million).

As of mid-July 2023, the appeal was only 9 per cent funded, with \$76.5 million received. In response to this shortfall, UNICEF intensified fundraising efforts seeking an additional \$400 million to sustain and scale up critical life-saving interventions. Throughout the year, a total of \$211.2 million was mobilized through a combination of Other Resources (Regular) (ORR) and Other Resources (Emergency) (ORE).

2024: In 2024, funding requirements increased very slightly to \$840 million (see Table 1).⁴³ A significant increase in funding requirements was observed in the field of health, accounting for 24.7 per cent of total funding requirements in comparison to 8.1 per cent in 2023. An increase in funding requirements was also observed in the child protection and WASH sectors. A decrease in funding requirements was seen in the fields of nutrition and education. Health (\$207.4 million) and nutrition (\$206.2 million) were the sectors most in need of support.

Table 1. Funding requirements for 2023 and 2024

Sector	2023 HAC		2024 HAC	
	Funding requirements	Percentage of Total	Funding requirements	Percentage of Total
Health	\$67.6 million	8.1%	\$207.4million	24.7%
Nutrition	\$346.3 million	41.3%	\$206.2 million	24.5%
Child Protection	\$86 million	10.3%	\$117.7 million	14.0%
Education	\$123.2 million	14.7%	\$80.1 million	9.5%
WASH	\$80.3 million	9.6%	\$89.5 million	10.7%
Social Protection	\$100 million	11.9%	\$100 million	11.9%
Cross-Sectoral	\$34.2 million	4.1%	\$39.2 million	4.7%
Total	\$837.6 million		\$840 million	

Source: 2023 HAC and 2024 HAC

Over time, the Sudan response saw some improvement in funding levels, with a total of \$472.4 million mobilized in ORR and ORE during the year, contributing to a total of \$683.7 million mobilized across 2023 and 2024. Of the total funding mobilized over the two years, ORR funds accounted for 53 per cent (\$365.5 million), and ORE accounted for 47 per cent (\$318.2 million). This included a notable \$74 million contribution from the World Bank. Non-earmarked funds, albeit a small percentage of total funding, increased by 75 per cent, from \$8.1 million in 2023 to \$14.2 million in 2024.

Despite these efforts, as of December 2024, an overall funding gap of 42 per cent remained against the revised HAC requirement of \$840 million. The most underfunded sectors have been Child Protection and Protection from Sexual Exploitation and Abuse (PSEA), which faced a funding gap of 80 per cent, followed by Health with a 55 per cent funding gap and Nutrition with 49 per cent. There was no funding gap in the areas of Education and Cross-sectoral issues.⁴⁴

	Funding Gap Jan – Dec 2023		Funding Gap Jan – Dec 2024	
	(US\$)	(%)	(US\$)	(%)
Health	\$31.7 million	47%	\$114.8 million	55%
Nutrition	\$285.9 million	83%	\$100.6 million	49%
Child Protection	\$77.2 million	90%	\$94.3 million	80%
Education	\$115.2 million	94%		0%
WASH	\$60.7 million	76%	\$1.1 million	1%
Social Protection	\$100 million	100%	\$38 million	38%
Cross-Sectoral	\$20.3 million	60%		0%
Total	\$690.9 million	82%	\$348.7	42%

Source: Humanitarian Situation Report No. 14 (1 January to 31 December 2023), and Humanitarian Situation Report No. 26 (1 January to 31 December 2024)

2

Evaluation object

Far from being a convention project or intervention, the L3 response under evaluation disposes of a dedicated budget and pursues a number of specific objectives, is

expected to serve a certain number of affected population groups and is rolled out in collaboration with other partners. For more details, see Table 3 below.

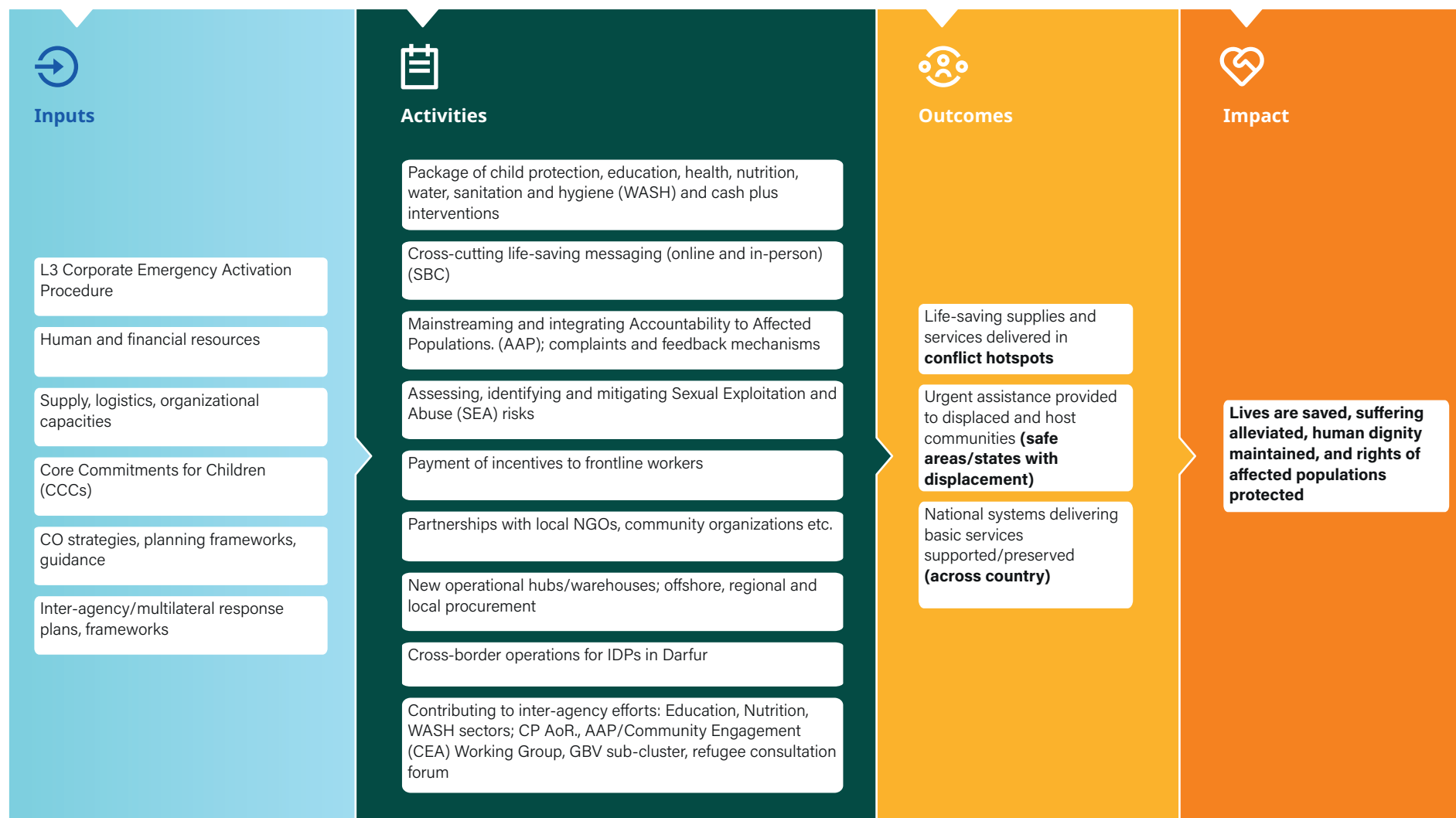
Table 3. Brief presentation of the object of the evaluation

Title of the Response	The UNICEF L3 response in Sudan
Country	Sudan
Sources of project funding	KfW Germany, the Global Fund to Fight Aids, USA, and the World Bank
Total Budget	USD840 million (as per the 2023/2024 HAC)
Temporal Scope	April 2023 – December 2024
Time Frame of the Evaluation	September 2024- July 2025
Main Objective	As of May 2023, UNICEF's three-pronged strategy was ⁴⁵ : 1. Maintaining Lifesaving Services in Conflict Hotspots 2. Providing Urgent Assistance to Displaced Populations and Host Communities 3. Preserving Essential Services Nationwide
Components (axes, effects, products, etc.)	UNICEF operates across the following programmatic sectors: Health, Nutrition, Child Protection, Education, WASH, Social Protection
Expected beneficiaries	Displaced and affected Sudanese population throughout Sudan
Partners (institutional, implementing agencies)	UN agencies, international and national NGOs, Community Based Organizations (CBO)

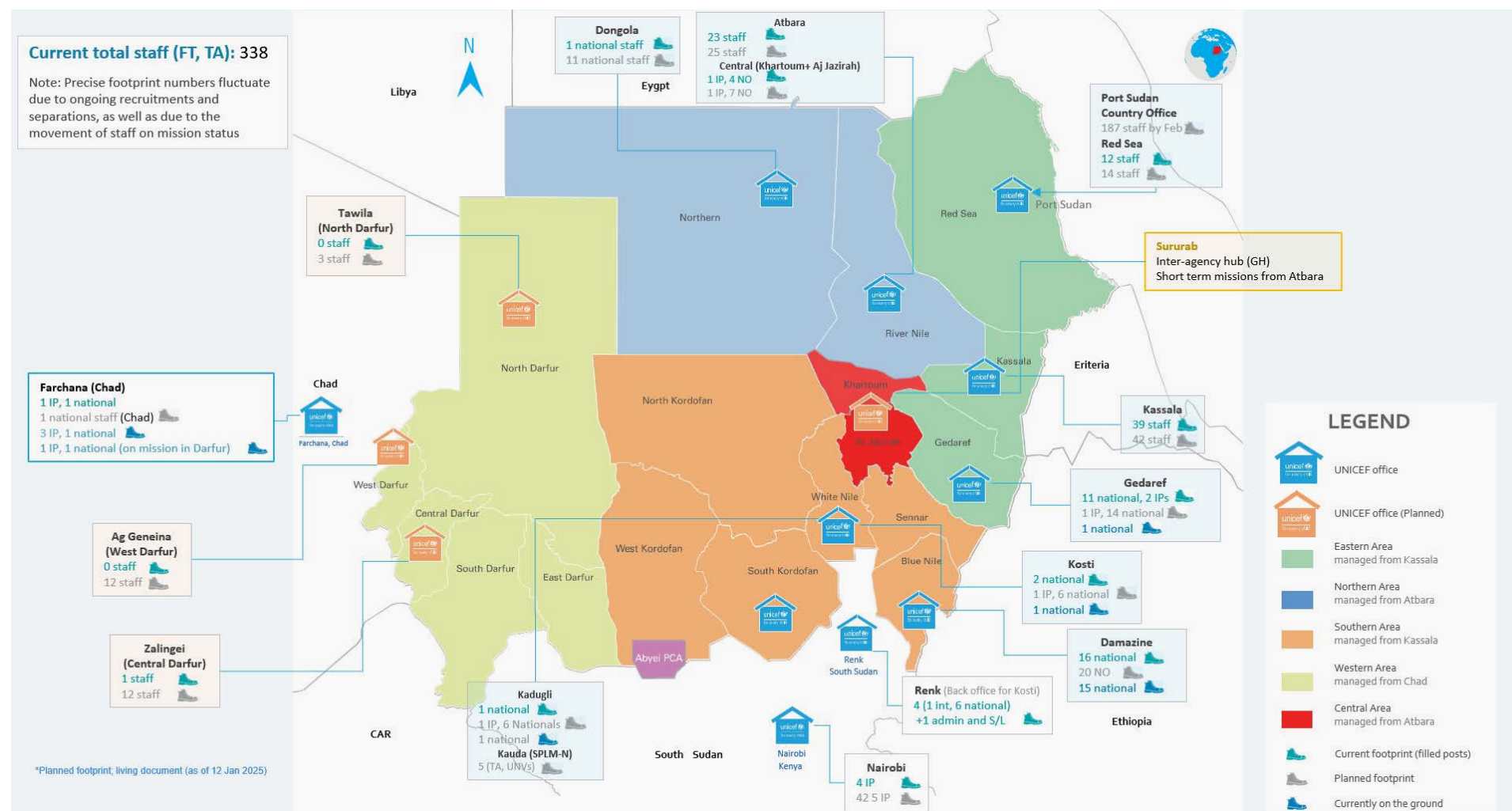
The following visual ('draft impact pathway', taken from the evaluation ToR) offers an overview of the 'building blocks' of the response, made up of key inputs (grey boxes), activities (green boxes), outcomes (yellow boxes) and impact (orange box). Building on UNICEF documentation, it portrays the logical and sequential connections across these elements that underlie the UNICEF L3 response in Sudan.

The L3 response provided support in both government-controlled areas as well as those held by other actors within the conflict. The map on the following page illustrates UNICEF's operational presence as of January 2025.

Figure 1. Description of Intervention



Source: UNICEF Situation Report No. 14 (30 January 2024); UNICEF HAC

Figure 2. UNICEF's Operational Presence and Planned Footprint Sudan

Source: EMT Meeting PowerPoint, 21 January 2025

The L3 response led by UNICEF rested on the support of very many actors (both internal and external to UNICEF). For a more detailed overview, see Table 4 below.

Table 4. The L3 Response Stakeholders

L3 Response Stakeholders	Role in the response
UNICEF CO in Sudan	► Design, implement and oversee the response ► Ensure cross-cutting activities ► Ensure strong operational support ► Engage with partners, support advocacy efforts, and inform emergency preparedness and recovery plans
► UNICEF Global Staff and Management ► UNICEF Regional Office in the Middle East and North Africa (MENARO) ► UNICEF West and Central African Regional Office (WCARO) ► UNICEF East and South Africa Regional Office (ESARO) ► UNICEF Headquarters ► UNICEF Office of Emergency Operations (EMOPS) ► UNICEF Programme Group (PG) ► Data, Analytics, Planning and Monitoring (DAPM) ► Private Fundraising and Partnerships (PFP) ► Public Partnerships Division (PPD) ► Division of People and Culture (DPC) and Supply Division (SD) ► Others, as appropriate	► Provide ongoing technical support to the CO ► Support and strengthen advocacy, resource mobilization, cross-cutting activities, and engagement with partners ► Mainstream good practices and lessons learned from other L3s into current and future programming, operational support, and technical assistance ► Provide guidance to the response through policies, procedures, practices and systems across preparedness efforts, emergency responses and recovery, as relevant
National and local government partners	► Support in coordinating the response and collaborating with UNICEF at national and state levels
Other UN Agencies	► Inter-agency coordination and collaboration ► Joint fundraising initiatives
Donors	► Entities providing financial support for the response
Implementing Partners	► Provision of response throughout the country through programming and advocacy work. Ongoing coordination and collaboration with UNICEF
Affected Populations	► Communities and individuals impacted by the emergency whose needs and feedback are central to the evaluation



Evaluation purpose, objectives and scope

Evaluation purpose

The evaluation of UNICEF's L3 response in Sudan fulfils the requirement of the UNICEF Evaluation Policy (2023) whereby all L3 emergencies must be evaluated. The Evaluation Office is responsible for managing all L3 evaluations.

The evaluation has both an accountability and learning purpose. From an accountability perspective, the evaluation is expected to assess UNICEF's performance against its envisaged objectives and the needs on the ground and will gauge to what extent the preparedness and implementation of the response conformed with UNICEF emergency procedures and related processes.

From a learning perspective, the evaluation is expected to capitalize on the evidence regarding what worked and what did not work in the response, to inform the humanitarian work of the UNICEF Sudan Country Office (SCO), MENARO and other HQ Divisions and Offices supporting the on-going response in Sudan, while also informing UNICEF efforts across future L3 emergencies (for instance, concerning policies, guidance and systems).

Evaluation objectives

The overall objective of the evaluation was to provide a comprehensive strategic assessment of UNICEF's overall response in Sudan since the L3 activation in 2023, measured against its mandate, corporate commitments, stated objectives and standard evaluation criteria, including relevance/appropriateness, effectiveness, connectedness, coherence and coordination. See page 12 of the Evaluation ToR for more specific objectives of the evaluation (Annex 1).

Evaluation scope

Thematic scope

The evaluation covered all of UNICEF's key programmatic areas, including health, nutrition, child protection, WASH, education and social protection, as included in the Sudan 2023 Emergency Response Plan. Additionally, the evaluation examined operational aspects of the response, including supply, financial resources and human resources management. The evaluation also explored cross-cutting issues, such as gender, equity⁴⁶ and the centrality

of protection and PSEA, by examining the extent to which they were systematically and meaningfully integrated into the design, implementation and monitoring of the response.

Geographical scope

While the evaluation covered the entirety of the SCO response throughout Sudan, fieldwork focused on Red Sea, Kassala, River Nile, Gedaref (Gedaref State), Central Darfur, Blue Nile, and South Kordofan. Additionally, the evaluation incorporated an assessment of cross-border operations from neighbouring countries identifying the support provided by MENARO, WCARO and ESARO.

Chronological scope

The evaluation covered the period from the L3 CEAP in June 2023 to the time of data collection in November 2024, although data up to the end of December 2024 has been utilised where available. The evaluation has also considered the period from January 2023 to June 2023 to evaluate the preparedness actions that preceded the L3 CEAP. Thus, the evaluation covered both the preparedness and implementation phases of the L3 response.

4

Criteria and evaluation questions

In line with the ToR and consistent with the identified purposes and objectives, the enquiry conducted by the evaluation was guided by four of the OECD/ALNAP evaluation criteria for humanitarian evaluations:

- ▶ Appropriateness (Relevance)
- ▶ Effectiveness
- ▶ Connectedness
- ▶ Coherence/Coordination

The evaluation was also guided by an additional fifth criterion (cross-cutting issues). Overall, the EQs that guided the Evaluation Team (ET) were in line with what was proposed in the ToR, but have been streamlined slightly. They are grouped according to evaluation criteria, and a comparison with the ToR EQs is shown in Table 5 below. The full evaluation matrix is provided in Annex 2 and presents the evaluation sub-questions, key data sources and proposed data collection tools for the questions.



Table 5. Overall EQs

Evaluation Criteria	EQs in ToR	Streamlined EQs
Relevance	To what extent is UNICEF's L3 response in Sudan appropriate to the context, aligned with the needs of affected communities and UNICEF's commitments and mandate at large?	How well is UNICEF's L3 Response in Sudan aligned with the context, needs of affected communities, and UNICEF's commitments and mandate?
Effectiveness	To what extent has UNICEF achieved its intended objectives and commitments for the response so far?	▶ To what extent has UNICEF achieved its intended objectives for the response so far, and how can these achievements inform future programming? ▶ What key internal and external factors were most influential in aiding or hampering the successful implementation of the response, and how can UNICEF leverage these insights to enhance future initiatives in Sudan? ▶ What are the unexpected/unintended outcomes (positive and/or negative) of the response?
Connectedness	To what extent is the UNICEF response building on the pre-existing programme and preparedness, addressing immediate humanitarian needs, while also preserving capacities and structures that will facilitate future development and reduce the needs, vulnerabilities and risks for children?	How effectively is the UNICEF response building on pre-existing programmes and addressing immediate needs while preserving capacities and structures for future development, reducing the needs, vulnerabilities and risks to children and how can this be improved?
Coherence/Coordination	How effective has UNICEF been with regards to coordinating internally and externally including cross-border, as well as collaborating with partners (i.e., other UN agencies, government, implementing partners) in responding to the emergency so far?	How effectively and efficiently has UNICEF been in coordinating internally and externally, including cross-border efforts, and collaborating with partners in responding to the emergency, and how can coordination be improved?
Cross Cutting	To what extent are cross-cutting themes systematically and meaningfully integrated in the needs assessments, planning, implementation, monitoring and reporting of the response, including gender, equity and disability-inclusion dimensions, AAP, PSEA, Duty of Care, CEED (Climate, Environment, Energy and Disaster Risk Reduction), localisation and the centrality of protection?	7. To what extent are cross-cutting themes (gender, equity, disability inclusion, human rights, AAP, PSEA, GBV, and the centrality of protection etc.) systematically and meaningfully integrated into needs assessments, planning, implementation, monitoring, and reporting of the response, and how can further integration be improved? What have been the most important aspects to consider in the Sudan response?



Approach of the evaluation

The ET applied several complementary approaches to enable the generation of relevant findings and conclusions in line with the operational context and the evaluation purpose and objectives. The key approaches adopted by the evaluation can be found below (*see Table 6*).

Table 6. Key applied approaches

Approach	Description
Formative and Utilization-focused	The evaluation focused on identifying both good practices and operational shortfalls in ongoing programmatic and operational activities within the current response to generate improvements in the country programme and to contribute to learnings for other L3 emergencies elsewhere. The evaluation adopted a utilization approach to ensure the operationalisation of evaluation recommendations.
Participatory approach	A participatory approach was utilised to ensure the engagement of and consultation with the key global, regional and country-level stakeholders throughout the evaluation.
Mixed-method approach and triangulation	Triangulation was ensured through the use of a mixed-method data collection and analysis approach, incorporating both qualitative and quantitative data. This enhanced the validity of the data through the cross-verification of multiple sources. Focus Group Discussions (FGDs) were undertaken with a broad range of programme beneficiaries, focusing on activities implemented in their area.

Focus on AAP and UNICEF's commitments	This was incorporated within the cross-cutting EQ (EQ5) as well as within the analysis of alignment with UNICEF CCCs (EQ1b). The effectiveness of complaints and feedback mechanisms was also assessed.
Breadth over depth	The evaluation did not do a deep dive into each sectoral activity. However, the overall process of programmatic implementation and how well programmes were able to integrate was reviewed.
Processes over impact	The evaluation looked at the period when the crisis erupted in April 2023 and focused less on the impact of activities and more on the processes that were activated to address the needs as well as the extent to which each of the organization's management levels (HQ, ROs and CO) engaged in the response.

Methods and data collection tools

A mixed-methods approach was used for data collection and analysis and included both primary and secondary methods. The evaluation ensured methodological rigour through: i) the use of a combination of evaluation tools and multiple analytical methods as well as the collection of both primary and secondary

data; ii) comparative qualitative analysis using a rigorous analytical process; iii) triangulation of evidence across multiple data sources; iv) internal team workshops to scrutinise findings and identify and address data gaps.; and v) validation of findings with the UNICEF SCO.

The following table summarises the data collection methods:

Table 7. Data collection methods

Method	Description
Document review	An extensive document and literature review was conducted. The ET reviewed UNICEF's internal corporate policies and strategic documentation, SCO sectoral and annual response plans, Emergency Management Team (EMT) meeting notes, monitoring documentation and dashboards, monthly humanitarian situation and annual reports, as well as other internal and external documentation (see <i>Bibliography, Annex 10</i>).
Quantitative data review	A results analysis was conducted based on 2023 and 2024 data by sector and location (See <i>Annex 5 for further information</i>). Quantitative analysis was utilised as part of the core commitments for children in the humanitarian action review (see <i>Annex 4 for further information</i>). A comparative analysis of Programme Documents (PDs), implementing partners and related budgets was conducted, comparing the 12 months preceding (16 June 2022-14 June 2023) and following the L3 activation for Sudan (15 June 2023- 14 June 2024). The data set that the analysis built on was retrieved from internal UNICEF systems (E-tools) (see <i>Annex 12</i>) ⁴⁷
Survey	Two anonymous online surveys with staff and partners were administered to gain perspectives on how UNICEF has responded to the L3 emergency since the war broke out (see <i>Annex 3.1 for details on the methodology and Annex 8 for the survey results</i>).
Semi-structured Key informant interviews (KIIs)	Over 175 Remote and in-person KIIs were conducted by the ET (see <i>Annex 3.2 for more details</i>). KIIs took place in Red Sea, Kassala, River Nile, Gedaref, Central Darfur, Blue Nile and South Kordofan.
Focus Group Discussion (FGDs)	46 FGDs (22 were led by the core team, and 24 were led by enumerators in hard-to-reach areas). FGDs were tailored to three specific stakeholder groups: 1. Community leaders, 2. Caregivers/ adults, and 3. Youth. A total of 519 stakeholders were consulted through FGDs (see <i>Annex 3.3 for further information</i>).

Direct observations	The ET conducted direct observations of the facilities supported by the programme. This included IDP sites, host communities, health centres and Makanna Spaces (child-friendly spaces with Mental Health and Psychosocial Support (MHPSS)/Child Protection, Education, and WASH). These observations were based on a checklist (see Annex 9).
Core commitments for children in humanitarian action (CCCs) review	To evaluate the quality of the response, the ET assessed its alignment with selected⁴⁸ key programme and operational commitments, as well as associated benchmarks for 2023 and 2024. This assessment was based on evidence gathered through document reviews, KIIs, FGDs, surveys, and quantitative analysis. Alignment was ranked into three levels, based on the ET’s judgment: ► Low Alignment: benchmarks were poorly considered in the planning, implementation or monitoring of the response ► Medium Alignment: benchmarks were only partially considered in planning, implementation or monitoring of the response ► High Alignment: benchmarks were fully considered in planning, implementation or monitoring of the response Beyond scoring alignment, the ET considered actions taken by UNICEF that influenced progress towards benchmarks (See Annex 4 for further information).

Sampling strategy

Field sampling

The field data collection was divided into three groups as follows:

Table 8. Field Locations			
	Group A	Group B	Group C
Experts	1 international expert 1 national expert	2 international experts 1 national expert	National enumerators (provided thorough national partner Sear)
Locations	Kassala State (Kassala) and Gedaref State (Gedaref)	Red Sea State (Port Sudan) and River Nile State (Atbara)	Central Darfur State (Zalingei), Blue Nile State (Ad-Damazin) and South Kordofan State (Kadugli)

The sampling approach consisted of a combination of convenience and purposive sampling. Since travel was restricted for Groups A and B, the ET requested the SCO to compile a list of possible sites, communities and focal areas of work that would be feasible to visit. The team then adopted a purposive approach to ensure that relevant sectors were covered through a combination of KIIs, FGDs and observations. Group C consisted of national enumerators based in hard-to-reach areas, which allowed the ET to overcome the challenge of collecting data in hotspots and conflict zones. In these areas, a purposive sample of partner staff, government officials and community leaders involved in programme delivery was developed for

KIIs. FGDs were conducted with displaced families and host communities and direct observations were conducted by the national field team.

KIIs

KIIs took place both in-country and remotely and covered a wide range of stakeholders, as shown below. Sampling in this case followed a snowball approach where KIIs revealed the importance of further stakeholders, and thus the number of KIIs expanded considerably.

Table 9. KIIs completed

Stakeholder	Number of KIIs
UNICEF staff (remote and in-country) ⁴⁹	91
KIIs across five UN agencies (remote and in-country)	13
Cluster coordinators/ leaders (in-country)	5
INGOs/ NGOs (remote and in-country)	31
Line ministries/government departments Sudan	11
UNICEF partners, Government and community leaders hard-to-reach areas through local enumerators	24
Total	175

FGDs

Table 10. FGDs completed⁵⁰

Number of FGDs	Location	Participants
22 FGDs with communities (women, youth, community networks, parents) and frontline workers (teachers, health workers, social workers)	River Nile (Atbara), Red Sea (Port Sudan), Kassala (Kassala), Gedaref State (Gedaref)	Female: 138 Male: 83 Total: 221
24 FGDs with communities conducted through local evaluators.	Central Darfur (Zalingei), Blue Nile State (Ad-Damazine), South Kordofan (Kadugli)	Female: 164 Male: 134 Total: 298

Surveys

Two anonymous online surveys were conducted as follows:

- ▶ **Online staff survey:** The survey link was circulated to 427 staff members and yielded a 20 per cent response rate (89/427). An overview of the staff survey responses (per question) can be found in Annex 8 and their key demographics can be found in Annex 3.1.

- ▶ **Online partner survey:** The partner survey targeted UNICEF implementing partners (NGOs and INGOs with whom UNICEF had active PDs, at the time of the data collection in November 2024) and cluster partners across WASH, Education, Nutrition and Child Protection Clusters/AoR (Areas of Responsibility) in Sudan. The partner survey yielded only 45 responses. The ET was unable to calculate the response rate to the partner survey since the exact number of individuals who received the survey link is unknown. As a result, only the open-ended responses to the partner survey were used to inform the evaluation findings.

Data analysis

The ET adopted an approach that placed primacy on exploration and observation as ways of identifying patterns, as well as systematic triangulation across evidence sources, and by exploring inductively and collaboratively with UNICEF staff and key stakeholders where good practice and learning existed.

Qualitative data analysis

A qualitative thematic analysis was conducted using the Dedoose qualitative analysis software. Following data collection, transcripts from KIIs and FGDs were uploaded to the platform. The data was then systematically and manually coded by team members under each EQ and sub-question. To enable a more nuanced analysis, additional sub-codes were developed; for example, under EQ5, distinct codes were created for GBV, PSEA, disability and inclusion, AAP, and equity, allowing for a deeper assessment of patterns within each area.

Once the initial coding was complete, the data within each code and sub-code was analysed to identify emerging themes and provide robust answers to each EQ. The use of Dedoose also facilitated the organization of data by stakeholder group, enabling comparisons of experiences and perspectives across different stakeholders and strengthening the triangulation of findings. This systematic approach ensured that the analysis remained grounded in the information shared by participants, avoiding bias or influence from the team's pre-existing assumptions.

Quantitative analysis

Results analysis tables were developed using data from 2023 and 2024 on sector response and targets in hard-to-reach and accessible areas. Graphs and trends were compiled to allow for easy comparison across years and locations.

The CCCs analysis focused on the overarching CCCs commitments,⁵¹ programme approaches commitments,⁵² cross-cutting commitments,⁵³ operational commitments⁵⁴ and sectoral commitments.⁵⁵ Graphs and trends were compiled to assess the level of alignment of the response and changes over time.

The two online surveys utilised Microsoft Forms to show trends in staff and partner feedback on the L3 response.

The **comparative analysis of PDs** and implementing partners (pre-post L3 activation) utilised Microsoft Excel pivot tables to quantify and distil trends across numbers of PDs and types of partnerships that straddled the L3 activation.

Team meetings and analysis workshops

The ET met on a weekly basis to discuss evaluation findings. The ET members also participated in three formal analysis workshops. The workshops were facilitated by a Quality Assurance expert, allowing the ET members to focus fully on data and evidence.

Ethical considerations

The evaluation's approach, methodology and data collection tools were assessed through a research ethics review by HML Institutional Review Board (IRB).⁵⁶ The evaluation received ethics review approval in November 2024 prior to starting data collection. In addition to signing a pledge of ethical conduct, the ET also signed confidentiality, internet and data security statements (*see Annex 3.6 for further information*).



Limitations and mitigation measures of the evaluation

Table 11. Limitations and mitigation measures of the evaluation

Limitations and possible evaluation constraints	Mitigation strategies identified
Health, safety and security risks	Prior to the field work security risk assessments and risk management plans were completed. The ET liaised with its security providers, the field partner (Sewar) and UNICEF to ensure constant access to up-to-date information and advice. Sewar coordinated field permissions from SAF and RSF. FGDs took place in secure areas in agreement with the participants. All ET movements were well coordinated, and safety protocols were adhered to.
Methodological challenges	The scope of the evaluation as presented in the ToR EQs includes temporal, geographic and programmatic sectorial dimensions and contained some overlap. The ET reorganized the EQs to provide greater coherence and minimize overlaps within and between them. Nevertheless, some questions (e.g., EQ 1b on alignment with global standards and UNICEF commitments) were too broad in scope to answer comprehensively, given the coverage of such standards/commitments. To ensure that findings remain relevant and useful, the ET prioritised the following areas of enquiry: 1) alignment with key CCCs, 2) alignment with humanitarian principles, and 3) alignment with conflict-sensitive programming.
Delay in the data analysis	The field mission was completed in December 2024, and the considerable volume of data was processed and uploaded to the qualitative analysis software tool. However, a significant number of remote KIIs continued up until February 2025 (and beyond) and the contractor's data analyst provided additional support to process and analyse the KII data. Nevertheless, the synthesis and drafting phase was compressed and, to mitigate the risk of further delays, a senior evaluation expert was introduced by the contractor. The new team member provided support to the ET in drafting the report, working closely with the new Team Leader who was appointed from within the ET following the replacement of the original Team Leader.
Challenges associated with engaging partners in hard-to-reach areas	Through the contractor's local partner, Sewar, the geographic scope was broadened to include hard-to-reach areas. Sewar provided two national experts who travelled with the international team and completed KIIs and FGDs (see Annex 7). They also provided a team of enumerators who travelled to the hard-to-reach areas of Central Darfur, Blue Nile and South Kordofan where they completed FGDs, KIIs and observations. ⁵⁷
Importance of building trust in the independence of the evaluation and confidentiality of the data	The ET employed ethical principles and developed culturally appropriate approaches towards data collection, anonymity and confidentiality.
Lack of staff continuity on the ground	The ET addressed this in part by interviewing former staff that were still contactable, though no longer based in Sudan.
Data limitations affecting the strength of evidence	The ET used a range of data collection methods, which enabled a robust triangulation of data and improved the strength of evidence. The ET was unable to interview partners in the private sector (e.g. UNICEF's financial service providers, Third-Party Monitoring, trucking services).
Harvesting community perceptions on UNICEF's L3 Sudan response and ensuring that they complement other data sources will be a complex undertaking	The deployment of a field partner and locally-based enumerators with previous experience of engaging communities enabled good access to remote, hard-to-reach communities. This has provided valuable data for triangulation.



Findings and preliminary conclusions



Relevance



Effectiveness



Connectedness



Coherence and coordination



Cross-cutting themes



Relevance

EVALUATION QUESTIONS

EQ1. How well is UNICEF's L3 Response in Sudan aligned with the context, needs of affected communities, and UNICEF's commitments and mandate?

EQ1a. How effectively have the strategies, plans and responses adapted to the evolving context and needs, and what lessons can be applied to future adaptations?

EQ1b. To what extent was the response aligned with global standards and UNICEF commitments, as applicable in an L3 response (CCCs, humanitarian principles, do no harm, conflict sensitivity, GBV prevention, risk mitigation, PSEA and centrality of protection)? How can alignment be further enhanced to ensure a quality response?

EQ1c. How did UNICEF ensure the response was relevant to the needs of affected populations, including boys, girls, and other vulnerable groups, including people in hard-to-reach areas?

EQ 1c:⁵⁸ How did UNICEF ensure the response was relevant to the needs of affected populations, including boys, girls, and other vulnerable groups, including people in hard-to-reach areas?

Alignment with the needs of communities

As described in the context chapter of this report, UNICEF in Sudan has been operating in a highly fluid environment across both hard-to-reach and accessible areas since April 2023. The context was characterised by high variation of needs between regions, rapidly changing needs as populations experienced conflict and displacement, and new areas of need appearing as access was obtained. In parts of Darfur and Kordofan, for instance, prolonged conflict and aid blockades have cut off food supplies and the Integrated Food Security Phase Classification (IPC) reports have shown catastrophic levels of hunger. In contrast, accessible states such as River Nile, Gedaref, and Kassala have absorbed large numbers of IDPs into host communities, but this has placed immense strain on an already fragile infrastructure, leading to overcrowding and a heightened risk of disease (such as the cholera outbreak in Gedaref State in 2024 that resulted in hundreds of deaths).

The ET found that UNICEF's interventions were generally aligned with the needs of affected communities. The ET's survey found that 66 per cent of staff felt that UNICEF met IDP needs 'very well' or 'well', although the needs of host communities were met less well than IDPs (48 per cent 'very well' or 'well'). FGDs with communities confirmed a deep appreciation of UNICEF's work and of the relevance of services

it provided in Sudan. However, a widely held view by UNICEF staff and by the affected community was that the level of support was critically insufficient in relation to the scale of needs.

Community members, both in accessible and hard-to-reach areas, voiced concerns about the limitations of the services provided to both children with disabilities⁵⁹ and adolescents. FGDs with communities in visited states attested that, across education interventions, there were reportedly no school supplies nor dedicated spaces for children with disabilities. Similarly, the innovative e-learning passport, which was meant to support children during the roll-out of the response, missed the opportunity to be tailored for children with disabilities, thereby excluding them from the educational pathway. The ET found one positive example of a national NGO, Rakysa, who worked on adolescent programming in River Nile, offering women and girls a space for empowerment and support. Unfortunately, across the ET visits, this seemed to be an exception. In most displacement settlements, adolescents, and particularly girls, were seen languishing with few opportunities.

The ET also observed instances of interventions that were not fully adapted to the specific context but could not determine if these were widespread. For example, in the River Nile state, host communities showed reluctance to accept standard emergency educational supplies, such as sitting mats, as they preferred traditional classroom setups with chairs, reflecting cultural expectations for educational standards which were not met by UNICEF's response. Through interviews, the ET also identified issues

related to the provision of school uniforms. Contrary to the requirement that children wear uniforms in Sudan's schools, IDP children did not receive any from UNICEF, thus becoming more easily identifiable and subject to discrimination within classrooms. In River Nile (Atbara), the inability to tailor educational content to different age groups was also a source of concern, where UNICEF-supported schools mixed children of varying ages and developmental stages in the same classroom. The lack of age-appropriate educational content was viewed as undermining the quality of education, as it failed to address the specific learning needs of younger and older children.

In states where community consultations were conducted by the ET, affected populations expressed a desire for more direct and personal interaction with UNICEF staff. The feeling was that their current channels to communicate with UNICEF were excessively mediated by partners and community leaders, limiting their opportunities to directly express their needs.

✓ PRELIMINARY CONCLUSIONS

REL 1: Overall, the UNICEF response was appropriate, albeit limited, given the magnitude of needs. The evaluation revealed insufficient services for children with disabilities and adolescent girls and boys

Needs Assessments

The ability to conduct needs assessments was determined by the unique operating environment in any given state. As a result, the completion of needs assessments has been inconsistent. Needs assessments in Sudan's hardest-to-reach areas were severely hindered by conflict, displacement and access restrictions – factors which affected monitoring as well. Conversely, in relatively stable regions of Sudan, UNICEF and other humanitarian organizations have had the room to conduct more conventional needs assessments. Yet even in these contexts, assessments have been hindered by several factors including the rapidity of events triggering urgent needs, the volatility of population movements, the lack of a structured IDP settlement system (a government policy), which may contribute to rendering many IDPs 'invisible', alongside the sheer number of IDPs in accessible areas, and cumbersome coordination with the Government. The ET also learned from interviews that various shocks within the Sudan crisis (e.g. cholera outbreak or sudden movement of IDPs) affected the timeliness of needs assessments and the

level of government collaboration therein. For example, whereas the inter-agency assessment following the Abu Ammar floods that struck River Nile in August 2024 was implemented quickly, only taking two days, the assessment following the IDP influx from East Gezira in October 2024 took much longer because the Government Humanitarian Aid Commission figures were not consistent with the projected figures of another UN agency. Needs assessments and gap analyses—along with monitoring and recommending corrective actions—were consistently highlighted as areas for improvement by cluster partners in the four clusters⁶⁰ led or co-led by UNICEF in 2023 and 2024.

As a result of this complex environment, the needs of the affected population were often assumed or estimated, and only sometimes measured more formally through assessments. Despite the challenges, it is worth noting that in 2024, UNICEF managed to conduct SMART surveys in inaccessible localities such as Darfur, Kordofan and Khartoum. The ET team also found evidence of UNICEF's leadership in some inter-agency exercises.⁶¹

In the absence of extensive primary data, secondary evidence was used to estimate needs, but this had its strengths and weaknesses. Some sources were more reliable, such as projections based on IOM/UNHCR movement trackers and estimates based on remote data collection (e.g. the yearly Multi-Sector Needs Assessment, coordinated by OCHA, which tends to precede the annual planning exercise and is largely phone-based to overcome access constraints). Other estimates could be politically charged (as in the estimates of IDP numbers cited above), sensitive or not available (such as protection-related data). Given the difficulties of primary data collection and the weaknesses and limitations of secondary data, it is not surprising that two thirds of surveyed UNICEF staff believed that the design and implementation of the UNICEF response was not sufficiently driven by solid data and evidence.⁶²

✓ PRELIMINARY CONCLUSIONS

REL 2: Needs assessments have been significantly constrained by the operating environment. Conflict, displacement and difficult government coordination often resulted in patchy, estimated and not always timely assessments of the needs of affected communities. While secondary evidence and remote data collection were used, data reliability was often challenging

EQ 1a. How effectively have the strategies, plans and responses adapted to the evolving context and needs, and what lessons can be applied to future adaptations?

UNICEF Sudan's response strategy

UNICEF's response strategy – the three-pronged strategy – was timely designed in May 2023⁶³ as an overarching framework to address the diverse needs across Sudan and its various operating environments (see *Context 2.4*), and it remains the underlying framework for UNICEF's response.

Importantly, the three-pronged strategy allowed UNICEF to anchor its emergency response in the longer-term aims achieved through its long-standing support to Sudan, since the third prong ensured that essential services supported by UNICEF's regular Country Programme⁶⁴ remained functional (see *EQ 3a*). For example, pre-existing vaccination, SAM treatment protocols and climate-resilient WASH infrastructure provided a foundation for continuity. Similarly, in child protection, ongoing efforts to develop the national social workforce and engage communities on issues such as female genital cutting (FGC) and child marriage were redirected to address immediate needs. In education, the Learning Passport – a digital, accredited curriculum – was expanded to ensure continuity of learning, while in social protection, the UNICEF flagship Mother and Child Cash Transfer Programme (MCCT+) continued to deliver critical support to vulnerable pregnant and lactating women (PLWs).

Finally, the three-pronged strategy also guided UNICEF's engagement with the Humanitarian Country Team. This alignment was reflected in the objectives and key priorities outlined in the revised HRP 2023⁶⁵ and the HRP 2024,⁶⁶ where UNICEF placed early emphasis on resilience-building alongside life-saving interventions. While the revised HRP in 2023 and the HRP in 2024 maintained a narrow focus on immediate humanitarian needs, resilience became formally incorporated into the HRP in 2025.

✓ PRELIMINARY CONCLUSIONS

REL 3: UNICEF's overarching three-pronged strategy appropriately balanced lifesaving support and the preservation of essential services, while integrating resilience-building from the outset

UNICEF's evolving response

Within the framework of the three-pronged strategy, the UNICEF response evolved to fit the complex humanitarian landscape. The revised HAC 2023⁶⁷ and initial Sudan Crisis Response Plan⁶⁸ were developed in May 2023, rather early into the response, and placed the emphasis on rapid, life-saving measures in an environment where access was sporadic, insecurity was rampant, and humanitarian needs could only be estimated. The implementation of the planned response, however, struggled to reach the necessary scale and pace (see *EQ2b*), although the focus on ensuring that critical supplies enabled basic service delivery for the most vulnerable populations, particularly in conflict hotspots such as Khartoum and Darfur, was somewhat successful (see *EQ2b*). Given the volatility of the situation, with key assets and supply routes under threat from looting and the overall disruption of normal logistics, the strategy centred on rapid repositioning of supplies to accessible locations. For instance, shifting stocks from Khartoum to areas like Wad Madani. This initial phase was essentially about laying the foundations, ensuring that emergency health, nutrition, and WASH interventions could be sustained despite severe operational constraints.

The introduction of the Next 100 Days Plan⁶⁹ in August 2023 marked a pivotal shift towards a more targeted operation based on the analysis of population movements, alongside mapping of UNICEF's access and partner capacities. A strong emphasis was placed on setting clear operational targets and performance indicators across sectors and focusing efforts on key problems and the more vulnerable populations.

The priorities of the Next 100 Days Plan included scaling up the prevention of public health emergencies, boosting immunisation campaigns, conducting extensive nutrition screenings (and SAM admission), reopening schools and expanding the Monitoring and Reporting Mechanism (MRM), as well as continuity of essential services through direct cash payments of incentives to frontline workers and critical supplies. In addition, mapping of needs and gaps (including needs assessment cross-border from Chad) were planned as critical activities for informing UNICEF's actions during the final 100 days of 2023. At its core, the plan narrowed down priorities and laid out a plan to achieve them: it was practical and largely actionable, with detailed state-level workplans that included specific sectoral strategies and targets, thereby providing a concrete framework to guide the response.

In 2024, UNICEF's response⁷⁰ further evolved towards strengthening an intersectoral approach (see EQ4b) and emphasizing prevention. In nutrition, this was reflected in the development of an integrated prevention approach under the Famine Prevention Plan 2024. In WASH, the focus shifted from emergency water supply measures - such as water trucking, generators, and water treatment chemicals - to local water supply rehabilitation and the reintroduction of sanitation services. Similarly, in GBV, the strategy prioritised mitigation measures and community-based prevention mechanisms to address risks at the grassroots level, while also investing in strengthening case management for GBV survivors. However, the implementation of this ambitious three-pronged strategy faced notable challenges. Internally, sectoral silos limited coordination and integration across programmes (see EQ4b). Externally, problems of access posed significant barriers to effective delivery (see EQ2).

✓ PRELIMINARY CONCLUSIONS

REL 4: After the initial 100 days, UNICEF's operational response evolved to meet the escalating needs and complexities of the crisis. The overall direction of change from 2023 to 2024 was to increase emphasis on prevention and resilience

BOX 1

Three-pronged Strategy: evolution over time

Hotspots and hard-to-reach areas: Initially, efforts in hotspot areas focused on rapid, life-saving interventions, prioritising health, nutrition, and WASH through critical supplies and the MRM. In the face of widespread insecurity and sporadic access, the strategy emphasised repositioning supplies to accessible areas to sustain emergency operations. Under the Next 100 Days Plan, these interventions were scaled up and complemented with the establishment of Safe Learning Spaces (SLS) and Child-Friendly Spaces (CFS). By 2024, the focus expanded to resilience and community-based solutions through investing in partnerships with community-based organizations for health surveillance, water management, and child protection.

Supporting IDPs in accessible areas: The response initially centred on large IDP gathering sites, mobile clinics providing health and nutrition services, emergency water supply and sanitation, and the creation of safe spaces for children offering MHPSS. The Next 100 Days Plan enhanced these efforts by introducing measles surveillance, nutrition screening, and hygiene promotion to prevent cholera outbreaks, alongside a minimum package of services (PSS, learning, and case management) for host and displaced children. By 2024, the strategy adopted a more integrated, long-term approach, emphasizing systemic solutions for example on provision of water, integrated sectoral approaches between child protection, education and WASH, famine prevention initiatives and investment in resuming and supporting formal education.

Preserving basic systems and essential services: The preservation of essential services focused initially on sustaining national-level supply chains, including nutrition supplies and vaccines, while supporting pre-existing critical health, nutrition, education, WASH, and child protection interventions, and MCCT+. The Next 100 Days Plan reinforced these efforts through direct cash payments of incentives to frontline workers, support for Primary Health Centres (PHCs) and Outpatient Therapeutic Programmes (OTPs) and advocacy for school reopening. In 2024, the strategy further evolved into a cohesive framework aimed at resilience and recovery, integrating prevention measures across all sectors.



Humanitarian Cash Transfers (HCTs)

HCTs⁷¹ are a standard emergency response modality for UNICEF in many countries, including in the MENA Region. HCTs feature in UNICEF's CCCs and in the Emergency Procedures which include a provision on assessing the feasibility of HCT,⁷² as applicable.⁷³

Cash assistance is widely used by humanitarian actors in Sudan, including UN agencies such as WFP, with the support of a well-established network of financial service providers and an interagency-agreed and updated Minimum Expenditure Basket (MEB). Despite the breakdown of the Central Bank of Sudan, which caused liquidity issues and inflation exceeding 160 per cent in Khartoum, cash assistance remained a preferred option for affected populations⁷⁴ and this was confirmed by the ET's interviews and FGDs with communities for example in South Kordofan and Central Darfur. A study in 2024⁷⁵ indicated that 97 per cent of multipurpose cash transfers were spent on food, underscoring their direct impact on preventing food insecurity and malnutrition. An earlier rapid market survey conducted by Mercy Corps in May 2023 found that, despite disruptions, markets had remained functional in many areas.⁷⁶

HCTs were prominent in the UNICEF SCO's Crisis Response Plan, which was developed in May 2023,⁷⁷ and HAC 2023-2024. The SCO's cash strategy outlined in these documents, included reference to: a) the expansion of incentives for frontline workers to achieve health, nutrition, WASH, education⁷⁸ and child protection results; b) the continuation and scale up of the MCCT+ social protection programme, which prior to the war was active in nine localities across Kassala and Red Sea states ; and c) the exploration of the use of HCT in hotspots (Khartoum, Darfur, Kordofan regions) and in accessible areas for displaced population (Gezira, White Nile, Red Sea, Gedaref etc.).⁷⁹

UNICEF Sudan successfully expanded the payment to frontline workers thus contributing to retaining essential capacities within national systems⁸⁰ across the country (see 1a and 3a).

The MCCT+ programme maintained its support to the original caseload, ensuring continuity of assistance to PLWs already enrolled, yet despite expanding its reach⁸¹ faced critical delays in adequately scaling up both in terms of geographic coverage (in new areas envisioned in the cash response strategy) and in the number of beneficiaries compared to needs (see 2b). Only in the second half of 2024 did the programme succeed in registering PLWs in new localities in River Nile, with the first cycle of payment planned in 2025.

Overall, the initial ambition to use unconditional HCTs as a modality to achieve sectoral objectives in the Sudan response did not sufficiently materialize. The SCO's resources were focused on consolidating the MCCT+ programme in areas where it was already operational, with plans for gradual expansion into other accessible regions. While this approach reflected a pragmatic use of available resources, it also meant that the broader potential of HCT as a flexible and scalable modality was not fully explored.

Interviews conducted with UNICEF staff for the purpose of this evaluation suggested that Sudan's liquidity crisis⁸² coupled with the organization's reliance on a limited number of financial service providers at the onset of the crisis limited the SCO appetite to embark on large scale HCT programming, as in other countries in the region.

Further, the evaluation team noted differences in strategic views and priorities across the organization vis-à-vis the use of HCTs in the Sudan response. HQ, on the one hand, strongly advocated for the use of HCT as a means of contributing to achieving sectoral objectives at scale. MENARO and SCO, on the other hand, deliberately opted for prioritising the consolidation of the MCCT+ programme in accessible areas, with a view to avoid overstretching resources in hotspots with limited access. As flagged in interviews with UNICEF staff, compounding this was the longstanding organizational tendency to favour essential supplies and in-kind assistance over cash-based modalities, even when the latter might offer greater efficiency and relevance. This difference of views, evident during the Sudan response, reflects a broader need for advocacy and leadership engagement to ensure that HCT is embraced as a viable and impactful modality in more humanitarian contexts.

✓ PRELIMINARY CONCLUSIONS

REL 5: The potential of HCTs in the UNICEF Sudan response was limited by operational and contextual challenges, differing views within UNICEF, and a generally conservative approach. MCCT+ succeeded in moderately expanding the PLW caseload, yet delays in adequately scaling up left significant gaps in meeting growing needs

EQ 1b. To what extent was the response aligned with global standards and UNICEF commitments, as applicable in an L3 response (CCCs, humanitarian principles, do no harm, conflict sensitivity, GBV prevention, risk mitigation, PSEA and centrality of protection)? How can alignment be further enhanced to ensure a quality response?

Quality and alignment with Core Commitments for Children in Humanitarian Action⁸³

As shown in Table 12 below, the team assessment determined that UNICEF Sudan is moderately aligned with the CCC benchmarks in most areas of the response, falling to low alignment in cross-cutting issues, attention to HCTs, children with disabilities, adolescents, and measures to streamline work with partners. About half of the CCCs showed improvement from 2023 to 2024. The components of the CCCs are discussed in more detail in Annex 4. The methodology for this analysis is described in Section 8.2.

Table 12. Degree of Alignment with Overarching, Programme, Operational and Cross-cutting CCCs in 2023 and 2024

	Degree of Alignment 2023	Degree of Alignment 2024	Change Over Time	Strength of Evidence
Overarching Commitments				
Preparedness	● Medium	● Medium	● No change	● Medium
Coordination	● Medium	● High	● Improved	● Medium
Supply and logistics	● Medium	● Medium	● No change	● Medium
Humanitarian access	● Low	● Medium	● Improved	● Medium
PSEA	● Low	● Medium	● Improved	● Medium
AAP	● Low	● Medium	● Improved	● High
Programme Approaches Commitments				
Quality of programme	● Low	● Medium	● Improved	● Medium
Multisectoral and integrated programming	● Medium	● Medium	● Improved	● High
Equity	● Low	● Low	● Improved	● High
Localisation	● Low	● Medium	● Improved	● Medium
Community engagement for behaviour and social change	● Medium	● Medium	● Improved	● Medium
HCT	● Low	● Low	● No change	● Medium
Operational Commitments				
Efficient use of resources	● Medium	● Medium	● No change	● Low
Timely disbursement of funds	● Medium	● Medium	● No change	● Medium
UNICEF field presence	● Low	● Low	● No change	● Medium

Human Resources				
Timely deployment of personnel	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Planning	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Wellbeing	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Capacity	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Communication and Advocacy				
Communication	🔴 Low	🟡 Medium	🟢 Improved	🔴 Low
Advocacy	🔴 Low	🟡 Medium	🟢 Improved	🟡 Medium
Information and Communication Technology				
Timely deployment ICT infrastructure	🔴 Low	🟡 Medium	🟢 Improved	🔴 Low
Partnerships with Governments and Civil Society Organizations for Programme Implementation				
Preparedness	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Simplified procedures	🔴 Low	🔴 Low	⚫ No change	🟡 Medium
Timely disbursement of funds	🔴 Low	🔴 Low	⚫ No change	🟡 Medium
Technical assistance	🔴 Low	🔴 Low	⚫ No change	⚫ No change
Monitoring	🔴 Low	🟡 Medium	🟢 Improved	⚫ No change
Resource Mobilisation				
Mobilisation of adequate and quality resources	🔴 Low	🟡 Medium	🟢 Improved	🟡 Medium
Linking humanitarian and development resources	🔴 Low	🟡 Medium	🟢 Improved	🟡 Medium
Impartiality and risk-sharing	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Security Management				
Security risk management	🔴 Low	🟡 Medium	⚫ No change	🟡 Medium
Adequate resources	🔴 Low	🔴 Low	⚫ No change	🟡 Medium
Coordination	🟡 Medium	🟡 Medium	⚫ No change	🔴 Low
Supply and Logistics				
Preparedness	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Timely procurement, transport and delivery of supplies	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium
Sustainable procurement, supply, logistics arrangements	🟡 Medium	🟡 Medium	⚫ No change	🟡 Medium

Cross-cutting Commitments				
Gender				
Ending gender-based violence	● Medium	● High	● Improved	● Medium
Community engagement and AAP with girls and women	● Low	● Medium	● Improved	● Medium
Gender-responsive programming	● Low	● Low	● Improved	● Medium
Disability				
Inclusive needs assessments, planning and monitoring	● Low	● Low	● No change	● Medium
Inclusive and safe access to information and services	● Low	● Low	● No change	● Medium
Participation	● Low	● Low	● No change	● Medium
Adolescents				
Access to information and services	● Low	● Low	● No change	● Medium
Capacity-building	● Low	● Low	● No change	● Medium
Adolescent engagement and participation	● Low	● Low	● No change	● Medium

A similar analysis for the sectoral CCCs is shown in Table 13 below. Sectorally, performance improved markedly from 2023 to 2024, and by 2024 UNICEF was meeting most sectoral benchmarks.

Table 13. Degree of Alignment with Sectoral CCCs in 2023 and 2024

	Degree of Alignment 2023	Degree of Alignment 2024	Change Over Time	Strength of Evidence
Health				
Leadership and coordination	● High	● High	● No change	● Low
Maternal and neonatal health	● Low	● Low	● No change	● Medium
Immunisation	● Medium	● Medium	● Improved	● Medium
Child and adolescent health	● Low	● Medium	● Improved	● Medium
Strengthening of health systems and services	● Medium	● Medium	● Improved	● Medium
Community engagement for behaviour and social change	● Medium	● Medium	● Improved	● Medium
Nutrition				
Leadership and coordination	● Medium	● Medium	● Improved	● High

Information systems and nutrition assessments	● High	● High	● Improved	● High
Prevention of stunting, wasting, micronutrient deficiencies and overweight in children aged under five years	● Medium	● Medium	● No change	● Medium
Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence	● Low	● Low	● No change	● Medium
Prevention of undernutrition, micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers	● Low	● Medium	● Improved	● High
Nutrition care for wasted children	● High	● High	● Improved	● High
System strengthening for maternal and child nutrition	● Low	● Medium	● Improved	● High
Community engagement for behaviour and social change	● Medium	● High	● Improved	● High
Child Protection				
Leadership and coordination	● Medium	● Medium	● Improved	● High
Strengthening child protection systems	● Low	● Medium	● Improved	● High
MHPSS	● High	● High	● Improved	● High
Unaccompanied and separated children (UASC)	● Low	● Low	● Improved	● High
Monitoring and reporting on grave violations	● High	● High	● Improved	● Medium
Children associated with armed forces and groups and detention of children in the context of armed conflict	● Low	● Low	● Improved	● Medium
Mine action and weapons	● Medium	● Medium	● No change	● Medium
Gender-Based Violence	● High	● High	● Improved	● Medium
PSEA response	● Low	● Medium	● Improved	● Medium
Community engagement for behaviour and social change	● Medium	● High	● Improved	● Medium
Education				
Leadership and coordination	● Medium	● Medium	● Improved	● High
Equitable access to learning	● Low	● Low	● Improved	● High

Safe learning environments	Low	Medium	Improved	Medium
Psychosocial support	High	High	Improved	High
Strengthening education systems	Low	Low	Improved	Medium
Community engagement for behaviour and social change	Low	Medium	Improved	Medium
WASH				
Leadership and coordination	Medium	Medium	Improved	High
Water supply	Medium	Medium	Improved	High
Sanitation	Medium	Medium	Improved	Medium
WASH in health care facilities and learning environments	Medium	Medium	Improved	High
WASH system strengthening	Medium	High	Improved	High
Hygiene promotion and community engagement for behaviour and social change	Medium	Medium	Improved	Medium
Social Protection				
Effective coordination is established and functional	High	High	No change	Low
Support social protection systems	Low	Low	Improved	Medium
Access to social transfers	Low	Low	No change	High
Community engagement and AAP	Medium	Medium	Improved	High

UNICEF staff, partners and other UN agencies noted a progressive improvement in the quality of assistance. However, they also recognized frequent setbacks due to the highly volatile situation, marked by large-scale population movements and shifting front lines. Volatility was a challenge that was repeatedly flagged in interviews and FGDs with UNICEF staff, implementing partners, government officials, and communities. As one interviewee expressed: *“The response can meet the highest standards one day but fall completely below them the next with the sudden arrival of large numbers of IDPs.”* This unpredictability in population dynamics complicated efforts to plan and implement with consistency and quality. Furthermore, in the difficult access environment of Sudan, it proved difficult to achieve equity in the response when some populations were particularly hard-to-reach, needs were highly variable between regions and over time,

and targeting information was uneven (see EQ1c and EQ2b). Overall, maintaining quality has remained a challenge despite UNICEF's dedicated efforts.

✓ PRELIMINARY CONCLUSIONS

REL 6: UNICEF's L3 response in Sudan was aligned with the CCCs to a reasonable extent, with a marked improvement in 2024. The persistent volatility of the situation and large-scale population movements continue to undermine the consistency and equity of the response, disrupting planning and implementation and ultimately resulting in fluctuating quality

Alignment with Humanitarian Principles

Humanitarian action in a country where the government is party to the conflict raises questions about alignment with humanitarian principles. The key concern in these settings is whether humanitarian actors, who depend on government permission to be able to operate in-country, can be truly free from influence and can operate autonomously of government or any other party ('independence'). Furthermore, observers may legitimately wonder to what extent humanitarian actors are able to ensure a response that does not take sides ('neutrality'), is needs-based ('impartiality') and, more generally, allows for all population groups, especially the most vulnerable, to be treated with respect and dignity ('humanity'), regardless of their personal affiliations and background. These questions about humanitarian principles are particularly relevant in Sudan, given the highly fractured and insecure operating environment, where multiple warring parties have been increasingly 'bureaucratizing' (politicizing) access by humanitarian actors.

In assessing UNICEF's posture vis-à-vis the humanitarian principles, it is important to mention that the organization is committed to humanitarian principles as these are fully incorporated in several frameworks, guidelines and strategies (including the Emergency Procedures and the CCCs) which guide L3 responses. In Sudan, more specifically, humanitarian principles are referred to in UNICEF's 2017-2021 (extended to 2025) Country Programme Document (CPD), the Sudan Crisis Response Plan and the Sudan Humanitarian Advocacy Strategy (2024). The Joint Operating Principles, which UNICEF has endorsed as a member of the HCT, also represent a foundational framework for delivering principled and effective humanitarian action in the country.

While the vast majority (80 per cent) of respondents in the staff survey rated UNICEF's leadership positively in terms of ensuring a principled humanitarian response,⁸⁴ the majority of interviewees (UNICEF and UN agencies) also acknowledged that when discussing adherence to humanitarian principles in Sudan, a fundamental issue relates to UNICEF's (and the UN's, more generally) relatively greater presence in government-controlled areas. Following the 2023 evacuation from Khartoum, 'sitting' in the area controlled by the Government, together with the rest of the UN agencies operating in Sudan, and the extended 'absence' from areas that were not under SAF control, such as Darfur and the Kordofan's,⁸⁵ could be viewed as an indication of 'taking sides', favouring certain

groups over others or, at best, not being fully independent or able to ensure the needs of the most vulnerable are met.⁸⁶

Interviewed staff were aware of the intrinsic tensions caused by the operating environment and, when confronted with similar arguments, including not prioritising RSF-controlled areas enough, underscored the presence of UN-wide restrictions on UN operations in Sudan (including strict evacuation orders for Darfur, Kordofan's, Khartoum and the need for security clearances), as well as the need for UNICEF to respect territorial integrity, while not discounting the urgency to enhance their presence in other areas of the country.



"We have to ask for approvals, and if the Government says 'no, you cannot use cross-border' we just cannot. By nature, our position is not neutral, but without a Security Council resolution that says we can go in, we cannot change it." (KII UNICEF staff)

In recognising that UNICEF's presence and reach in areas under RSF control has not materialised as much as it should to address the needs, staff have also acknowledged that the response has not been guided *consistently and in full* by principles of 'serving those most in need'⁸⁷ – with access and broader security considerations, playing, inevitably, a sizeable part as well.

Furthermore, due to the access challenges, last-mile monitoring was reported as an issue that UNICEF faces regularly, together with the risk of diversion of supplies⁸⁸ which poses an additional level of threat to the impartiality of the response.



"We have a good overview of our trucks, and we would know immediately if they were looted or stolen. We do not always know what happens after we hand over the supplies to our partners. Sometimes we know, other times we do not." (KII with UNICEF staff)

The ET also found evidence of instances which required a certain level of pragmatism from UNICEF and the need to navigate the tensions between the humanitarian imperative, on the one hand, and the political realities, on the other.

Overall, while recognizing the insufficient level of access and presence attained throughout the country by UNICEF, as well as the intrinsic trade-offs in the

response, evidence gathered by the evaluation team and presented throughout the report suggests that **UNICEF made significant efforts to adhere to the humanitarian principles.** This is attested by UNICEF's investments in and efforts to strengthen access, their negotiations with all parties to the conflict, cross-border and crossline, as well as the expansion of partnerships with NGOs and ERRs in hard-to-reach areas, and the recruitment of extenders, to compensate for limited access and presence and, in turn, provide assistance to all sides of the conflict. The comparative analysis of PDs conducted for the purpose of this evaluation indeed revealed that UNICEF continued to have PDs in place with NGOs in several inaccessible areas, following the L3 activation, in some cases, such as in Zalingei (Central Darfur)⁸⁹ with an even greater number of PDs than in the pre-L3 period.

✓ PRELIMINARY CONCLUSIONS

REL 7: UNICEF strove to achieve a principled response in Sudan. While their greater presence in Government-controlled areas, dictated by access restrictions and broader UN-wide decisions, created the perception among some external stakeholders that they were not fully neutral, UNICEF 'balanced' limited presence and access on different fronts, to the extent possible

Conflict Sensitivity

In the context of complex and overlapping layers of active conflict (see Box 2), conflict sensitivity fundamentally means ensuring that the design and implementation of programmes do not exacerbate conflict dynamics and harm affected populations.⁹⁰ Conflict-sensitive programming in a situation like Sudan should therefore be grounded in: a) ongoing conflict analysis, b) ensuring equitable access c) inclusive planning and delivery. Taking into consideration these three strategic dimensions, the evaluation found that UNICEF has primarily treated conflict sensitivity at the level of broad principles⁹¹ rather than actively integrating an understanding of the drivers of conflict into intentional conflict-sensitive programming.

BOX 2

The context for conflict sensitivity in Sudan

In Sudan, conflict has multiple dimensions, each shaped by historical and socio-political factors, including tribal dynamics, ethnicity, and religion. At the national level, the power struggle between the SAF and the RSF intersects with deep-seated ethnic and regional grievances, as both factions draw support from specific communities, exacerbating divisions. At the regional level, intercommunal conflicts - particularly in Darfur, Kordofan, and the Blue Nile - are fuelled by competition over land, resources, and political influence, often aligning along ethnic and tribal lines. The marginalization of certain groups has historically driven violence, with some communities receiving preferential treatment while others face systemic exclusion. At the community level, religious and ethnic identities influence access to services, political representation, and security, sometimes reinforcing patterns of discrimination and exclusion. Finally, at the household level, intersecting factors such as tribal affiliation, ethnicity, gender, and religion shape individuals' vulnerabilities and access to humanitarian assistance. Ensuring conflict-sensitive programming in Sudan requires a nuanced approach that understands and actively mitigates ethnic, tribal, and religious tensions, promotes social cohesion, and prevents humanitarian aid from becoming a tool of division or political leverage.



UNICEF's conflict analysis has largely focused only on the most prominent dimension of the conflict - the struggle for power between SAF and RSF - and did not fully explore social dimensions at regional and community levels. Challenged by limited access and presence (*see section on Alignment with Humanitarian Principles above*), the response struggled to adapt to local realities. For example, while the country wide advocacy to relocate IDPs from schools was essential in de-escalating possible tensions between IDPs and host communities, the evaluation found instances where those tensions were not mitigated. For example, in River Nile, local communities perceived a decline in education quality due to UNICEF's blanket approach to education in emergencies for IDPs. The distribution of basic learning materials, which did not match the quality of previous educational supplies, was seen as undermining the education standards for their children. This perception contributed to friction between local communities and IDPs, a concern that has been acknowledged by UNICEF staff and highlighted during FGDs with communities and local authorities.

Although service delivery has the potential to indirectly support social cohesion, explicit efforts to address and bridge divides between communities (using conflict-sensitivity analysis of connectors and dividers) were largely absent. In Central Darfur, for example, communities in Alkilo reported inconsistent involvement of their community leaders -representing segments of the community- into delivery of aid, and this in turn translated into a perception of inequality and bias. Furthermore, in hard-to-reach areas, feedback mechanisms were reported to be inadequate, with communities expressing frustration over their inability to communicate with UNICEF to provide feedback on the assistance received or to share information on evolving needs. This was a recurring concern in communities such as Hajar Al Noorm (South Kordofan), Alshamaliyat Centre (Central Darfur), and Om Goura Centre (Central Darfur).

In accessible areas, UNICEF's efforts to deliver equitable social services such as education, health, clean water, sanitation, and child protection also served the purpose of mitigating tensions between IDPs and host communities. However, explicit and intentional efforts to prevent or bridge divides between communities were largely absent.

As a result, UNICEF's approach to conflict-sensitive programming has remained fragmented, with some elements referenced in the CCCs and other corporate guidance⁹² evident but not systematically implemented. Without a deliberate, focused, and regionally nuanced approach to conflict sensitivity, programming can risk exacerbating existing tensions or creating new ones, undermining the 'do no harm' goal of delivering principled humanitarian assistance.

✓ PRELIMINARY CONCLUSIONS

REL 8: UNICEF's response demonstrated elements of conflict sensitivity, but these remained fragmented and lacked deliberate focus





Effectiveness

EVALUATION QUESTIONS

EQ2. To what extent has UNICEF achieved its intended objectives for the response so far, and how can these achievements inform future programming?

EQ2a. How well did UNICEF's emergency preparedness, early warning systems, and organizational readiness support the delivery of the response, and what improvements can be made? (Looking at lessons learned, Emergency Preparedness platforms, HR Surge Capacities, social protection/shock responsive systems)?

EQ2b. To what extent has the response achieved its objectives and expected results?

EQ2c. How effectively were the Emergency Procedures applied and implemented, and were they useful/supportive of the response? Including focus on the "no regrets" approach according to operational, programmatic, contextual, and institutional risk and risk management and lessons learned from this? How can Emergency Procedures be improved to enhance the response further?

EQ2d. How effectively has UNICEF met its Interagency Scale Up Commitments, including the quality of its Scale Up tracker/action plan, and provided appropriate and context-specific leadership and coordination to the clusters and AoR under its mandate?

EQ2e. To what extent have UNICEF's (humanitarian) access negotiations been adequate to enhance the reach of the response? What are the strengths and weaknesses in dealing with authorities?

EQ2f. How well did UNICEF's resources and management systems support a timely and effective response, and what improvements can be made? Including HR (duty of care), communications, security, monitoring, evaluation, reporting and managing information, resource mobilization, supply and logistics (internal structure and processes)?

EQ2g. How effective was UNICEF's leadership across the response, including advocating for children's rights in Sudan throughout the different phases of the response? How can this advocacy be strengthened both in Sudan and in Sudan's response globally?

EQ 2a. How well did UNICEF's emergency preparedness, early warning systems, and organizational readiness support the delivery of the response, and what improvements can be made? (Looking at lessons learned, Emergency Preparedness platforms, HR Surge Capacities, social protection/shock responsive systems)⁹³

Preparedness levels

Up until the war broke out, although Sudan already constituted a large humanitarian operation, Khartoum was a family duty station and there was a generalized perception among staff and the aid community at large, triggered by the 2022 political framework agreement, that the country was on a good trajectory.⁹⁴

By early April 2023, signs of an imminent crisis started appearing, including the military build-up in Khartoum and the collapse of the political negotiations on the transition to civilian rule.⁹⁵ Yet, warnings were not triggered by the UN Security Management system. In this respect, some interviewees⁹⁶ mentioned the unique dynamic whereby UN security decisions were generally left to one person in the country, the Designated Official (DO). At the time the war broke out, the DO was also head of the political mission and some viewed this as a perverse incentive for them not to raise early warning for a conflict. The UN Department of Safety and Security (UNDSS), on the other hand, was reported by several respondents on the ground as being somewhat 'absent', and with insufficient capacities for their role.⁹⁷

As a result, neither UN staff at large nor the UNICEF SCO were organizationally prepared for what took place, including the sudden shift from Khartoum being a family duty station to one with the highest levels of hardship. This was also confirmed by the survey results and KIIs. Only 28 per cent of UNICEF staff surveyed stated that the organization was prepared or well-prepared to respond to the crisis.⁹⁸ The majority of people interviewed also confirmed the relatively low level of UNICEF's preparedness to respond to needs in April 2023.



“There still seems to be a reluctance from the top levels to fully consider all possible scenarios within the UN. This hesitation might stem from a desire to avoid prematurely raising concerns and causing unnecessary alarm, but it is essential to remain vigilant and prepared for any situation that may arise” (KII UNICEF staff)

✓ PRELIMINARY CONCLUSIONS

EFFE 1: Neither UNICEF nor the rest of the UN system anticipated a widespread conflict that forced the closure of offices and relocation of almost the entire humanitarian system. The magnitude and complexity of the crisis, together with the lack of a system-wide early warning for conflict, severely challenged UNICEF's preparedness

Mandatory preparedness measures

The KIIs found that UNICEF had a relatively good level of preparedness before the crisis, in that the SCO was following UNICEF's mandatory preparedness requirements, as set out in the 2020 Procedure and 2016 Guidance Note.⁹⁹

These views were corroborated by the picture that emerged from the SCO's readiness update from March 2023, issued just a few weeks prior to the war breaking out.¹⁰⁰ In line with inter-agency emergency preparedness, the document outlined the mechanisms that formed the backbone of SCO's preparedness across a number of areas including: the EPP;¹⁰¹ sector-specific plans and strategies (e.g. flood and epidemics; health and nutrition; WASH dry spell; West Darfur contingency), regular coordination (e.g. Emergency Coordination and Management Team meetings; mapping of partners' humanitarian capacity and contingency clauses in PDs; a 10 per cent built-in emergency stock in overall supplies; LTAs for transport; and the Business Continuity Plan (BCP), among others.

Despite this, in hindsight, it is noteworthy that the risk of floods and disease outbreaks had prominence in UNICEF's and the UN-wide's assessment of risks, with estimates of numbers of people affected by floods (460,800) outpacing by far those projected to be affected by conflicts (171,300).¹⁰²

After the war broke out, some essential supplies had been pre-positioned in 15 states, even before the official L3 activation in June 2023, including health and WASH contingency supplies, which later played a crucial role in addressing cholera and measles outbreaks.¹⁰³

Following the L3 declaration in June 2023, the SCO activated a BCP. Subsequently, in 2023 and 2024, the SCO took additional preparedness steps with support from MENARO. These included developing discrete/ state-level preparedness plans, such as the Red Sea State BCP and the Gezira State worst-case scenario plan for a second wave of conflict (5 January 2024).

A critical development in UNICEF's organizational readiness was the hiring of a security analyst in January 2024 to improve security risk management. The security analyst provided early warning about RSF troop movements preventing staff from being trapped by approaching forces (e.g., they facilitated a safe exit through the Ethiopian border in July 2024).¹⁰⁴ This role demonstrates the importance of timely and accurate security intelligence in high-risk environments.

Later in 2024, the SCO uploaded to the EPP a famine risk and famine prevention plan (October/November 2024) and updated the Minimum Preparedness Standards (MPS) templates. Famine preparedness was strengthened by pre-positioning supplies in 25 high-risk locations, ensuring that critical nutrition and health resources were available where needed.¹⁰⁵ More recently, in March 2025, the SCO drafted a Sudan Contingency Plan for 2025. As of early 2025, the EPP reported a 100 per cent score for the office's preparedness and a 30 per cent score for the office's compliance, suggesting that the SCO was faring well in terms of meeting the required benchmarks and the MPS - yet had outdated (overdue) risk analysis and preparedness plans on the EPP.¹⁰⁶

In line with findings from previous evaluations,¹⁰⁷ respondents on the ground in Sudan viewed the EPP as a cumbersome platform, and its help in supporting the SCO's preparedness and operational readiness was seen as quite limited.

A gap in UNICEF's response efforts was the lack of a formal After-Action Review (AAR).¹⁰⁸ While some informal reflections took place (an internal lessons-learned exercise in October 2023 and another in February 2024), no formal structured review was conducted to analyse more systematically the response's effectiveness, identify critical gaps and refine future preparedness strategies despite the scale and complexity of the Sudan crisis.

In the February 2024 internal lessons learned exercise, the SCO identified the need to: a) invest in security and BCP processes; b) conduct scenario planning, especially for worst-case scenarios; c) invest in internet and communication; d) raise awareness of HR policies; and e) improve collective understanding of programme criticality and alignment with the CCCs. In October 2024, the SCO conducted a scenario-planning exercise, building on the ACAPS¹⁰⁹ Sudan scenarios for 2024-2025.¹¹⁰ With support from HQ, this scenario planning aimed to understand the potential humanitarian impact and to guide collective preparedness against plausible scenarios. This process indicates renewed attention to analysing the evolution of the conflict and risks to staff and programmes.¹¹¹

The ET found it alarming that, as of November 2024, there was still a lack of confidence in UNICEF's support systems for staff safety and relocation. Security arrangements, including warehouse security, equipment, radios, and evacuation options, were inadequate in 2023 and remained so in late 2024. In several cases the reasons were beyond UNICEF's control, such as the significant gaps in VHF radios and armoured vehicles (by November 2024, the CO was facing bureaucratic impediments to import these in Sudan) or the limited options to fly out from Port Sudan, let alone evacuate, with only five seats reportedly available on the regular UNHAS flight.

Similarly, at the inter-agency level, although contingency planning was reportedly being finalized in November 2024, concerns were raised over the system's ability to evacuate staff, mostly due to the challenges in securing necessary assets and vehicles.¹¹² Information-sharing across agencies about preparedness levels was also viewed as problematic.¹¹³

✓ PRELIMINARY CONCLUSIONS

EFFE 2: Mandatory preparedness measures (as per the 2020 Procedure and 2016 Guidance Note) were generally taken by the UNICEF SCO before the crisis and continued throughout the response, with limitations

EFFE 3: The variable use and views on the Emergency Preparedness Platform (EPP) raised questions about the platform's relevance and purpose

EFFE 4: Despite signals that security, communications and scenario planning needed more attention, at the end of 2024, it appeared that the SCO was still not fully prepared to ensure staff safety

EQ 2b. To what extent has the response achieved its objectives and expected results?

Programme results

In 2023, at the onset of the crisis, target-setting in all sectors prioritised conflict hotspots in hard-to-reach areas where the severity of needs was more prominent.¹¹⁴ 2023 data shows that over 70 per cent¹¹⁵ of the targeted children in need were in hard-to-reach areas.

In 2024, due to the continuous, massive displacement and high concentration of IDPs¹¹⁶ in safer areas, as well as pragmatic access considerations, the programme rebalanced towards targeting more people in need in accessible areas. Nonetheless, lifesaving supplies and services to hard-to-reach areas continued to be at the centre of UNICEF's 2024 response, with over 60 per cent of the target population in hard-to-reach areas.

UNICEF's Humanitarian Performance Monitoring (HPM) data shows that UNICEF achieved mixed levels of results across sectors and across time. In 2023, most of the sectors struggled to reach the planned targets, with shortcomings largely due to external challenges such as the destruction of the ready-to-use therapeutic food (RUTF) factory in Khartoum, the specific technology for urban water purification that required liquid chlorine, and damage to key cold chain hubs. Despite a reasonably functioning supply chain, access challenges (see EQ2e) and the limited operational presence of partners particularly affected UNICEF's ability to deliver results. Education was notably the sector that struggled the most due to limited prioritisation in the overall response¹¹⁷ and sector-specific challenges, such as the Government's

decision to not resume formal education in most states and the use of schools as shelters for IDPs.¹¹⁸ Child Protection conversely benefitted from integration with non-formal education, thus reaching a larger number of children with MHPSS and GBV response. The WASH response was largely positive and overachieved on access to water and distribution of WASH supplies. The Health and Nutrition response achieved mixed results, with support to primary health care and SAM screening almost achieving their planned targets.

In 2024, UNICEF scaled up the response and revised the targets for key sectors to better align with growing needs and UNICEF operational capacity. Strategic targeting led to an overall improvement in the achievement of programme results in relation to targets. For example, in WASH, targets for water access more than doubled from four million

people in 2023 to 8.9 million in 2024; this 2024 target was still overachieved. Similarly, in Child Protection, the MHPSS and GBV responses stepped up significantly in 2024. In Nutrition and Health, UNICEF fully achieved results in SAM screening and access to primary health care, whereas Infant and Young Child Feeding (IYCF) counselling and measles vaccination were the areas struggling the most due to functional limitations in the health system - including cold chain constraints - and the limited availability of health professionals especially in hard-to-reach areas. Despite lower targets determined by challenges in the sector, Education saw a pronounced improvement in learning access in 2024 due to the introduction of school grants as an operational modality in accessible areas and synergies with WASH and child protection programmes (see Table 14).¹¹⁹

Table 14. Targets, results and percentage of achieved results across sectors

	2023			2024		
	TARGETS	RESULTS	% achieved	TARGETS	RESULTS	% achieved
Health						
Measles vaccination	1,655,308	960,797	58%	1,395,931	960,785	69%
Primary healthcare	3,163,728	2,624,873	83%	2,971,999	2,815,721	95%
Nutrition						
SAM screening	5,917,508	5,433,747	92%	6,030,703	6,960,958	115%
SAM admission	621,600	313,390	50%	558,268	431,015	77%
IYCF counselling	1,637,337	918,466	56%	1,700,907	911,044	54%
Vitamin A	5,917,508	718,173	12%	-	-	-
IFA Supplement	1,637,337	111,739	7%	-	-	-
Child Protection						
MHPSS (adjusted)	349,213	639,246	183%	3,447,623	2,838,847	82%
GBV response	20,956	186,743	891%	149,766	337,231	225%
Landmine prevention	352,128	152,851	43%	-	-	-
SEA reporting access	2,346,921	148,780	6%	2,866,911	2,256,765	79%
UASC Alternative care	13,968	3,758	27%	21,966	6,473	29%
Education						
Learning Access	3,474,900	195,118	6%	2,866,607	2,249,555	78%

Learning materials	3,474,900	114,670	3%	1,177,142	603,761	51%
Adolescent initiatives	173,746	62,438	36%	538,124	229,167	43%
Teachers trained	57,916	6,756	12%	-	-	
WASH						
Water Access	4,000,000	5,891,514	147%	8,900,000	9,787,535	110%
Sanitation services	300,000	190,886	64%	300,000	290,571	97%
Hand washing	4,000,000	2,887,291	72%	5,000,000	5,671,161	113%
WASH Supplies	200,000	304,727	152%	750,000	525,957	70%
Social Protection/MCCT+						
Social Protection/ MCCT+	80,000	51,651	65%	150,000	95,366	64%
People engagement	1,250,250	1,249,413	100%	5,264,914	4,572,049	87%
AAP	1,250,250	11,224	1%	12,500	186,659	1493%
Legend	● above 80% ● between 50 and 79% ● below 50%					

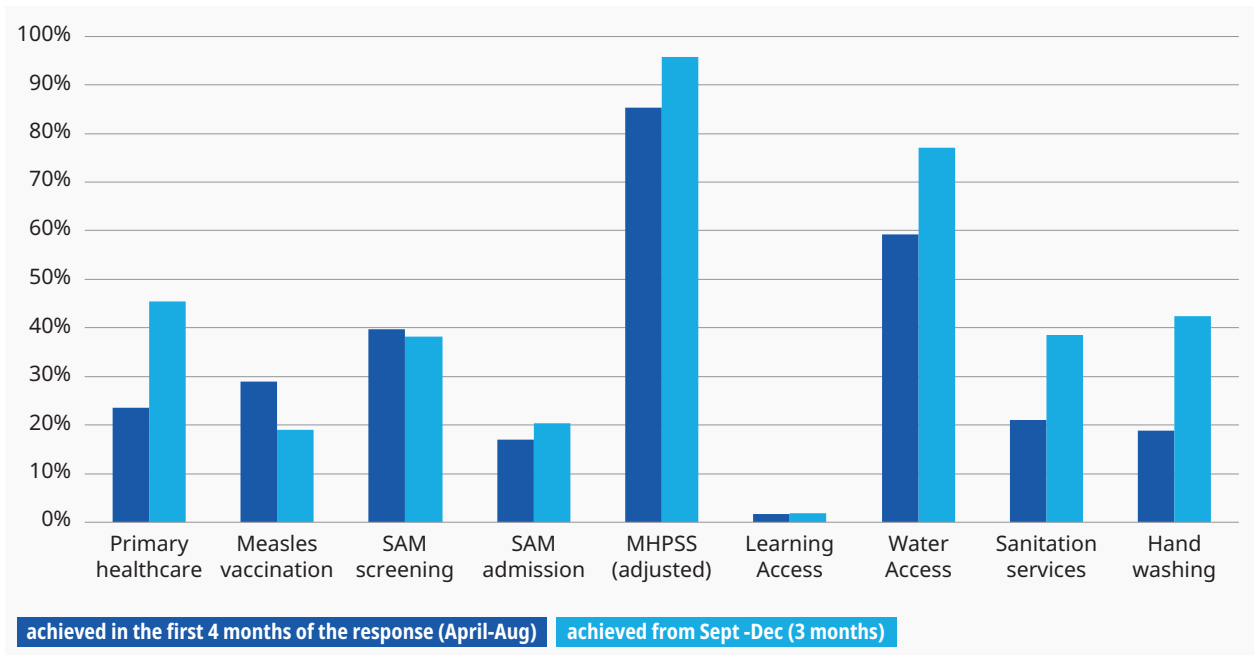
✓ PRELIMINARY CONCLUSIONS

EFFE 5: UNICEF's programme appropriately sought to balance ambition and pragmatism, resulting in improvement in results achieved from 2023 to 2024. Although the 2023 response was limited, progress in WASH, primary health care, SAM screening, and MHPSS was notable. By 2024, revised targets and increased operational efficiency contributed to more appropriate and sufficient programmatic results overall. However, the education response remained lacking, highlighting persistent constraints in this sector

100 days in the response

Despite the organization's commitment to "stay and deliver", the delivery aspect of this commitment suffered in the initial phase of the response. By August 2023, almost four months into the crisis, UNICEF had managed to provide life-saving support to only a fraction of those in need, particularly in critical areas such as primary health care and WASH. Nutrition¹²⁰ and Child Protection¹²¹ were better able to provide continuity of service.

The implementation of the Next 100-Day Plan¹²² from September 2023, with dedicated state-level workplans marked a significant step in scaling up the emergency response. The initiative coincided with improvements in the reach and effectiveness of life-saving aspects of programming, as demonstrated by the increased percentage of results achieved across key HPM indicators in the last three months of 2023 compared to the initial months of the crisis (see Figure 3).

Figure 3. Comparison between % of target reached in April - August vs September - December 2023

✓ PRELIMINARY CONCLUSIONS

EFFE 6: UNICEF's improvements in reach and effectiveness coincided with the implementation of the Next 100 Day Plan and the introduction of dedicated state-level work plans

Geographic coverage

In 2023 in hard-to-reach areas, most sectors struggled to achieve even 50 per cent of their targets (See *Annex 5, Results Analysis*). Loss of stocks and the destruction of the RUTF factory in Khartoum certainly inhibited the initial response. However, these logistical obstacles were partly overcome thanks to the cross-border support supported by WCARO through Chad. Despite UNICEF's initial overall poor results, the WASH sector performed notably well, particularly in improving access to water and hygiene practices crucial for cholera prevention. MHPSS and GBV responses also overachieved their targets, however the needs caused by displacement, trauma, and the widespread use of conflict related sexual violence remain overwhelming.

In 2024, results in hard-to-reach areas generally improved due to programmatic scaling up and increased operational efficiency (See *Annex 5, Results Analysis*). For example, the WASH response doubled its targets and still largely delivered on water supply, hygiene practices, and, to a lesser extent, sanitation services and WASH supplies. Similarly, the MHPSS response adjusted its targets and achieved a fourfold increase in results. In some areas, such as education,

more realistic targeting ensured full achievement against some HPM indicators.

Nonetheless, critical shortfalls remained, especially in Health. Measles vaccination reached only 27 per cent of planned children, despite efforts to improve the cold chain at the Ministry of Health. Adolescent programming, despite increased targets, failed to scale up adequately to address the vulnerability of adolescents in hard-to-reach areas where UNICEF and its partners' operational presence was limited. This left many adolescents exposed to risks such as recruitment, early marriage, child labour, and gender-based violence.

Furthermore, the MCCT+ programme, which aimed to expand into hard-to-reach areas by targeting 15,000 PLWs in 2024, did not become operational.

In contrast, in accessible areas, UNICEF's programme performed significantly better. Since the start of the response, support to IDPs in gathering sites benefited from a multisectoral approach that slowly evolved over time towards integrated programming. Some good examples include the links across WASH, education, and child protection interventions in the Makanna safe spaces, the inclusion of a multisectoral integrated Famine Prevention Strategy in the Famine Prevention Plan,¹²³ and the integration of GBV prevention in WASH activities in schools.

Across accessible areas, almost all key programming sectors met or exceeded their targets in 2024, despite a substantial increase in the number of people targeted. For example, primary healthcare

and measles vaccination results surpassed expectations. Similarly, achievements in water access, sanitation services, and handwashing exceeded planned targets. Nutrition followed a comparable trend, with SAM screening efforts reaching 180 per cent of the planned target in 2024, bolstered by the Famine Response Plan finalised in May 2024. Child protection programmes in MHPSS and GBV also delivered remarkable results.

Education showed significant progress, moving from being one of the most affected sectors in 2023 - when schools were closed, and formal education was suspended in nearly all states - to providing almost all targeted children with access to learning opportunities and educational materials by 2024. However, even in accessible areas, inclusive education opportunities¹²⁴ and adolescent initiatives continued to lag.

The MCCT+ programme saw improvement in its reach between 2023 and 2024, but was able to expand to River Nile only in the second half of 2024, and remained limited in terms of geographic scope and target (compared to needs).

✓ PRELIMINARY CONCLUSIONS

EFFE 7: UNICEF's performance was mixed, with strong results in accessible areas reflecting effective delivery and some integrated programming, but persistent underperformance in hard-to-reach locations revealing critical gaps. While notable gains were made in sectors such as WASH, nutrition, and primary healthcare, the limited and delayed scale-up of the MCCT+ cash transfer programme, adolescent programming and inclusion, alongside limited vaccination coverage, signals significant shortcomings in equity of the response

The third prong: preserving national systems

Supporting and preserving national systems - by leveraging pre-existing relationships with state-level line ministries and structures - was the third prong of UNICEF's strategy and has been a key priority throughout the response (see EQ3a). At the onset of the crisis in 2023, the aim was to maintain the functionality of basic services, preventing the systems from further collapsing. This was achieved primarily through the provision of essential supplies and cash transfers to help retain a qualified workforce¹²⁵ (e.g., health staff, social workers and teachers).¹²⁶ By 2024¹²⁷ these efforts had evolved into a more robust and integrated strategy, which saw further investment in state-level ministries for cluster coordination and technical support, as well as capacity retention and resilience initiatives.

In Health and Nutrition, critical health supplies were provided, and initiatives were implemented, such as immunisation campaigns, mobile clinics, continued treatment of children with SAM, and alternative cold chain solutions, to ensure the continuity of health-care services in areas where government facilities were no longer operational. In this vein, WASH interventions improved water quality, rehabilitated water points, and restored WASH services, especially in health-care facilities and IDP gathering points. In Khartoum, for example, UNICEF supported six hospitals in coordination with the Ministry of Health. In Education, advocacy to resume education and to relocate IDPs from schools, and the launch of new initiatives (e.g., the establishment of safe learning spaces or the roll out of e-learning modules) addressed the disruption to schooling, as well as offering psychosocial support alongside learning continuity. In 2024, UNICEF supported the reopening of schools in accessible areas¹²⁸ providing essential school grants, learning supplies, and back-to-learning campaigns, as well as ensuring teacher training. Finally, social welfare and protection systems were strengthened through continuous support to the National Council for Child Welfare (NCCW) to provide family reunification or alternative care options for Unaccompanied and Separated Children, and relocation of children from orphanages in Khartoum and Gezira state. To some extent, UNICEF's continued integrated financial relief, maternal health, nutrition and child protection services enabled Sudan's basic social welfare and protection systems to withstand the worst pressures of the humanitarian crisis, hyperinflation and the strain on resources due to large arrivals of IDPs in accessible areas.

VOICES FROM THE FIELD

Key findings from FGDs with communities and line ministries in Blue Nile

Context: Blue Nile State suffered from a prolonged conflict between the SAF and SPLM. Prior to the 2023 war, there were no IDPs in Blue Nile State. IDPs reached Blue Nile State after the RSF took control of parts of Sennar State and the road between Sinja town and Damazine was cut. Displaced civilians were mainly staying in schools and public places. All IDPs were within the city of Damazine, with no camp outside the city. Access in Blue Nile improved as the Government recaptured Sennar and Gezira states.

- ▶ General satisfaction, among communities consulted, with the availability of health services, nutrition programmes and WASH; although communities also concurrently felt that more was needed - for instance some schools reportedly faced shortages in educational materials for all children
- ▶ FGDs in Khadega School highlighted limited education opportunities as well as a sense of separation of IDPs from the host community's educational system (asking to be better integrated in it)
- ▶ Communities consulted reported an improvement in awareness of hygiene practices. The Almanshiya Youth Centre Secretary highlighted that the response was well-communicated and relevant to the community's needs, particularly for vulnerable groups like girls who faced challenges in accessing water
- ▶ Some communities (IDPs in Albaraka School) felt that the response didn't consider new needs emerging from the loss of income (agricultural income) they suffered following the war
- ▶ Communities expressed mixed views on the effectiveness of feedback mechanisms: FGDs in Alribat school reported back on the prompt resolution of water shortage problem they had raised; others expressed frustration with the lack of responsiveness following feedback shared
- ▶ Similarly, some community members expressed their satisfaction vis-à-vis their level of involvement in project development (e.g. IDPs in centre managed by Pan Healthcare Organization); others (e.g. Alribat school/World Vision) expressed a willingness to be involved to a greater extent from the stages of proposal development
- ▶ Line Ministries (Government DGs) consulted were appreciative of UNICEF. They highlighted their longstanding relationship which most recently had provided materials to improve the quality of water and helped provide some IDP shelters with small water stations
- ▶ State-level authorities were generally unsatisfied with the third-party implementation modality: the 'mediated' interventions (through partners) reportedly affected the performance and the effectiveness of their coordination with UNICEF
- ▶ Observation of facilities in the field suggested limited accessibility for children with disabilities, especially regarding latrine design and water sources

Results indicators

UNICEF's ability to monitor programme implementation, especially in conflict-affected and hard-to-reach areas, was severely constrained by access restrictions and a fragmented reporting system. Between January and March 2024, only 35 per cent of planned monitoring events were conducted, with both physical and remote monitoring falling short of expectations (see EQ2f). Monitoring across sectors was inconsistent, with child protection being the only area where oversight remained relatively stable.

UNICEF staff in interviews openly acknowledged difficulties in maintaining visibility over the last-mile delivery of supplies, given the operational environment and access challenges. This lack of oversight impacted the quality of reporting, increased the risk of diversion, and posed challenges to the impartiality of the response. UNICEF's HPM in Sudan tracked output indicators such as the number of children vaccinated, people provided with access to water, and children screened for SAM. While these figures were useful for operational monitoring, they did not

reflect outcome-level progress or the broader impact on affected communities. These indicators failed, on the one hand, in tracking improvements in wellbeing¹²⁹ and, on the other hand, did not fully capture the complexity of the programme. Finally, over-reliance on output indicators risked creating a false sense of progress and obscuring the real challenges communities faced.

✓ PRELIMINARY CONCLUSIONS

EFFE 9: The overall reliability of data that informs HPM indicators was limited, especially in hard-to-reach areas. Access constraints and the lack of control over last-mile delivery inhibited data integrity. Output indicators have remained a limited way to measure progress and achievements

VOICES FROM THE FIELD

Key findings from FGDs with communities in Central Darfur

Context: pre-existing large number of IDPs and camps, and numbers further increasing due to fighting.

- ▶ Appreciation for UNICEF's assistance: communities consulted at the Om Algura Health Centre were satisfied with the establishment of a health centre offering free treatment, particularly for child malnutrition; they felt respected and were appreciative of the support received. Communities consulted in the Makanna Space at the Alshamaliyat School were pleased with the workshops offered on resilience, social ties, psychological support, and recreational activities aimed at showcasing children's talents and providing entertainment
- ▶ Yet some communities (Akilo) also reported a significant change in the magnitude and nature of needs compared to before the war which, in turn, had led to insufficient services and gaps. Communities called for increased support to health centres, enhanced nutrition services, and financial incentives for staff and teachers. Community members in 5 Dagaieg reported that, while water was available, health and education suffered. Communities in Akilo reported limited services inside the new Health Centre. Alshamaliyat Community felt that the children did not get free or affordable education services. Alshamaliyat Community members also reported the lack of disability-friendly spaces and special teaching methods for them
- ▶ Training on critical issues like preventing sexual exploitation and abuse was reportedly minimal, with only one committee member having attended a relevant workshop on this subject (Om Algura IDPs Centre)
- ▶ Request for direct engagement by UNICEF: Communities felt dissatisfied with UNICEF's 'use' of partners and asked UNICEF to 'come back' and manage the interventions and services directly, including through more direct engagement with community committees and field visits (Alkilo Centre, Om Algura Health Centre)
- ▶ Mixed views on communication channels, feedback mechanisms and AAP: While some service recipients were reportedly well-informed (e.g. IDPs working with TRUST REHABILITATION AND DEVELOPMENT ORGANIZATION, TDO), others felt that providing feedback to UNICEF was challenging (Alshamaliyat Centre community). Communities at Om Algura Health Centre reported limited consultation levels regarding their needs. Communities at 5 Dagaieg IDPs Camp and Alkilo Centre reported that feedback mechanisms were in place (Makanna spaces), but suggestions often went unaddressed, and requests frequently went unanswered (though some requests, like water bottles, had been followed up on). Unaddressed feedback was sometimes attributed to local leaders (sheiks) not passing on suggestions received by communities

EQ 2c. How effectively were the Emergency Procedures applied and implemented, and were they useful/supportive of the response? Including focus on the “no regrets” approach according to operational, programmatic, contextual, and institutional risk and risk management and lessons learned from this? How can Emergency Procedures be improved to enhance the response further?

Emergency Procedures

The UNICEF Emergency Procedures (2021) aim to provide detailed operational guidelines to ensure a comprehensive and effective humanitarian response. They are designed to facilitate rapid, coordinated action during emergencies and to lay a strong foundation for both immediate relief and long-term recovery. In the Sudan L3 response, there did not appear to have been systematic monitoring of the use of the Procedures, making it difficult to report back on their implementation across all 16 areas.¹³⁰

The team’s analysis of the Sudan response nonetheless revealed a few challenges related to the Emergency Procedures. First, the CEAP and related protocols were only activated on 16 June 2023 - almost two months after the conflict began on 15 April 2023. While the response could nonetheless still benefit from some of the dispositions of the procedures, even prior to the formal activation, some informants viewed this as a missed opportunity in that it delayed critical support for the response.

Second, in the realm of human resources (HR), the prescribed emergency procedures for single sourcing¹³¹ were not always applied. In a notable example, a regular recruitment process where all posts were advertised for approximately 150 positions was implemented, leading to significant delays. The process was initiated in May 2024 and extended until January 2025 (*see EQ2f for further details*). SCO staff indicated that this was due to a desire to be completely transparent with incumbent staff who were said to be somewhat stressed and concerned about losing their positions.

Third, while the Procedures include fast-tracking provisions for new PDs,¹³² the evaluation found mixed evidence that the SCO was able to significantly speed up these processes, with multi-sector PDs and PDs with larger budgets reportedly suffering from greater delays.¹³³ The evaluation found that this slowness stemmed from both UNICEF and implementing partners due to the processes requiring revised contracts (e.g., accommodating different currencies

and hyperinflation) and the communication challenges with partners, especially those based in hard-to-reach areas (affected by weak phone and network connectivity).

In contrast, some administrative measures, including the management of new premises after the evacuation from Khartoum and support for the cholera response through expedited financial mechanisms (the ‘loan’ mechanism from HQ, which fast tracks funds within 48 hours), benefitted from the application of the Emergency Procedures. These interventions helped ensure that logistical and infrastructural challenges were addressed swiftly. Similarly, the Emergency Procedures were instrumental in expediting the delivery of supplies: the Supply Division utilized the Emergency Procedures at both a Copenhagen level, where L3 status country orders were flagged to be given priority, and in-country when local procurement was possible. In addition, the Procedures were used to expedite the deployment of supply support staff to neighbouring countries.

Overall, the fact that emergency procedures are not fully taken advantage of during an emergency response is not new to UNICEF. Past evaluations of UNICEF L3 responses have indeed reported on this issue and identified lack of knowledge of the procedures and risk aversion as key reasons for their inconsistent use.¹³⁴ In the case of the Sudan response, these factors seem to only partially explain their underuse. UNICEF staff in Sudan reported strong self-assessed knowledge of the Emergency Procedures, with 75 per cent rating their understanding as “good” or “very good” (*see Annex 8 for staff survey responses*). The SCO informed the ET that the SCO had organized a training for 27 SCO staff members (including section and field office staff) in May 2023. However, the fact that the Procedures were mainly distributed from HQ via email, without additional support including for contextualized training or capacity building, according to some had left much of the burden on the SCO, leading, in turn, to some gaps in how effectively the Procedures were understood and implemented. It is worth noting that, in June 2025, two ‘refresher training’ sessions on L3 procedures in Sudan were organized by EMOPS with the engagement of the Regional Office. Fear of audits was never raised by interviewees as a hampering factor. According to some informants, however, the limited emergency experience of some SCO staff - who were more accustomed to working in protracted humanitarian crises and development contexts - at times encouraged embracing and favouring thorough and longer-term processes

typical of development work, more than would be expected in an emergency.

A “no regrets” approach has been exhibited in the response, as when the CO accepted the high price of some shipments, for example speedy delivery air freight rather than slow delivery sea freight. A key example reported by the SCO was the 2024–2025 ITN mass campaign with the Global Fund. Despite serious risks—including conflict, access issues and potential loss of supplies—the SCO proceeded with procuring and planning distribution of over 13 million bed nets. After a thorough risk assessment, the SCO identified unmitigable risks, transparently documented them, and sought risk-sharing by obtaining the Global Fund’s written no-objection. This enabled rapid action to protect children from malaria, balancing urgency with strong risk management and embodying the “no regrets” principle. Beyond that, the current prepositioning of stocks in diverse locations could also be considered as an example of “no regrets” (as it fits within the UNICEF definition).¹³⁵

✓ PRELIMINARY CONCLUSIONS

EFFE 10: The EPs were applied selectively and unevenly by the SCO, with mixed results

EFFE 11: The most telling gap in the utilization of the EPs concerned the 2024 PBR process, when, despite the ongoing crisis, standard recruitment procedures were adopted, resulting in avoidable delays in the recruitment of 150 staff which impacted the timeliness and effectiveness of the response

EFFE 12: Overall, while the EPs were viewed as generally helpful (such as in the case of surge deployments, which were timely and appropriate, the expedited delivery of supplies, the loan mechanism from HQ and the management of the new premises) they do not appear to have been a game-changer in consistently ensuring the fast-tracking of the response across the board at the country level (see PD development timelines despite fast-tracking provisions)

EQ 2d. How effectively has UNICEF met its Interagency Scale Up Commitments, including the quality of its Scale Up tracker/action plan,¹³⁶ and provided appropriate and context-specific leadership and coordination to the clusters/AoR under its mandate? Additionally, what improvements can be made in these areas?

Cluster Lead Agency accountabilities

Following the events in April 2023 and the subsequent evacuation of staff, the United Nations implemented the Programme Criticality (PC) framework, and the UNDSS conducted security assessments to prioritise the deployment of in-country staff based on programmatic criticality and prevailing security conditions. Staffing was prioritised for PC1 and PC2 activities - those deemed most critical - while humanitarian coordination activities were not categorised as essential.¹³⁷ Nonetheless, UNICEF was one of the first agencies to bring cluster coordinators back into the country between June and July of 2023, thus fulfilling its cluster leadership accountability and marking a critical step towards restoring effective coordination and improving response efforts.

Since the onset of the crisis, UNICEF consistently invested in coordination: cluster positions were consistently staffed, and additional support was ensured through surge capacity from HQ and Global Clusters, both for national and sub-national coordination and Information Management Officer (IMO) positions. In addition, there was an overall appreciation for the support and technical guidance received from the Global Clusters. However, the ET learned that UNICEF-assigned Cluster Coordinators were not always well-matched to the complexity of the crisis, particularly when coordinator functions were assigned to existing UNICEF staff who were accustomed to the long-standing Darfur crisis and not equipped for the scale and complexity of the post-2023 operational environment, as for example in WASH.

UNICEF led/co-led clusters have successfully engaged with the cluster partners, achieving increasing levels of participation of the partners in the cluster activities including responding to the Cluster Coordination Performance Monitoring survey.¹³⁸ Participation in the Nutrition and WASH Clusters has been particularly notable since the onset of the war.

Across all clusters, partners expressed overall satisfaction with the quality of coordination and the level of accountability for the 6+1 core functions guiding coordination. The vast majority of these functions

consistently received a rating of “Good” in both 2023 and 2024, with none scoring as weak. Unsurprisingly, areas where coordination was perceived as less effective—although still satisfactory—were *preparing needs assessments and gap analyses*, and *monitoring and evaluating performance*, especially in terms of providing timely recommendations for corrective actions when necessary.

Subnational coordination capacity overall remained weak for all four UNICEF-led clusters, with the lack of dedicated subnational cluster coordinators identified as a major challenge by both partners and UNICEF staff. To address this gap, UNICEF relied on double-hatting programme staff, a practice that strained staff capacity and created tensions with partners, who somehow perceived UNICEF as prioritising its agenda over the collective needs of the cluster. As one partner observed, “Sub-national coordination often ends up being a UNICEF response rather than a collective response,” underscoring how programme priorities could overshadow the broader coordination mandate and compromise the independence of the cluster accountabilities.

✓ PRELIMINARY CONCLUSIONS

EFFE 13: UNICEF fulfilled in its Cluster Lead Agency responsibilities and provided good quality coordination overall. Sub-national coordination remained weak due to a lack of dedicated coordination capacity. Reliance on double-hatting staff strained capacity and was seen by partners as prioritising UNICEF’s agenda over collective cluster needs

Cluster co-ordination

Prior to April 2023, humanitarian clusters in Sudan, originally established during the Darfur crisis, operated continuously without formal deactivation. However, the Government of Sudan, concerned with preserving sovereignty and maintaining control, only endorsed the coordination mechanism as sector coordination. This allowed the Government to exert greater oversight over the humanitarian coordination system, which it viewed as potentially undermined by the cluster system led by international agencies and non-governmental organizations (NGOs).

In this complex environment, UNICEF faced the dual challenge of navigating the Government’s resistance to the cluster system while adhering to international best practices in humanitarian coordination, such as co-ordination with NGOs. In government-controlled areas, UNICEF had to balance aligning with

the Government as a strategic actor for access and service delivery while involving NGOs in coordination, a dynamic the Government often perceived as a threat to its authority. Meanwhile, in areas controlled by Non-State Actors (NSA), UNICEF’s limited presence on the ground constrained its ability to establish effective coordination mechanisms.

These challenges resulted in mixed outcomes. Of the three clusters and AoR under UNICEF’s exclusive leadership—Nutrition, WASH, and Child Protection—some succeeded in implementing co-ordination agreements, while others did not. For example, the WASH cluster established a co-ordination agreement with LM International in March 2024, and the Child Protection AoR adopted co-ordination with Plan International in July 2024, though this came over a year into the crisis. Conversely, the Nutrition cluster did not achieve such arrangements, as the Ministry of Health was more resistant to this model. While positive examples of balancing coordination needs with government and NGO involvement were observed in government-controlled areas, the ET found no evidence of UNICEF exploring potential comparative advantages in fostering co-leadership arrangements in NSA-controlled areas, where NGOs often have better access and operational presence (see EQ2e).

Despite UNICEF having experience in humanitarian coordination in other emergency contexts in the region, such as Syria and Yemen, it appears that this was not sufficiently leveraged, especially considering that, in the second half of 2024, members of the INGO Forum were reportedly interested in taking on greater responsibilities to support area-based coordination as well.

✓ PRELIMINARY CONCLUSIONS

EFFE 14: UNICEF faced challenges balancing the Government’s resistance to the cluster system with international coordination best practices. While some progress was made, such as in WASH and Child Protection, gaps remained in Nutrition and NSA-controlled areas. UNICEF has yet to explore comparative advantages and capitalize on opportunities for co-leadership, drawing on lessons from similar contexts like Syria and Yemen

Participation in Humanitarian Country Team and the Inter-Cluster Coordination Group

Given UNICEF's responsibility for four clusters and its role in multiple sectors, it was important for it to actively participate in Sudan's Humanitarian Country Team and the Inter-Cluster Coordination Group (ICCG) at both national and sub-national levels. Through these platforms, UNICEF worked alongside OCHA and other cluster leads to align strategies, share information, and resolve overlapping issues. UNICEF successfully led the AAP Working Group and played an active role in the PSEA Task Force, both of which remained priority areas (see EQ5).

Education advocacy was a cluster success. Over 19 million children were out of school in late 2023, making Sudan one of the countries with the worst education crises globally. UNICEF, through the cluster, coordinated the education in emergency strategy including "safe learning spaces" and a digital Learning Passport platform to reach displaced children with minimal internet connectivity. At the same time, the education cluster kept advocacy for reopening schools high on the agenda of the Humanitarian Country Team.¹³⁹ Through coordination with other clusters and authorities, the cluster gradually addressed issues like school buildings occupied by IDPs, debris clearance, and teacher absences. The cluster focused efforts at the sub-national level and reported a growing number of schools reopening in late 2024 where security allowed.¹⁴⁰

As flagged by cluster partners and UNICEF staff in interviews, integration across clusters remains weak, despite efforts to improve collaboration. Although there was some progress in linking sectors such as WASH, Nutrition, and Health, inter-cluster coordination has not yet reached its full potential and critical areas of collaboration are not yet addressed. The lack of a strategic approach to linking Education, Nutrition, and Health has been a recurring issue. One interviewee shared "Intersectoral coordination is almost absent completely. It's getting a little better, but at first, it was not there." This has resulted in missed opportunities to achieve synergies between sectors. For example, while the Nutrition Cluster has collaborated with WASH to improve water quality and sanitation, stakeholders deemed these efforts not yet robust enough to maximise their impact.

Another gap in inter-cluster coordination is the consistent integration of protection considerations across the response. This is in part due to the limited footprint of UNHCR - which leads the Protection Cluster at sub-national level. The Child Protection and GBV AoRs have called for greater investment in mainstreaming child protection and GBV across the response, but this has not led to significant improvements in this area. Nevertheless, some progress was observed in integrating protection into specific initiatives. For example, the establishment of AAP and PSEA focal points at the cluster level has been a positive step due to UNICEF advocacy at the Humanitarian Country Team level.

✓ PRELIMINARY CONCLUSIONS

EFFE 15: UNICEF played a strong leadership role in inter-cluster coordination, with notable successes in education advocacy and accountability initiatives (AAP and PSEA). However, its impact was undermined by limited progress in intersectoral coordination and missed opportunities to fully integrate protection and other cross-cutting priorities across the response



EQ 2e. To what extent have UNICEF's (humanitarian) access negotiations been adequate to enhance the reach of the response? What are the strengths and weaknesses in dealing with authorities?

Access negotiations

Safe, rapid, sustained and unimpeded humanitarian access is possibly the biggest challenge that UNICEF and the wider humanitarian community have had to face during this response. Access was hindered by a range of obstacles, including entry visa approvals, travel permit approvals, emerging bureaucratic and administrative impediments,¹⁴¹ and UN security restrictions, all of which significantly compromised the ability to reach populations in need.

In an environment of obstructed aid routes, UNICEF had to constantly evaluate and re-evaluate cross-line and cross-border opportunities. In the year after the war broke out, there were months of detailed exploration of routes to deliver aid to areas outside government control, including cross-border from Chad, South Sudan, Ethiopia and Egypt as entry points, as well as within Darfur and from the East.¹⁴² In early January 2024, UNICEF recognized the need to establish cross-border operations from South Sudan through the Yida/Renk operations hub to access approximately 11.4 million vulnerable children in Darfur and Kordofans. Cross-border operations from Ethiopia and Wadi Halfa/Egypt were also considered.¹⁴³ By November 2024, South Sudan's cross-border access had become a high priority since the Adre crossing from Chad was becoming more and more fragile.¹⁴⁴

Any given aid route entailed challenges, depending on the actors and interlocutors involved in access negotiations. Negotiations with the Government/SAF, for instance, suffered from complex procedures and delays in obtaining permits, as well as a general lack of consistency in the application of regulations. Negotiation with the Government could be especially difficult in areas where UNICEF did not have an operational presence (office and staff) before the war (e.g., River Nile and Northern State). Government approval was also a determining factor in the success of cross-border negotiations, as exemplified by the 'fragile' Adre crossing from Chad, closed and subsequently re-opened, or the South Sudan crossing that was only allowed from Renk as it leads into SAF territory.

Crossline access, which entailed moving aid across different frontlines, was particularly problematic due to the need to navigate multiple areas controlled by different actors and, in turn, the need to engage with multiple parties with conflicting agendas. Moreover, negotiations with NSAs had become increasingly bureaucratized over time, imposing permit regimes that could halt crossline movements. In August 2023, for instance, the Sudanese Agency for Relief and Humanitarian Operations (SARHO) was established by the RSF to 'control' humanitarian assistance, and started to require the registration of humanitarian organizations and mandatory travel permit approval for the movement of humanitarian personnel and supplies in the West, South, Central and East Darfur states¹⁴⁵ as well as in Blue Nile.¹⁴⁶ In 2024, even the Sudan Liberation Army (SLA) announced similar bureaucratic and administrative procedures, as well as the mandatory participation of SLA in the recruitment of personnel.

In this context, UNICEF strove to negotiate access equally with all parties to the conflict, leveraging relationships with local authorities and organizations to facilitate access to hard-to-reach areas. As of November 2024, 80 per cent of UNICEF's supply deliveries in Sudan were reportedly cross-line and cross-border, primarily to or through areas controlled by NSAs.¹⁴⁷ The online staff survey, conducted as part of this evaluation, suggests that UNICEF was generally viewed by staff as strong in negotiating access with both government and non-state armed groups, albeit slightly more effective with the Government.¹⁴⁸ Considering the heavily constrained environment in Sudan, evidence gathered through this evaluation pointed to the overall adequacy of UNICEF's efforts in access negotiations in country, while at the same time underscoring the insufficient level of aid that had reached communities in hard-to-reach areas since the start of the conflict.

A Humanitarian Outcomes study¹⁴⁹ reported that aid reached only 16 per cent of people in need in Sudan since the crisis began in April 2023, yet it ranked UNICEF as one of the top suppliers of aid in the country that year. The evaluation gathered positive evidence of outcomes achieved from UNICEF's access negotiations throughout 2024, as highlighted in the box below.

BOX 3**Examples of UNICEF crossline and cross-border breakthroughs (delivery of supplies)**

- Use of northern route through Al Dabbah to deliver aid to North Darfur (9,000 cartons of RUTF) –following weeks of aid trucks being held up/delayed by SAF for travel permits (February 2024)
- UNICEF-led mission to Omdurman – this marked the first UN mission to Khartoum state since the start of the war (March 2024)
- White Nile delivery (five UNICEF trucks) and UNICEF-led cross-line humanitarian convoy (seven trucks, including four from UNICEF) successfully reached RSF-controlled Dbeibat and SAF-controlled Dilling, as well as Kadugli in South Kordofan state. This marked the first successful crossline humanitarian convoy to key areas in South Kordofan since November 2023 (September 2024)
- UNICEF-led cross-border mission to Tawila in North Darfur (January 2025): 31 trucks of supplies, including five UNICEF (nutrition and education) from Chad, reached 50,000 IDPs from El Fasher and Zam. This represented the second UN mission to this area (the previous one was in July 2024)
- Two Inter-agency missions, with UNICEF participation, to West, South and East Darfur (Feb-March 2025). The mission to East Darfur marked the first ever since the war broke out

Access investments

In the early stages of the L3 response in Sudan, UNICEF deployed its first ever Access Emergency Response Team (ERT) - there had been no dedicated capacity for access within SCO until that point in time. Over a period of 12 weeks in-country, the ERT supported field offices in navigating access and civil-military coordination challenges, including through webinars/training sessions on access, representing UNICEF in the humanitarian Access Working Group (AWG) and the civil-military working group, and supporting the drafting of inter-agency policy documents. Following the departure of the Access ERT, an Access Specialist was hired, who has been instrumental in improving UNICEF's ability to negotiate humanitarian access. Several stakeholders confirmed that this role has not only facilitated direct negotiations but also contributed to strengthening internal capacity, ensuring that UNICEF staff are better equipped to engage in access discussions independently.

UNICEF's ability to negotiate access was further supported by several institutional factors embedded within its Emergency Procedures. These include the presence of designated access focal points, regular Access Task Force meetings, and the Access Incident and Monitoring Tool, which systematically tracks access-related challenges and responses.¹⁵⁰ The Access Task Force meetings allowed UNICEF to engage with key stakeholders, share operational updates, and adapt strategies based on evolving ground realities. Additionally, the Access Incident and Monitoring Tool provided a structured method for documenting and analysing access impediments, which enhanced UNICEF's ability to advocate for improved humanitarian access based on evidence.¹⁵¹ These mechanisms collectively strengthened UNICEF's positioning in negotiations, ensuring that access-related decisions were informed by both field-level realities and broader strategic objectives, although their effectiveness remained a challenge due to continued obstruction by the parties to the conflict.¹⁵²

In August 2024, the SCO deepened its approach to access negotiations through the development of two key documents: the Humanitarian Access Strategy and the Engagement Action Plan. These documents were designed to enhance engagement, address existing challenges and set strategic objectives for access improvement.¹⁵³ These are important measures, although only put in place 16 months into the response - and according to corporate guidance



they should have been in place much earlier.¹⁵⁴ The Humanitarian Access Strategy outlines practical steps for improving access, including the establishment of the Access Task Force, maintaining open communication with relevant authorities, and developing internal staff capacity for independent negotiation. While the Strategy provided a comprehensive overview of the current operational environment and key access constraints, it lacked specific indicators to measure the effectiveness of interventions.

Complementing the Strategy, the Engagement Action Plan provided detailed stakeholder analysis, mapping key actors involved in access negotiations and their level of influence. This document was particularly useful in identifying which stakeholders to prioritise in negotiations and what approaches are likely to be most effective. However, like the Humanitarian Access Strategy, it did not include impact indicators, making it challenging to evaluate whether engagement efforts have translated into tangible improvements.

✓ PRELIMINARY CONCLUSIONS

EFFE 16: Negotiating access has been at the forefront of the UNICEF response in Sudan. To improve the effectiveness of the response in Sudan's heavily constrained environment, UNICEF made dedicated investments in access personnel, access training for staff and access strategies

EFFE 17: While access remains a key bottleneck, these investments proved adequate in supporting enhanced operational reach over time

Partnering for Access

During field visits to South Kordofan, Blue Nile, and Central Darfur in December 2024, evaluation team members witnessed firsthand how humanitarian actors, including local NGOs and community leaders, engaged in negotiations to facilitate access in areas devastated by conflict. The ability to negotiate was not just essential for aid delivery - the evaluation team itself needed to gain access to conduct the fieldwork. Conducting the data collection in these regions meant navigating an intricate web of political alliances, tribal dynamics and a shifting frontline. The team relied on the trust and credibility of local actors to ensure both their safety and the success of their mission. The field visits made it clear that, while UNICEF and its partners played a critical role in the humanitarian response, the success of their interventions often depended on the negotiation skills of local actors. The ability of local contractors, transporters, community leaders,¹⁵⁵ CBOs and national NGOs to navigate power dynamics, tribal affiliations, and security concerns was an indispensable asset that must be further supported.

When it comes to partnering with more established entities, the Humanitarian Outcomes 2023 report, and the evaluation team's fieldwork in the NSAs, indicated that NGOs often showed greater flexibility than UN agencies in adapting to new locations and partners, underscoring the need to leverage their capabilities more strategically, including for coordination purposes (see EQ2e). The SCO's 2024–2026 Localisation Strategy acknowledges this, particularly in identifying NNGOs with strong negotiation potential. And cooperation works both ways. The evaluation team found that UNICEF had also played a key role in helping other partners gain access. For example, during the cholera response in Omdurman, where MSF Spain and Switzerland were unable to secure access from the Government, UNICEF successfully intervened. Similarly, a stalled travel request to Ageeg was expedited after UNICEF engaged with the Humanitarian Aid Commission.

Since the war broke out in Sudan in 2023, the Humanitarian Country Team had been working on a collective approach to the problem of access. The Humanitarian Country Team had also established an AWG under OCHA's leadership to develop Joint Operating Principles (JOP) for access negotiations. However, these principles had largely remained aspirational rather than actionable, as they were slow to communicate and had often been disregarded in practice. One major issue was OCHA's limited



on-the-ground presence in key states, which has hindered its ability to lead negotiations at the local level. As a result, humanitarian actors often had to navigate access challenges independently, adopting an informal “negotiate on your own” approach rather than relying on structured coordination.¹⁵⁶

Finally, at the international level, diplomatic efforts to secure access have had limited success. The Jeddah negotiations in November 2023 resulted in an agreement to establish a Humanitarian Forum for Sudan aimed at facilitating humanitarian access and resolving impediments. However, in practice, this did not yield significant operational improvements.

✓ PRELIMINARY CONCLUSIONS

EFFE 18: UNICEF effectively worked with (I) NGO partners on the ground, offering their comparative advantage for improved access when needed. UNICEF seemed to be relatively stronger at negotiating access at the federal level and with central leadership at large, compared with (I) NGO partners who had different comparative advantages

EQ 2f. How well did UNICEF’s resources and management systems support a timely and effective response, and what improvements can be made? Including HR (duty of care), communications, security, monitoring, evaluation, reporting and managing information, resource mobilization, supply and logistics (internal structure and processes)?

Resource Mobilisation

The Sudan conflict struggles to maintain global media attention, especially at a time when Ukraine and Gaza are so prevalent in the media.¹⁵⁷ UNICEF’s revised appeal (HAC) was scaled to the needs and, in retrospect, appeared quite ambitious since it was only 18 per cent funded. However, UNICEF allocated development funding (ORR) to Sudan to supplement the emergency funding and, in the end, achieved 28 per cent of its initial target in 2023.¹⁵⁸ Relatively speaking, UNICEF was the third largest recipient of emergency funding for Sudan that year.¹⁵⁹ UNICEF was able to attract more resources in 2024, reaching 44 percent of its targeted HAC amount of \$840 million, again with substantial additional funding from development sources. In comparison with other agencies, in 2024, UNICEF had climbed to become the second largest recipient of humanitarian funding, and by 2024, SCO programme managers felt that they had

enough funding to implement a viable full-spectrum programme. The overall picture was, therefore, one of steady improvement from 2023 to 2024 and of crucial supplementation of limited emergency funding with substantial development funding.

Feedback from donors confirmed their appreciation of UNICEF as a key partner both within this crisis and globally, as well as the quality of their ongoing dialogue. Donor interviews highlighted the quality of reporting received, joint advocacy initiatives,¹⁶⁰ and UNICEF’s facilitated field visits to areas accessible via Port Sudan. Interviews also indicated that there were examples of effective joint communications within the UN as a whole.¹⁶¹ This proactive donor engagement was achieved with a small team and despite the absence of a dedicated communications manager throughout 2023.¹⁶²

However, some donors requested more transparency from UNICEF with respect to the programmatic challenges the organization was facing. In interviews, donors recognized that UNICEF usually shared their challenges verbally in donor briefings and meetings – the concern was that UNICEF was not so transparent in their Sitreps and reports. As a result, there was something of a disconnect between the reality and the communications-oriented written reports, and there was a risk of losing donor trust when donors learn of UNICEF’s challenges through third parties.¹⁶³ Finally, donors mentioned in interviews the need for more reporting on outcomes rather than outputs.

✓ PRELIMINARY CONCLUSIONS

EFFE 19: Despite the massive needs, Sudan does not get the level of media attention required for robust resource mobilization. However, UNICEF supplemented limited emergency resources with substantial development funding, ultimately achieving a viable full-spectrum programme by 2024. Furthermore, transparency with donors with respect to programmatic and operational challenges is an area in need of attention

Staff Duty of care

In April 2023, the heavy fighting that broke out in Khartoum between the SAF and the RSF generated one of the largest mass evacuations of UN staff ever witnessed.¹⁶⁴ Although UNICEF staff reported that the organization was not well prepared for the scale of the clashes or the possibility of mass evacuations (see EQ2a), UNICEF staff were fortunately able to extract themselves without loss of life. However, national staff were, albeit in accordance with UN evacuation protocols, generally left to organize themselves and their families, and when interviewed, expressed considerable dissatisfaction with what they perceived to be neglect and the inherent prioritisation of international staff within such protocols. These concerns remain until today, as it is still unclear what current contingency protocols and assets could support national staff evacuation measures if this were to occur again.

Since the evacuation, both international and national staff have been provided with full support. For international staff this has included financial support, including lump sum payments, evacuation and settling in allowances, compensation for property losses, and the UN has set Sudan on a four-week R&R cycle.¹⁶⁵ Special leave with full pay was provided to both international and national staff who were in the country at the time of the conflict outbreak, and, as of July 2023, staff were also provided counselling,¹⁶⁶ although staff also stated in interviews that this was made available later than expected. National staff received salary advances, backdated salary increases, relocation, and settling in and travel allowances, albeit at compensation levels that were said by national staff to be lower than other UN agencies, thus exacerbating the frustration felt by national staff at how they were treated compared to international staff. National staff are also disappointed that they have not received compensation for the loss of their personal possessions, having often lost considerably more than international staff.

Finally, a large number of international and national staff were also given permission to work remotely. As of July 2023, UNICEF had over 270 staff based in Sudan, and 130 staff supporting the response from remote locations outside Sudan and Chad.¹⁶⁷ A large number of these staff have remained working remotely until towards the end of 2024 when all staff were requested to return. Although impossible to quantify, the prolonged absence of staff from their duty stations is expected to have had a negative effect on programmatic and operational efficiency.

✓ PRELIMINARY CONCLUSIONS

EFFE 20: During the evacuation of staff from Khartoum, national staff received limited support from UNICEF and were left traumatized by the experience. Since that evacuation, UNICEF has provided appropriate duty of care to international and national staff, with some UN system-mandated variations according to staff contractual status

Human Resources

As of December 2024, a total of 63 deployments of personnel (internal and external) had been processed, with a broad mix of support to programme (56 per cent), cluster coordination (23 per cent), and operations (21 per cent). Eight surge deployments continued and were still ongoing in early 2025.¹⁶⁸ Surge deployments 18 months after the onset of a crisis are unusual and are likely a consequence of the extended 2024 PBR recruitment process discussed below.

Although UNICEF HQ reported challenges in identifying appropriate staff to deploy, surge personnel were consistently reported by SCO staff as having the right experience for their roles: the security expert deployed from Syria (a similar protracted crisis), the HR staff deployed to support the PBRs, and the Copenhagen staff deployed to support cross-border operations from Chad, are just a few examples each of whom, amongst others, have contributed well to the response. Challenges with deployments to Sudan included Government and UNDSS-imposed international staff ceilings, a lack of flights, visa delays, and other COs not being willing to release their staff.¹⁶⁹ Deployments to surrounding countries and remote appointments saw fewer difficulties. The availability of onboarding documentation for surge staff was reported as needing improvement. Also, UNICEF staff reported that the process of asking for an ERT or a surge (or stretch) was overly cumbersome since these requests still required the submission of a ToR up front. RO technical clearance/additional reference checks were also perceived as an unnecessary burden. When emergency procedure fast tracking was applied, for example, it was feasible to onboard staff while background checks were still being conducted.¹⁷⁰

The number of CO staff, set at 380 in the May 2024 PBR, has evolved since the onset of the crisis, as emerging humanitarian programmes required new skill sets different from those of incumbent staff managing development programmes. As of January 2025, overall staff levels are reported by SCO management to be sufficient to match programmatic

and operational needs, although there are still some instances of double-hatting, particularly with respect to cluster coordination staff, and several field locations believe their staffing levels to be inadequate.

However, it has taken some time for the CO to get to this position. Overall, it seems generally accepted by both the CO and the RO that recruitment processes have taken too long and need to speed up. Unfortunately, hard data is not available since the CO has not kept a record of the duration of each recruitment process (despite this being a standard indicator of the efficiency of the HR unit). The May 2024 PBR is almost complete, albeit nine months after its approval and 12 months after its initiation, and there are other examples of very slow recruitment, i.e., the one-year gap before the recruitment of the Head of Communications. According to SCO interviews, it was concern for staff well-being (in a situation that would lead to staff reassignments and relocations) that led the SCO to undertake the May 2024 PBR process with full transparency – using an open application process for 150 positions, even though emergency procedures would have allowed and encouraged a more direct, fast-track recruitment. Use of an open transparent process has resulted in delayed recruitment that has likely affected programme implementation.

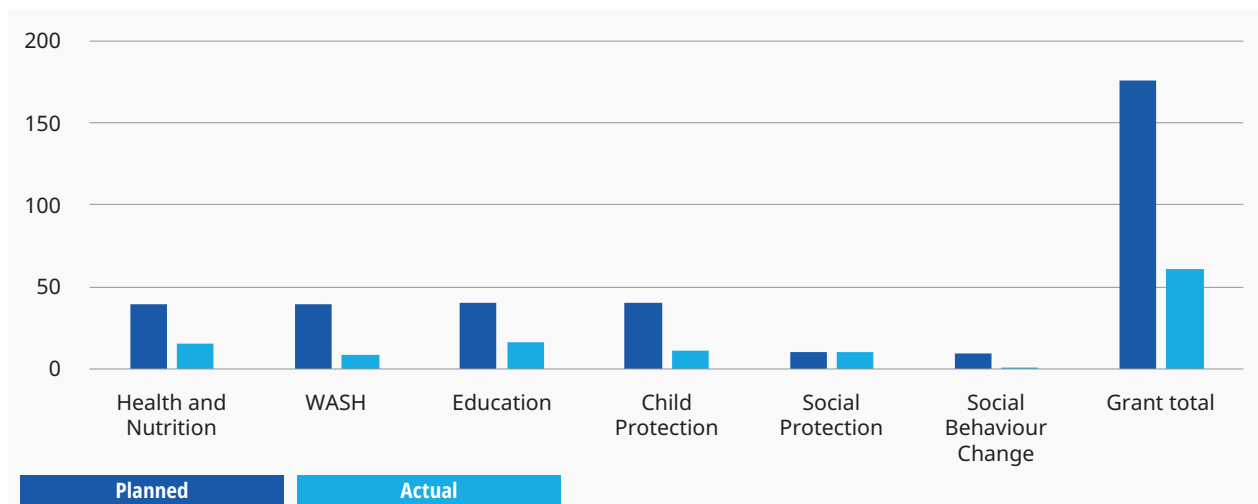
✓ PRELIMINARY CONCLUSIONS

EFFE 21: UNICEF deployed surge personnel with strong experience, and they made a significant contribution. By late 2024 staffing levels were broadly commensurate with need, but it has taken a long time to get to that point. Consistent application of the L3 emergency protocols would have reduced the workload, facilitated a more efficient recruitment process, and avoided some staff shortages

Monitoring

SCO staff expressed concern to the ET over the fact that monitoring of the response occurred far less frequently than planned. For example, data from January to March 2024 illustrates that only 35 per cent of scheduled monitoring events were conducted, with 41 per cent of physical monitoring and 29 per cent of remote monitoring taking place as planned.¹⁷¹ Monitoring rates were low across all sectors except social protection, where oversight remained relatively consistent (see Figure 4 below). The lack of structured, regular field visits further reduced UNICEF's ability to respond to emerging challenges and assess programme effectiveness in real time.

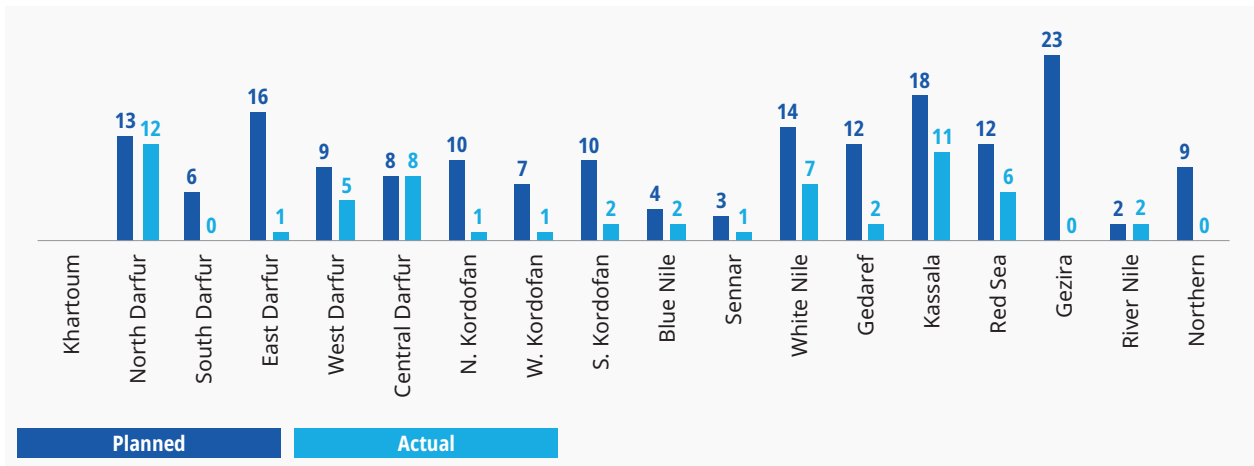
Figure 4. Monitoring Plan implementation by sector



Source: Head of sections report, April 2024

Monitoring by state for the same period was inhibited by access restrictions, as can be seen in Figure 5 below, where the states with the lowest

monitoring rates are South and East Darfur, as well as the Kordofans. Gederaf and Gezira are also showing fewer monitoring visits than anticipated.

Figure 5. Monitoring Plan implementation by state

Source: Head of sections report, April 2024

In response to these constraints, UNICEF employed multiple monitoring modalities: staff-led monitoring, whether in person or remote, offered qualitative insights but was often hindered by access restrictions, and Third-Party Monitors (TPM), such as Voluntas and I-APS, provided external assessments, though their effectiveness was undermined by delays in reporting - sometimes taking up to four months. More recently, UNICEF has introduced community-based facilitators recruited between November 2024 and January 2025 through partnerships with IOM and Voluntas. These facilitators, stationed within programme locations, offer a practical solution to increasing local monitoring capacity. However, their technical expertise is untested, and their numbers are insufficient - with only one facilitator covering North Darfur and five across all Darfur states - thereby limiting their overall impact.

Adding to these challenges was the fragmentation of reporting mechanisms. Different monitoring entities generated different types of reports, making it difficult to consolidate and analyse data effectively, with the consequence that critical insights are often lost or delayed. This fragmentation is described in Annex 11.

✓ PRELIMINARY CONCLUSIONS

EFFE 22: UNICEF's ability to monitor programme implementation in conflict-affected and hard-to-reach areas remains significantly constrained by access restrictions and limited field presence. These challenges led to inconsistent and infrequent monitoring, and fragmented reporting systems made it even more difficult to obtain a coherent picture of performance

Supply

In May 2023,¹⁷² shortly after the supply staff had regrouped in Port Sudan, the SCO developed a supply plan with the support of the Copenhagen Supply Division. Initial supplies worth \$10 million were distributed from stocks still available in in-country warehouses,¹⁷³ although some had been looted, and another \$10 million order for emergency supplies was made through Copenhagen utilizing the UNICEF bridge-fund / internal loan Emergency Response Fund. Some initial pipeline difficulties were reported regarding RUTF, as the Khartoum RUTF factory was destroyed, and supplies needed to be imported. In this respect, there was good regional collaboration with WCARO, which lent SCO some of its own RUTF stocks to be transported via cross-border operations from Chad.¹⁷⁴ The majority of supplies delivered in 2024 were intended to be used in the following sectors: nutrition (\$27 million), education (\$9 million), health (\$7.1 million), WASH (\$5.9 million) and child protection (\$2.8 million), totalling \$51.8 million for the year.¹⁷⁵ This is a higher volume of supplies if compared to the total ordered in 2023 (\$31.2 million). The importance of the cross-border supply routes is discussed later in EQ4c.

During 2024, support was delivered most frequently into Gedaref State, followed closely by Kassala, North Darfur, and the Red Sea states. Lower amounts were delivered into Kordofan and Central Darfur due to access difficulties in those areas. To mitigate some access challenges, supply staff came up with some practical solutions, such as using smaller trucks and local transporters who knew the roads well and could avoid checkpoints and dangerous routes and who might more easily negotiate their way through checkpoints because they are local.

✓ PRELIMINARY CONCLUSIONS

EFFE 23: The Supply Division demonstrated good global and regional collaboration to facilitate the provision of supplies both in-country and cross-border

Finance

In April 2023, many banks in Khartoum and other conflict-affected areas of Sudan ceased operations as their facilities were damaged and looted. Electronic banking services were also affected, and many banks lost their financial data. At the same time, the value of the currency depreciated, and liquidity became a major problem due to bank runs and capital flight. This near collapse of the banking system created severe difficulties for the SCO, as well as its IPs and suppliers. Although most UNICEF payments are processed via Budapest, those payments still need to connect to banks in Sudan, and the inability to pay partners directly into their local bank accounts led to delays in the payment process. Furthermore, by the time funds had become finally accessible, for example, when the IP had physically reached a bank and the cheque received had been processed by the bank (after two days), costs had increased due to the high rate of inflation, affecting the viability of agreed budgets. Bank charges for the disbursement of cash have also increased, a cost that reportedly the IPs have to meet themselves.

Implementing partners consistently indicated that these payment bottlenecks led to delays, and that such delays are compounded by the changing price of commodities. Although difficult to quantify, such problems had a detrimental effect of the timing of programme implementation, as well as the quantity of goods that have been procured. Some agreements had to be renegotiated due to inflationary changes in price.

✓ PRELIMINARY CONCLUSIONS

EFFE 24: Some payments to suppliers and IPs were delayed due to issues with the banking system and payment processes. These delays, compounded by inflation, have had a detrimental effect on programme implementation

EFFE 25: Overall, UNICEF's operational support activities have enabled programming, however, moving forward, a stronger commitment to (and accountability for) the systematic usage of emergency procedures is essential to ensure timely service delivery

EQ 2g. How effective was UNICEF's leadership across the response, including advocating for children's rights in Sudan throughout the different phases of the response? How can this advocacy be strengthened both in Sudan and in Sudan's response globally?

Leadership

Box 4 highlights key aspects of UNICEF's leadership during the L3 Sudan response. These insights underscore both the successes and the areas for improvement in UNICEF's approach to addressing the complex humanitarian crisis in Sudan.



BOX 4**UNICEF's leadership in the L3 Sudan response**

Vision: UNICEF demonstrated strategic leadership in developing the three-prong strategy at a time when other stakeholders were more focused on displacement. UNICEF developed specific strategies to address advocacy, resource-mobilisation, access, localisation, logistics and famine prevention. UNICEF has been a clear and consistent advocate for child protection externally (to the United Nations Security Council UNSC through the MRM, to donors, the Sudanese Government and NSAs), and horizontally (within the Humanitarian Country Team and HRPs).

Decision-making: HQs commitment and support from all related regional offices was unwavering, although MENARO was not well-placed to take over as GEC after three months - at a time when the locus of resource mobilisation was still New York and the locus of coordination was in Nairobi. Senior management visits helped the CO focus efforts and overcome bottlenecks. Corporate and country-level decision-making was quick and clear. Key CO management staff remained in place through the first year, providing continuity with a mild development bias. EMTs were well-managed and documented. The CO led the UN system in accessing Khartoum in March 2024 and Darfur (via Chad).

Gathering financial and HR: Despite a difficult donor environment (competing global crises and unique donor rules of engagement), UNICEF managed to supplement meagre emergency funding with development resources and build an appropriate full-spectrum programme. Surge staff and three major PBRs ensured that HR mostly kept pace with the evolving programme.

Programme alignment and focus: Management ensured that the programme evolved, addressing some early gaps (education), providing relevant support wherever access was possible, and sustaining highly stressed government systems. CCCs largely guided the response, even if they were not always complied with, and the CO took innovative approaches to access, security and localisation (including engaging with ERRs). Missed opportunities on HCT and conflict-sensitive programming.

Stakeholder relations: compounded by the UNDSS decisions on Programme Criticality staffing, UNICEF scaled up to meet its IASC obligations for cluster coordination and actively led the Humanitarian Country Team on AAP. Donor relations were well appreciated as well as UNICEF's clear advocacy and joint communications. Localisation became a strong priority. The innovative localisation strategy aspires to build more equitable relationships and recognises the value added of local actors (including ERRs) in improving access and reach. Cluster co-leadership arrangements could have been more effectively leveraged to enhance coordination in NSA-controlled areas.

Organizational culture: Staff widely expressed confidence in CO leadership and appreciation for management communications as well as exceptional efforts to provide duty of care during the difficult evacuation from Khartoum. Difficult staffing challenges were handled sensitively although (without using emergency procedures for the latest PBR) slowly.

Managing risks and adapting to change: CO leadership created key advisor positions (security analysis, access, localisation and risk management) which, together allowed the CO to effectively manage risks and change from 2024 onwards.

Ethical leadership and accountability: UNICEF did its best to adhere to humanitarian principles in a situation where unavoidable operational factors could make it appear that UNICEF was providing preference to government-controlled areas. The CO made PSEA and duty of care high priorities.

Area for leadership improvement: Given MENARO's limited role, after the initial three months, GEC functions could have been shared between HQs and ESARO or moved entirely to ESARO (aligning with most other UN agencies and donors).

Advocacy: Despite best efforts, UNICEF is not making enough progress advocating with parties to the conflict for respect of children's rights and prevention of grave violations.

✓ PRELIMINARY CONCLUSIONS

EFFE 26: UNICEF demonstrated adaptive leadership in the L3 Sudan response, effectively balancing advocacy, resource mobilisation, and programme delivery despite significant challenges

Public Advocacy efforts

Since the conflict's outbreak in April 2023, UNICEF has been at the forefront of advocating for children's protection in Sudan, urging parties to the conflict to end the violence and to ensure humanitarian access. For example, within days of the conflict's April 2023 onset, UNICEF implored all parties to *"immediately cease hostilities"* and to *"ensure that humanitarian actors can safely and quickly reach children in need."*¹⁷⁶

As the conflict had worn on, UNICEF repeatedly underscored that children are the war's worst victims – emphasizing that they were being killed, wounded, orphaned and terrorized at alarming rates.¹⁷⁷ Protecting children from grave violations (including killing and maiming, recruitment and use, and sexual violence) and providing them with humanitarian relief was the common thread running through virtually all of UNICEF's public appeals.¹⁷⁸

At the global level, UNICEF briefed U.N. Security Council members on specific atrocities and called for the cessation of hostilities and for safe access.¹⁷⁹ Further, a key component of UNICEF's advocacy was its leadership in the MRM for grave violations against children. Despite the withdrawal of the United Nations Integrated Transition Assistance Mission in Sudan March 2024, UNICEF continued to successfully lead the technical-level MRM Task Force and co-chair the high-level MRM Task Force, ensuring a consistent increase in the verification of violations. As a result, eight armed groups and forces were listed in Annex A of the Secretary General's report. The most reported violations included killing and maiming, attacks on schools and hospitals, sexual violence, abduction, denial of humanitarian assistance, and the recruitment and use of children. However, persistent social norms, stigma around sexual violence, and resistance from armed groups hindered the full monitoring and reporting of such violations.

At the Humanitarian Country Team level in Sudan, UNICEF played a critical role in ensuring that the expansion of the People in Need (PIN) figures included children, and advocating for equity-based responses in humanitarian assistance. The evaluation team noted two particular successes in sectoral advocacy in Sudan. First, in education, UNICEF successfully advocated for school reopening—achieving success in River Nile State in 2023, for alternative learning spaces, and for the removal of IDPs from schools. UNICEF also worked with national and international partners to ensure that students could sit for national exams despite ongoing conflict. Secondly, in child

protection, UNICEF played a crucial role in securing the release of detained children and relocating orphans from unsafe facilities.¹⁸⁰

Towards an Advocacy Strategy

On 24 July 2023, exactly 100 days after the conflict began, UNICEF launched the 100-Day Advocacy Campaign. This campaign marked the first internally coordinated attempt to raise global awareness of Sudan's deteriorating humanitarian situation, secure unimpeded humanitarian access, and mobilize donor engagement in the lead up to the Next 100-Day plan – where UNICEF would focus and scale up its activities. The campaign appeared to attract significant media attention¹⁸¹ yet by the end of October 2023 there was still not a unified approach to advocacy between HQ, RO, and SCO. It is important to note that the capacity at MENARO and HQ to support the Sudan Office in advocacy, media, and communications was understandably constrained due to other global priorities, such as the 7 October 2023 Hamas attacks and their aftermath. This was reflected in the CO's September 2023 request for assistance in updating its L3 advocacy strategy, which could not be accommodated at the time.



Only in late 2023 did discussions resume among the three levels of UNICEF, with the aim of formulating a unified approach to advocacy (under a single advocacy framework) and, in March 2024, the Sudan Humanitarian Advocacy Strategy was finally launched.

The strategy provided a six-month framework for advocacy, focusing on securing humanitarian access, protecting children, preventing system collapse in health and nutrition services, and increasing diplomatic pressure for a ceasefire.¹⁸²

Despite acknowledged delays in its development, UNICEF staff consider the advocacy strategy for Sudan to be a relatively novel approach within the context of L3 emergency responses. Its integrated approach—addressing both public and private advocacy, along with a detailed engagement plan specific to Sudan—sets it apart. These features appear to be influenced by the advocacy strategy UNICEF developed for the L3 response in the State of Palestine (SoP) in November 2023, although such elements are not consistently present across all UNICEF L3 responses.

To further strengthen coordination, UNICEF established an Advocacy Crisis Cell at the headquarters level, alongside a complementary mechanism known as the “Humanitarian Diplomacy Squad.” While the evaluation team did not assess the effectiveness of these mechanisms, it notes that the Squad—though not specific to Sudan—includes participation from senior leadership such as Deputy Executive Directors (DEDs) and Regional Directors (RDs), as relevant. It represents a promising new initiative for advancing UNICEF’s advocacy goals through candid dialogue and strategic engagement at both country and international levels

✓ PRELIMINARY CONCLUSIONS

EFFE 27: UNICEF’s public advocacy for children’s rights in Sudan was effective in highlighting the catastrophic impacts of the conflict on children. However, the ongoing violence against children remains unabated and requires a political solution

EFFE 28: The Sudan response encountered challenges early on in coordinating advocacy efforts between across HQ, RO, and SCO, with delays in developing a unified advocacy strategy limiting early momentum. Eventually, the launch of the Sudan Humanitarian Advocacy Strategy in March 2024 marked a significant step forward, aligning efforts under a clear framework to secure access, protect children, and prevent system collapse





Connectedness

EVALUATION QUESTIONS

EQ3. How effectively is the UNICEF L3 response building on pre-existing programmes, preserving capacities and structures for future development, and reducing the needs, vulnerabilities, and risks to children? and how can this be improved?

EQ3a. What factors hindered and assisted in linking the emergency response with efforts to preserve development gains and maintain government and community structures?

EQ 3a. What factors hindered and assisted in linking the emergency response with efforts to preserve development gains and maintain government and community structures?

Assisting factors

As outlined in the context section, progress toward the development results framed in the Sudan UN Development Assistance Framework (2018–2021 extended to 2023), was disrupted by the October 2021 coup (see Box 5). Since then, the UN and UNICEF have focused on sustaining basic services and critical infrastructures through direct support and fostering community resilience. This has resulted in a concerted - yet not sustainable - effort to keep existing systems operational at the state level. As the conflict broke out, an important enabler facilitating linking humanitarian assistance and the previous “system sustaining” approach was, as mentioned in EQ2b, the intentional development of the three-pronged strategy, and specifically the third prong “supporting the preservation of systems that deliver basic services”. In this way, UNICEF deliberately set out to address emerging humanitarian needs while safeguarding the operational continuity of national systems across the country and maintaining the achievements of UNICEF’s previous work in the Sudan along the humanitarian-development-peace nexus.¹⁸³

From the onset of the crisis, therefore, UNICEF continued to work within existing national and local systems –although very weak and close to collapsing- rather than creating parallel structures. This approach was evident in UNICEF’s partnerships with line ministries at the state level in SAF-controlled areas, and collaboration with PHC networks in Health and Nutrition in RSF-controlled areas, as well as sustained engagement with community-based networks for health

workers and child protection. As flagged in interviews with UNICEF staff, these activities were built on long-established personal relationships and agreed approaches between government officials and UNICEF staff, as well as in-depth knowledge of the operational context.

A contributing factor in linking the emergency response with efforts to preserve development gains and maintain government and community structures was the way that UNICEF’s operational modalities had shifted after the 2021 coup, which forced UNICEF to focus on downstream programming at the state level and community engagement.¹⁸⁴ An internal operational assessment conducted in December 2021¹⁸⁵ identified key components of this earlier shift, including increased reliance on partnerships with non-governmental organizations and the development of direct implementation mechanisms, such as direct provision of critical health and nutrition supplies (see EQ2f), and cash-based programming including payment of incentives to frontline workers to retain essential capacities within national systems, MCCT+ and school grants. These mechanisms were continued through the emergency response: for example, in 2024, UNICEF payments reached over 2,200 vaccinators, including more than 100 local officers, cold chain officers, and information officers.¹⁸⁶ This support, as elaborated in EQ1a, enabled community-level PHCs and OTPs to continue to function and, in turn, at least in part meet children’s health and nutrition needs.

Also, UNICEF’s reputation and pre-coup work on child-centred policy reforms ensured that the emergency response aligned with the pre-coup national strategies and policies that UNICEF had helped shape. This alignment focused particularly on social protection, quality education, and child protection.

BOX 5**UNICEF shifting operation modalities after the 2021 coup**

After the October 2021 military coup in Sudan, international donors imposed restrictions on direct engagement with the de facto government, posing significant challenges to the operations of UN agencies. In 2022, UNICEF adapted its operational approach by reshaping partnerships, adjusting operational modalities, and prioritising community resilience to ensure the continuity of vital services despite these constraints. Below are some of the strategies deployed:

Shift to state-level engagement: with central government engagement limited, UNICEF increased collaboration with state ministries—particularly for health, education, water, and child protection services. In 2022, for instance, in Kassala and Blue Nile states, UNICEF worked directly with state-level health authorities to deliver immunisation campaigns and maternal health services.

Expanded role of civil society and community-based organizations: in place of central government counterparts, UNICEF scaled up partnerships with local NGOs and community-based organizations.

Localisation of procurement and service delivery: rather than relying on central government systems, UNICEF procured supplies (e.g., vaccines, learning kits, hygiene materials) through local private sector vendors and delivered them directly to schools and clinics at the locality level.

Direct support to frontline workers: in order to support retaining qualified workforce UNICEF deployed the global cash transfer management information system HOPE. This allowed direct support to frontline workers providing critical services, including teachers, and health and social workers.

Geospatial risk mapping and prioritisation: in the absence of reliable national data in 2022, UNICEF used satellite imagery and community-level data to identify vulnerable localities most in need. This allowed for example targeted delivery of services such as emergency WASH interventions in flood-affected areas like Gezira and White Nile states.

For example, UNICEF's engagement with the NCCW and the Ministry of Social Development led to amendments to the Child Act 2020 and the draft Family Personal Law in 2024, thereby strengthening child protection frameworks. Expanded engagement also facilitated the training of 150 social workers in case management and referral practices, contributing both to the emergency response and to the long-term resilience of Sudan's social welfare system. In education, UNICEF continued to build on the Learning Passport and invested in teacher training programmes and played a key role in enabling the safe administration of the Sudanese Secondary Education Certificate Exam for 340,000 students, marking a critical step toward restoring both access to and the quality of education in Sudan. In nutrition, UNICEF leveraged lessons learned from its "No Time to Waste" strategy in developing the 2024 Famine Prevention Plan emphasizing prevention, early detection, and treatment of malnutrition, and designed to reduce the long-term humanitarian burden of malnutrition.

Thanks to this development foundation, UNICEF was able to negotiate with more traditionally development donors to access funds that might originally have been intended for the Government and refocus such funding to support community-level emergency

activities. As such, SCO have been able to protect and even develop partnerships with development donors, such as the World Bank, KFW, and the EU, thus generating an improved resource mobilization scenario. The World Bank Somoud project, as discussed in the cross-cutting section of the report, is an example of how UNICEF effectively merged both development (ORR) and humanitarian funding (ORE) to build a comprehensive programme of support in an otherwise difficult humanitarian funding environment.

Hindering factors

Notwithstanding this support from UNICEF, the conflict has devastated national systems through widespread infrastructure destruction and service disruptions. In the health sector, over 70 per cent of facilities in conflict zones are non-functional, leaving two-thirds of the population without access to care. Damaged transport networks, loss of health-care workers, and unsafe conditions have severely hindered essential services like immunisation and disease prevention, while the collapse of water systems has fuelled outbreaks of cholera and other diseases. Education has also suffered immensely, with over 17 million still out of school,¹⁸⁷ particularly girls. Many schools have been repurposed as shelters, while the lack of WASH facilities, female

teachers, and gender-segregated latrines has further restricted girls' access to learning. The economic crisis has also left teachers unpaid, weakening the education system and affecting learning continuity.

Massive population movements also scattered communities in different parts of the country, making it difficult in many cases for UNICEF to reconnect with community structures they worked with for many years, for example in Darfur. Some earlier activities, such as Community Child Protection Networks established under the Saleema initiative, were easier to continue in accessible areas, and were put on hold in areas subject to too much dislocation.

Also, as much as UNICEF clearly expressed their willingness to work with all sides of the conflict, their established relations within national systems were stronger in government-controlled areas. Implementing development-leaning activities in NSA-controlled areas encountered continuity problems as the nascent *de facto* authorities lacked the experience and trust of working with UNICEF and its implementing partners.

Despite the three-pronged strategy being an enabling framework, all three prongs were not given the same priority and importance across the response (see EQ1c). In 2023 especially, the focus was largely on life-saving supply-driven support, which by nature left limited possibilities to adapt to local contexts and strengthen systems according to specific needs. This early "blanket approach," as it was referred to in interviews, constrained the options for targeted support, for example, in education (see also EQ1c). More resilience-oriented approaches were introduced in 2024.

✓ PRELIMINARY CONCLUSIONS

CONN 1: UNICEF effectively leveraged pre-existing government relationships and adopted a nexus-oriented approach to sustain the operational continuity of essential services and community structures. The three-pronged strategy and operational adaptations proved appropriate and effective in accessible areas, especially. The broader impact was constrained by conflict-related devastation and restricted access

CONN 2: Despite funding challenges, UNICEF's approach successfully balanced immediate humanitarian needs with the safeguarding of national systems, aligning with the UNDAF strategy. However, the approach lacks long-term sustainability, as the gains made remain fragile and insufficiently embedded to withstand ongoing instability without structural recovery and political stability

CONN 3: As highlighted in EFFE 8, there is no definitive evidence that UNICEF's efforts directly led to the sustainable or systemic preservation of national systems. Nevertheless, its support was indispensable. Without UNICEF's interventions, critical basic services in health, nutrition, education, child protection, and WASH would have likely further collapsed, leading to loss of human resources capacities and lack of essential supplies



Coherence and coordination

EVALUATION QUESTIONS

EQ4. How effectively and efficiently has UNICEF been in coordinating internally and externally, including cross-border efforts, and collaborating with partners in responding to the emergency, and how can coordination be improved?

EQ4a. To what extent was UNICEF Coordination among HQ, RO and CO coherent and effective?

EQ4b. How multi-sectoral, integrated, and coherent was UNICEF's overall response (horizontal)?

EQ4c. What are UNICEF's key strengths, weaknesses, and challenges in cross-border collaboration?

EQ4d. To what extent has UNICEF advanced the localisation agenda during the response and how can this be further advanced? How have UNICEF's partnerships (international and national) advanced localization?

EQ 4a. To what extent was UNICEF Coordination among HQ, RO and CO coherent and effective?

The Global Emergency Coordinator (GEC) functions: timing and locus of shift

The decision to transition the GEC role from UNICEF HQ to MENARO only three months after the L3 declaration was viewed by some interviewees as premature, given the evolving nature of the crisis in Sudan. Furthermore, the fact that donor attention was heavily focused on the Ukraine emergency when the L3 was declared for Sudan, should have suggested the need for an overall greater organizational effort to generate the required level of support for Sudan.¹⁸⁸ Retaining the GEC role at HQ for a longer period could have provided greater continuity in global advocacy, donor engagement, and strategic coordination during a critical window for mobilization.

In addition to timing, some stakeholders questioned whether MENARO was the appropriate regional office to take over the GEC functions.¹⁸⁹ While Sudan structurally reports to MENARO and there was no question regarding MENARO's willingness to support the SCO, given the cross-regional dimension of the crisis with implications beyond MENARO (e.g. donor coordination for Sudan in Nairobi, WCARO playing a practical role in coordinating the critical cross-border supply route through Chad, exploration of supply management routes through South Sudan) there was a business case for the GEC function not to be automatically transferred to MENARO. The assignment of an SCO staff member to ESARO in late November 2024 to support donor engagement, interagency coordination and cross-border logistics, is a confirmation of

the business case in question, as well as the recent decision to transition the SCO to the Eastern and Southern Africa Regional Office.¹⁹⁰

The visit from the Deputy Executive Director (DED) in August 2023 was seen by staff as helpful in bringing more structure to the response. This visit helped build momentum for the Next 100-Day Plan and tightened up UNICEF's advocacy (see below), thereby reinforcing UNICEF's strategic direction. A visit by the Executive Director in June 2024 was also reported as having provided valuable encouragement to staff and as helping keep Sudan in the international spotlight.

✓ PRELIMINARY CONCLUSIONS

COH-COORD 1: The decision to shift the GEC role from HQ to MENARO after only three months was questioned by some stakeholders

Vertical coordination

Coordination between HQ, MENARO, and SCO demonstrated both positive examples and areas for improvement. One area of strength was supply management, where inter-office coordination worked effectively. Weekly meetings involving MENARO, WCARO, ESARO, SCO, and Copenhagen facilitated cross-border supply operations, ensuring the timely delivery of essential resources (see EQ4c below).

Advocacy and resource mobilization on the other hand presented opportunities for improvement. In advocacy, the 100-Day Advocacy Campaign in mid-2023 aimed to raise global awareness of Sudan's worsening humanitarian crisis. However, a lack of

unified coordination across HQ, MENARO, and SCO, compounded by MENARO and HQ's limited capacity due to competing global priorities like the 7 October Hamas attacks, delayed the development of a cohesive advocacy framework until March 2024 (see *EFPE* 28). Similarly, in resource mobilisation, SCO led efforts throughout 2023, focusing on direct donor engagement with traditional humanitarian partners such as USAID, ECHO, FCDO, and GFFO, as well as development donors like the World Bank and the African Development Bank. While the revamped SCO-led IMPACT¹⁹¹ team played a critical role in navigating donor engagement and grant management, SCO leadership noted that earlier and more consistent corporate engagement from HQ and MENARO could have significantly strengthened resource mobilisation during the crucial early stages of the emergency response.

Beyond the initial challenges in advocacy and resource mobilisation, the evaluation team could not identify specific problems. Instead of problems, the ET's interviews with HQs, MENARO and the CO revealed a pattern of differing perceptions across offices regarding priorities and solutions. For example, the CO felt that HQs and MENARO were slow to make decisions about key staffing, procurement and funding allocations, while HQs felt that they did not have sufficient information from the CO to make these and other decisions quickly. By the time decisions were made at HQ level, sometimes the needs in the field had already shifted so the support provided seemed less well-suited to the field needs. Similarly, HQs and MENARO commented that they felt that the SCO at times lacked an emergency focus and was 'slow' to adapt to the humanitarian systems in the country.

Another example is the joint HQ-MENARO effort to promote the implementation of response approaches that had worked in other humanitarian emergencies (e.g., the widespread use of facilitators to support monitoring and relationship-building in situations of limited access, which was an enabling factor during the L3 response in Afghanistan). However, both HQ and MENARO staff perceived that the SCO was resistant to such new ideas or other proposed changes, while SCO regarded HQ and MENARO as not sufficiently aware of the complexity of the context. Similarly, on the use of HCTs (beyond MCCT+), HQ-MENARO perceived SCO as resistant to explore options and use lessons learned for example from Yemen, while SCO viewed HQ and MENARO lacking a full understanding of the nuanced challenges on

the ground (see *REL* 5). Lastly, while UNICEF HQs and MENARO staff were keen to adhere to UNDSS rigid security guidelines, some staff in the SCO felt that they had a more granular and contextual understanding of risk and seemed more inclined to pursue unofficial, locally adapted approaches. In the ET's view, none of these issues amounted to a clear coordination problem, but they pointed to a situation where clearer communication and greater trust, perhaps supported by a small task team in HQs to serve as a one-stop-shop for support, might have improved coordination and speeded up decision-making.

✓ PRELIMINARY CONCLUSIONS

COH-COORD 1: The decision to shift the GEC role from HQ to MENARO after only three months was questioned by some stakeholders



EQ 4b. How multi-sectoral, integrated, and coherent was UNICEF's overall response (horizontal)?

Integrated programming

UNICEF's CCCs encourage multisectoral and integrated programming, urging all COs to "promote multisectoral and integrated programming, as well as geographic convergence, when designing and implementing programmes and partnerships." In Sudan, UNICEF adopted a deliberate geographic convergence:¹⁹² by concentrating interventions from various sectors within the same geographic areas, the approach aimed to maximize programmatic efficiency, improve service delivery, and strengthen intersectoral collaboration in areas with the highest humanitarian needs, including IDP reception sites and Makanna centres.¹⁹³

Geographic convergence did facilitate intersectoral collaboration. In some regions, mobile clinics integrated Health and Nutrition services, providing a more comprehensive approach to addressing malnutrition and disease prevention. Similarly, the WASH and Health sectors worked together with SBC/ community engagement activities to prevent and respond to cholera outbreaks, the Somoud action plan brought together a range of support services for women, and the Makanna approach effectively combined Child Protection, Education, and WASH to support children in IDP settings.

However, geographic convergence did not fully translate into integrated programming. Instead of cross-sector collaboration, sectors more often operated in parallel within the same geographical areas. One of the key indicators of the parallel approach is that only 30 per cent of NGO PDs were multisectoral, meaning that the majority of interventions were still sector-specific.¹⁹⁴ Interviews with partners confirmed that, even when organizations signed multisectoral agreements with UNICEF in the same locations, there was insufficient cross-sectoral integration or field-level flexibility to dynamically adjust activities in ways that would achieve the full benefits of integration. As one UNICEF staff member observed, "We plan together but execute separately."

A major barrier to integration was the programme silos within UNICEF itself; sectoral teams often functioned independently, leading to missed opportunities for synergy. For instance, child protection and nutrition programmes could have used mobile clinics as an entry point for identifying and referring children at risk; safe spaces and schools could have been leveraged for nutrition screening and school feeding programmes as part of famine prevention efforts. Similarly, education programming could have been further leveraged as a gateway for Nutrition and Health programmes. However, the evaluation team found no evidence of this.

Another key limitation was the underutilization of SBC as an enabler of integrated programming. Instead of being mainstreamed across all programmatic areas, as recommended by the CCCs, SBC efforts remained largely sector-specific, leading to inefficiencies and duplication of efforts within the same communities. For example, multiple sectoral committees were established by different partners to implement UNICEF-funded activities, instead of investing in common community mechanisms.

While the Famine Prevention Plan aimed to deliver a multisectoral response - integrating Nutrition, Health, WASH, Child Protection, and Social Protection - its design had critical gaps that hindered effective implementation. A key shortcoming was the lack of a clear strategy for including HCTs as a core famine prevention measure. In hard-to-reach areas, where nutrition needs were highest and in-kind food assistance was most challenging, targeted cash and vouchers assistance could have prevented malnutrition among the most vulnerable populations.

✓ PRELIMINARY CONCLUSIONS

COH-COORD 3: Geographic convergence enabled some programme integration, boosted in particular by initiatives such as the Makanna approach, the Somoud Action Plan and the Famine Prevention Plan. However, full integration was inhibited by programme silos within UNICEF, underutilization of the integrating potential of SBC, and partner specialization. Several potential opportunities for deeper integration were missed

EQ 4c. What are UNICEF's key strengths, weaknesses, and challenges in cross-border collaboration?

Cross-border collaboration

Even before the 2023 eruption of conflict, there was a supply route into West Darfur from Chad. However, after April 2023 and especially after the fall of the key transit city of El Obeid, this became the only way of supplying commodities at scale.¹⁹⁵ For this reason, SCO set up an outpost in Farchana (Eastern Chad), so that supplies could be transferred cross border into Sudan at Adre. SCO jointly managed the cross-border route into Darfur with WCARO and the Chad CO, supported by the Copenhagen Supply Team. Regular coordination meetings were held (weekly at one point) between representatives of the three regional offices (WCARO, MENARO, and ESARO), SCO, Chad CO and HQ (Copenhagen). Overall, cooperation in such fora was reported as being strong. An additional example of cooperation observed at the start of the crisis, was between WCARO and the CO, whereby WCARO would provide RUFT to the SCO following the destruction of the RUFT factory in Khartoum. The operation functioned well; for example, during Q3 and Q4 of 2024, respectively, 23 and 48 UNICEF trucks carried a total of 3,241 MT into Sudan via the Adre crossing, and an additional 11 trucks carrying 660 MT crossed via Chad's northern crossing at Tine¹⁹⁶ during the same period.

The Adre crossing is, however, only available at the behest of the Sudanese Government, and the risk remains that the crossing could be closed any time, thus creating an inherent weakness in the current cross-border arrangements. Furthermore, shipments made through Chad are expensive as they have to be transported by land to and across a land-locked country. In order to mitigate this risk and reduce the costs, UNICEF investigated alternative solutions, and in November 2024 established a supply base in Renk in NE South Sudan, where the presence of a warehouse and the availability of UNICEF staff enabled the shipment of supplies through White Nile state to Kosti, with the aim of further supporting Kordofan operations. Some small shipments have already been sent on a trial basis.

As of January 2025, several potential supply routes into Sudan from South Sudan areas were under consideration. Potential border crossings to East Darfur have been identified at Aweil, where WFP has made warehouse space available to UNICEF. Panakuach and Yida are potential crossing points to connect via Kadugli in Sudan to Kordofan and Northern Darfur, and a 3,200 sq. ft warehouse had been identified in Juba for the prepositioning of stocks,¹⁹⁷ which would be transported overland from Mombasa, Kenya. Although as of May 2025 the ET was informed that the South Sudan route was no longer under consideration by the SCO, given the possible closure of the Adre border, establishing an alternate crossing from South Sudan should still be considered a possibility. At the same time, continued advocacy with the Government of Sudan to maintain the Adre crossing open is of paramount importance.

In December 2024, it was announced that "the L3 emergency procedures will be extended to the South Sudan Country Office for the same six-month period in response to the flow of refugees and returnees".¹⁹⁸ This would enable UNICEF South Sudan to utilise fast-track procedures and could further benefit the cross-border operation into Sudan. A similar measure for Chad would be of even greater benefit to the Sudan operation. In light of all the previous findings, considering the higher cost of shipments via Chad and South Sudan and the risks of border closures, crossline delivery through Port Sudan remains a cheaper alternative, although subject to its vulnerability of access permissions. In this respect, the SCO's humanitarian access expert has been reported by SCO staff as being very helpful in negotiating and improving access and is a good example that could be replicated in similar situations of limited access.

✓ PRELIMINARY CONCLUSIONS

COH-COORD 4: The cross-border operation out of Chad was timely, well structured and functional, demonstrating good cooperation between UNICEF offices. However, there is a risk that the Sudanese Government permission to utilise this border crossing might be withheld at any time which has to be seen as an ongoing operational risk

EQ 4d. To what extent has UNICEF advanced the localisation agenda during the response and how can this be further advanced? How have UNICEF's partnerships (international and national) advanced localisation?

Partnerships with NGOs, INGOs and CBOs over time

The ET conducted a comparative analysis of PDs, implementing partners and related budgets, comparing the 12 months preceding (16 June 2022 - 14 June 2023) and following the L3 activation (15 June 2023 - 14 June 2024).

The analysis shows that the total number of PDs increased from 85 to 114, within which the number of PDs with National NGOs increased from 53 to 85. However, only three more partners were added to the mix, so even though far more agreements were signed with national NGOs, the size of the NNGO pool seemed to have increased only slightly. At the same time, the number of PDs with INGOs decreased, so there was a clear net transfer of partnerships (as measured by PDs) from INGOs to NNGOs at the time

of the L3 activation. The trend continued in 2024 with a still greater number of NNGO PDs.¹⁹⁹ While NNGO PDs increased, there were very few agreements signed directly with CBOs, increasing from one to two before and after the L3 activation and increasing again to four in 2024.

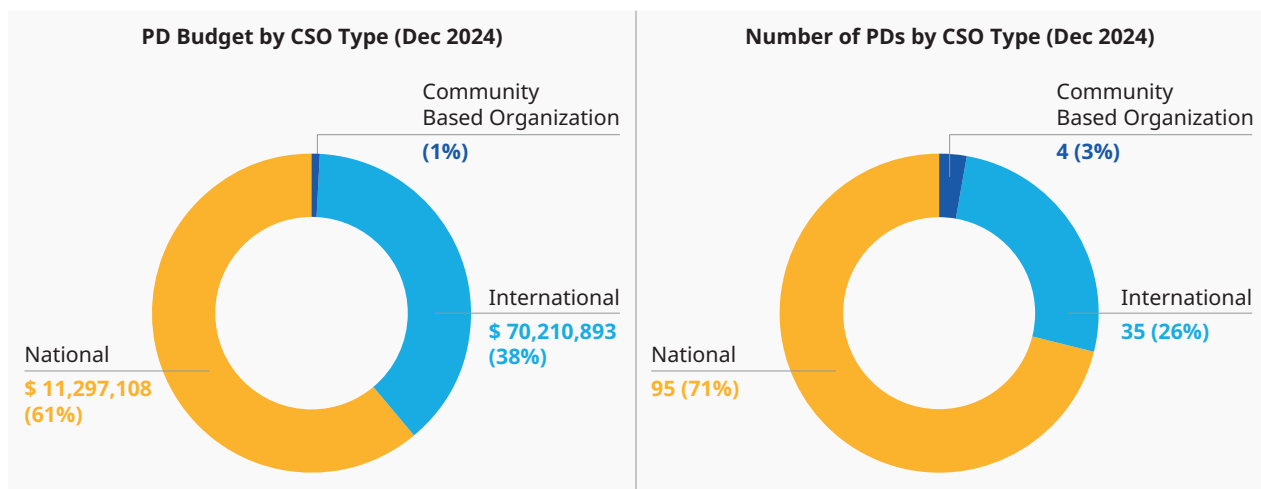
As of December 2024, CBOs absorbed only one per cent of the total PD budget²⁰⁰ and 3 per cent of the total number of active PDs (4/134). National NGOs, on the other hand, absorbed 61 per cent of the budget and 71 per cent of the total number of PDs (95/134). The relatively greater share of SCO funding being directed to NNGOs, which these figures suggest, was also further corroborated by data, shared by SCO with the evaluation team, pointing to 73 per cent of DCT payments and reimbursement payments going to NNGOs (across the years 2022 and 2025). Finally, it is noteworthy that the ET's analysis also suggests that, at the end of 2024, 63 per cent²⁰¹ of the total PD budget was absorbed by 22 per cent²⁰² of partners. The following table and graphs summarise these trends. For a further breakdown of the analysis, see Annex 12.

Table 15. Summary of trends: Number of PDs (National, International and CBOs) and No. of Partners over time

	1 year pre-L3 (Baseline) ²⁰³	1 year post-L3 Activation ²⁰⁴	Dec 2024 ²⁰⁵
No. of PDs with National NGOs	53	85 (+60%)	95 (+80%)
No. of PDs with International NGOs	31	27 (-13%)	35 (+13%)
No. of PDs with CBOs	1	2 (+ 50%)	4 (+300%)
Total No. of PDs (Grand total)	85	114 (+34%)	134 (+58%)
No. of Partners	51	54 (+6%)	67 (+31%)

Source: Evaluation team, based on E-Tools²⁰⁶

Figure 6. Breakdown of Programme Document (PD) Budget and Numbers by CSO Type (as of December 2024): CBOs absorbed only 1% of the total PD budget and 3% of the total number of active PDs



Source: Evaluation team, based on E-tools

Quality of Partnerships

Localisation in UNICEF Sudan has been boosted by the hiring in May 2024 of a Localisation Specialist – a somewhat rare position in UNICEF COs. By October 2024, the SCO had a draft localisation strategy in place. At the time the ET visited Sudan for data collection (November 2024), the strategy was reportedly being reviewed by colleagues yet, even as a draft, it represented a clear and solid roadmap for the SCO.

Partners (NNGOs, INGOs, line ministries) consulted during this evaluation consistently recognized UNICEF as a valuable partner and expressed their appreciation for UNICEF staff, their commitment and the work they do in Sudan. However, even though the L3 activation in Sudan increased the number of local partnership agreements (see above), there is little evidence that UNICEF has also shifted from transactional relationships with its partners towards the “equal and mutual partnerships” called for in UNICEF Sudan’s draft localisation strategy.²⁰⁷ This was also the conclusion of the self-assessment that the Sudan CO conducted in 2024 on the status of its localisation efforts, and which became the foundation for the localisation strategy and the ensuing ‘localisation roadmap’.²⁰⁸

To better assess this area of work, the evaluation’s online survey of UNICEF staff included specific questions aimed at gauging how well UNICEF has been working with its implementing partners in Sudan. Areas probed in the survey included how well does UNICEF: 1) Leverage the expertise of implementing partners and engage them as equals in decision-making; 2) Assess and strengthen the capacity

of implementing partners; and 3) Share risk with implementing partners and implement duty of care. Survey responses from UNICEF staff were inconclusive.²⁰⁹ Interviews conducted with UNICEF staff emphasised the expansion of the quantity of partnerships in Sudan since the war broke out, but few have openly recognized the high-quality benchmarks posed by the localisation agenda and the journey still required to get there.

Implementing partners interviewed, on the other hand, were more outspoken on the challenges to localisation and the areas that required strengthening. They highlighted two areas for improvement. First, NNGOs should be involved more in programme design: local partners have local knowledge, they understand the economic and social specifics of different regions, they understand seasonality and logistical realities,²¹⁰ and they understand what can realistically be achieved and how long it will take to achieve it. This finding is consistent with independent studies that report that NNGOs in Sudan have often been excluded from decision-making about how aid is used and how strategies and programmes projects are designed.²¹¹ Second, NNGOs recognized the need for their capacities to be first assessed, and subsequently strengthened. Approximately one-third of the partner survey respondents, administered as part of this evaluation, recommended ‘capacity strengthening’ when asked an open-ended question about possible ways in which UNICEF could improve their work with partners in Sudan.²¹² KIIs with UNICEF staff, the Government and partners alike have consistently pointed to the limited capacities of local partners and the insufficient training provided, and pointed

out that training sessions delivered online are seen as impractical in contexts of limited connectivity.²¹³

UNICEF has started to make important progress in this regard and, in line with good practice in this field²¹⁴ the ET notes that UNICEF Sudan plans to “enhance long-term technical and institutional capacity [of L/NGOs and CBOs] through a tailored approach”.²¹⁵ The SCO interest in engaging the various sections of the office to provide demand-driven and tailored capacity building for ERRs across Sudan is a good illustration of that. Through online and in-person monthly discussions, initially piloted for a period of six months, the idea also was expressed to create a community of practice across UNICEF and national and international organizations in Sudan.²¹⁶

Emergency Response Rooms

UNICEF engaged with ERRs for the first time to provide lifesaving interventions in Khartoum State in October 2023. This was done through a partnership agreement (initiated in August 2023) with an NNGO named NIDAA,²¹⁷ which sub-granted to the Khartoum ERR. Activities supported through the PD with NIDAA included 22 communal kitchens, cash support for groups of women and incentives to health staff providing PHC services. Subsequently, following the escalation of the conflict in Gezira, the PD with NIDAA was amended and activities expanded to Gezira and Sennar.²¹⁸ More recently, UNICEF expanded its tiered partnership with ERRs through a second NNGO – Tabasheer. Through these PDs, activities have expanded and now include child-friendly spaces with psychosocial support and recreation activities, Middle Upper Arm Circumference (MUAC) screening, and water chlorination.

Today, UNICEF is among the largest donors to ERRs.²¹⁹ UNICEF’s partnerships with the ERRs are part of its localisation strategy (2024-2026). As noted in the strategy, UNICEF aims to “promote the meaningful participation of local and national NGOs and CBOs including entities such as ERRs in coordination mechanisms to ensure effective and sustainable humanitarian-development-peace service delivery in hotspot areas”.²²⁰

Working with ERRs is not without its challenges. Some of these include: the ERRs’ limited technical and organizational capabilities (e.g., to deliver in technical areas, but also to assess, monitor and report back); their overstretched capacities; their lack of registration on the UN portal which hampers UNICEF’s direct engagement with them and ends up

hampering systematic capacity building efforts; and perceptions (by SAF and RSF) of their activist/political nature (and the risks that ERRs expose themselves to because of this). Also, while ERRs provide important hyperlocal services, these do not always align clearly with UNICEF’s strategic and sectoral plans.²²¹ Despite all such limitations, ERRs are widely regarded in the humanitarian community as the best and sometimes only actors in some very hard-to-reach areas.

✓ PRELIMINARY CONCLUSIONS

COH-COOR 5: The UNICEF L3 response in Sudan allowed the SCO to make significant progress on its localisation agenda, with a notable increase in partnerships with national NGOs and innovative engagement with mutual aid groups (ERRs) to extend reach into hard-to-reach areas

COH-COOR 6: UNICEF did not sufficiently invest (yet) in the quality of its partnerships, ensuring they are ‘equal and mutual.’ The recruitment of a localisation specialist and the development of a localisation strategy in 2024 marked important steps toward institutionalizing localisation efforts





Cross-cutting themes

EVALUATION QUESTIONS

EQ5. To what extent are cross-cutting themes systematically and meaningfully integrated (including gender, equity, disability inclusion, AAP, GBV prevention, risk mitigation, response, protection from sexual exploitation and abuse (PSEA) into needs assessments, planning, implementation, monitoring, and reporting of the response, and how can integration be improved? What have been the most important aspects to consider in the Sudan response?

Overall crosscutting themes

Progress was made in embedding cross-cutting themes into planning and implementation, but the ET identified gaps in systematic integration across the full programme cycle, particularly in monitoring and evaluation. For example, feedback from AAP mechanisms is not consistently used to inform programmatic adjustments, and gender-disaggregated data is not linked to broader gender analyses.

Systemic barriers, such as language, location, digital exclusion (including connectivity issues), and access/security challenges, disproportionately exclude the most vulnerable groups from accessing services and providing feedback. These barriers are not merely operational but reflect deeper inequities in programme delivery, requiring a shift in the mix of delivery models.

Despite investments in late 2024 in establishing networks of community-based AAP mechanisms in all Sudan's states especially in hard-to-reach areas, such initiatives did not yet yield expected results. Indeed, FGDs with communities in accessible and hard-to-reach areas highlighted that lack of community trust was a recurring issue across AAP and PSEA initiatives. This reflects not only a gap in communication but also a deeper misalignment between community expectations and UNICEF's ability to deliver meaningful outcomes. Communities voiced their concern that their feedback is not heard and does not translate into tangible programmatic change, especially in situations where UNICEF's field presence for monitoring and accountability purposes is weak.

✓ PRELIMINARY CONCLUSIONS

CROSS 1: The integration of cross-cutting issues into UNICEF programming was partially appropriate, yet insufficient to ensure equitable access and meaningful community engagement. While progress was made in planning, gaps remain in systematic integration across the project cycle, particularly in monitoring and evaluation. Systemic barriers such as language, digital exclusion, and access disproportionately exclude vulnerable groups, reflecting deeper inequities in programme delivery. Community trust is undermined by a misalignment between expectations and outcomes, impacted by weak UNICEF's field presence and limited engagement

Accountability to Affected (AAP) Population

UNICEF has taken notable steps to meet global and corporate commitments to AAP, both through its programmes and at the interagency level. A key early decision was the appointment of an AAP Programme Manager, an important investment that shifted the AAP function from being narrowly focused on accountability for the Cash Implementation Unit feedback mechanisms to a broader, more integrated function across UNICEF's programmes. This dedicated support has been instrumental in embedding AAP principles into programme design and delivery, ensuring that AAP becomes a central element of UNICEF's humanitarian response. The integration of AAP within the 100-Day Plan, and inclusion of a comprehensive Grievance Mechanism in all proposals to donors,²²² are good illustrations of that.

One of the major challenges in implementing AAP commitments is UNICEF's limited field presence. Communities have repeatedly expressed a desire to engage directly with UNICEF rather than solely through implementing partners. This lack of direct engagement has led to perceptions that feedback is collected but not always acted upon or meaningfully incorporated into programming. Community consultations have remained one of the weakest aspects of UNICEF's AAP implementation, with many affected populations feeling that their voices are not adequately heard or translated into tangible changes.

While significant progress was made in 2023 and 2024 to establish structured feedback mechanisms and train stakeholders - including 150 community-based champions/volunteers - the system still faces challenges in reaching down to people at the grassroots level, and gaps remain in ensuring that consultation and feedback mechanisms reach all affected populations effectively, particularly in hard-to-reach areas. Efforts thus far have focused heavily on building the infrastructure for AAP, including the creation of the new position of AAP Programme Manager in SCO since late 2024, and setting up channels and formalizing processes. Ensuring that these

systems are accessible, inclusive, and trusted by the communities they are intended to serve is an ongoing effort still needing consolidation.

UNICEF's leadership of the Interagency AAP Working Group has further solidified its role in advancing collective accountability efforts. Supported by CERF funding, UNICEF has established common frameworks and systems, such as the Interagency Community Feedback Mechanism (IA CFM), which brings together over 30 humanitarian actors. This has helped reduce duplication, streamline feedback channels, and foster a unified approach to managing complaints and feedback across the humanitarian response.

However, the sustainability of these efforts has not been assured, particularly in terms of funding and staffing.²²³ While UNICEF has mitigated funding constraints by allocating a percentage of funding to AAP activities in each PD, longer-term sustainability will require more consistent and predictable funding streams. Similarly, as flagged by UNICEF staff, the sustainability of the dedicated AAP staffing is uncertain, as it relies heavily on temporary funding.

Table 16. AAP Analysis against AAP Framework

ET analysis of AAP against UNICEF's AAP framework	
Participation	Participation improved in 2024 with AAP hubs and community-based CFM hubs in all states, but direct engagement by UNICEF is limited, with most interactions conducted through implementing partners. Strategy for empowering local actors in decision-making developed in the second half of 2024. UNICEF Localisation Strategy and the 2025 AAP Capacity Development Plan are further opportunities to strengthen AAP capacities.
Information and Communication	UNICEF has focused on life-saving information dissemination through SBC campaigns and AAP sensitisation sessions. Initiatives like WhatsApp-based communication and hotline feedback centres have improved accessibility. Coordination with the Education Cluster during Grade 12 exams highlights the delivery of timely, accurate information. However, language barriers and digital exclusion limit access for rural and illiterate populations.
Feedback and Complaints	In 2024, UNICEF processed 33,000 cases with a 92 per cent resolution rate through an expanded CFM. New feedback channels, including hotlines, WhatsApp, and confidential PSEA mechanisms, enhanced accessibility and reduced stigma. The remaining challenges include overlapping systems, language barriers, and perceptions that feedback is not acted upon.
PSEA	UNICEF has prioritised safe, confidential mechanisms for reporting PSEA, integrating them into community structures and promoting awareness through campaigns and messaging on supplies. However, the lack of clear data on reporting and resolution rates, and no documented successes via the hotline (6664), raise concerns about their effectiveness.

Strengthening Local Capacity	UNICEF has advanced localisation by training 2,000 stakeholders through 60 capacity-building sessions and establishing 100 local AAP champions across 70 localities in 15 states. However, funding constraints hinder scalability, and uneven capacity-building leaves some organizations underprepared.
Evidence-Based Advocacy and Decision-Making	The IA CFM has provided valuable evidence for programme adjustments, such as improving cash-based intervention verification through WhatsApp. However, community feedback is not fully integrated into the UNICEF response planning, with limited participation in initiatives like the 2024 and 2025 Famine Response Plans.
Coordination and Partnership	UNICEF has played a leading role in fostering coordination, bringing together over 30 humanitarian actors through the AAP Working Group and the Interagency CFM. This has reduced duplication and ensured accessible feedback channels. However, challenges persist, including fragmented feedback mechanisms and inconsistent engagement of local organizations in planning, often due to administrative barriers and prioritisation of rapid contracting over community participation.

PRELIMINARY CONCLUSIONS

CROSS 2: UNICEF demonstrated a strong commitment to AAP and made significant progress in advancing accountability across the response in Sudan, including at the inter-agency level

CROSS 3: UNICEF’s approach to community engagement was insufficient despite investments in feedback mechanisms: limited field presence for monitoring purposes restricted opportunities for direct interaction with affected populations, especially in hard-to-reach areas. While structured feedback systems were established, these remained insufficiently accessible and failed to reach grassroots and marginalized communities

Gender equality

UNICEF’s commitment to gender equality has been a central focus since the outset of the response. The Next 100-day Plan articulated clear objectives for integrating gender perspectives into all programmes, including the adoption of gender-disaggregated HAC indicators and specific gender programmatic commitments.²²⁴ From the initial phase, GBV mitigation and PSEA have been prioritised, supported by dedicated PSEA staff and surge deployments from headquarters to strengthen GBV integration and response efforts across the programme. These initiatives led to the development in 2024 of the Somoud action plan, a standalone, structured GBV/(P)SEA/SH prevention and response programme.²²⁵

The SCO intentionally mainstreamed gender considerations in the PDs with NGOs. Partners consistently have reported how gender and GBV considerations are integrated into project planning and implementation, with a specific percentage of females targeted in each of the interventions and measures to address gender across the sectors, as for example with segregated WASH facilities.²²⁶ In addition, the programme has intentionally engaged female frontline workers, and supported vulnerable PLWs with MCCT+, aiming to empower women and mitigate the gendered impacts of the crisis.



Despite these efforts, gender commitments were not fully met. HAC indicators were not systematically gender-disaggregated in 2023, though significant improvements were made in 2024 when there was more consistent gender disaggregation in education, child protection, SBC, and social protection. The response struggled to meaningfully extend support to women-led organizations, whose involvement has largely been limited to adolescent clubs²²⁷ that were established under the Saleema²²⁸ initiative before the conflict and later expanded as part of the Child Protection and GBV response.²²⁹

At the time of writing this report, the SCO just completed a Gender Programmatic Review,²³⁰ which includes mapping women-led organizations. While the lack of a comprehensive gender analysis has so far hindered the development of a fully gender-responsive approach, the ongoing review is expected to address critical gaps, particularly in meeting the needs of adolescent girls and boys who face heightened risks of recruitment into armed groups, early marriage, and child labour.

✓ PRELIMINARY CONCLUSIONS

CROSS 4: UNICEF demonstrated a commitment to gender equality throughout the response. Gaps such as insufficient engagement with women-led organizations, the lack of a comprehensive gender analysis, and absence of a strategy to address the health, nutrition, education and protection needs of adolescent girls and boys facing increased protection risks are likely to be addressed by the ongoing Gender Programmatic Review 2025

Disability inclusion and adolescent engagement

The main discussion of disability inclusion and youth is found in the report's chapter on relevance (see EQ1c) and Conclusion REL 1: "The evaluation revealed insufficient services for children with disabilities and adolescent girls and boys". This was further confirmed by analysis of results reporting, and by the CCC analysis:

Table 17. Services for Children with disability and adolescent girls and boys

Disability				
Inclusive needs assessments, planning and monitoring	● Low	● Low	● No change	● Medium
Inclusive and safe access to information and services	● Low	● Low	● No change	● Medium
Participation	● Low	● Low	● No change	● Medium
Adolescents				
Access to information and services	● Low	● Low	● No change	● Medium
Capacity-building	● Low	● Low	● No change	● Medium
Adolescent engagement and participation	● Low	● Low	● No change	● Medium

Protection from Sexual Exploitation and Abuse

In 2023, at the onset of the crisis, UNICEF took critical steps to address its PSEA and GBV accountabilities. This included deploying GBV surge capacity, appointing a dedicated PSEA manager, and integrating PSEA into the Next 100-day Response Plan. Efforts included disseminating PSEA information and materials to affected communities—particularly in Singha, Sennar, and Wad Madani following mass displacement—and conducting capacity-building for partners via online sessions and rapid risk assessment tools.

In synergy with AAP, UNICEF established confidential feedback mechanisms for PSEA, GBV, and child safeguarding, integrating these systems within community structures to create safer reporting environments. Dedicated responses, such as involving the Family and Child Protection Unit in GBV case management, reinforced the approach. Awareness efforts included stickers on UNICEF supplies to promote PSEA reporting.

By 2024, UNICEF had made significant progress. Nearly one million individuals (65 per cent female) received PSEA awareness information, all 69 implementing partners met compliance standards, and GBV services reached over 337,000 individuals. Initiatives such as child-friendly videos, community interventions, and risk reduction materials reflected a more comprehensive approach. Moreover, the GBV strategy²³¹ spelled out measures for GBV risk mitigation, prevention and response. According to UNICEF's self-reporting (see EQ2b), UNICEF greatly overachieved its GBV targets.

Despite this progress in developing the PSEA system, reporting rates were low, driven by stigma and lack of awareness. FGDs revealed weak community trust in formal PSEA mechanisms, with many preferring to report concerns directly to staff. Limited presence of UNICEF field staff at grassroots level, as well as limited data on reporting rates and case resolutions, call into question the effectiveness of the PSEA response.



"Assessing the effectiveness of PSEA is challenging as always – outcomes are not easily monitored. The precondition for PSEA reporting is establishing community trust." (UNICEF Staff)

At the inter-agency level, UNICEF takes a leadership role in Sudan within the Inter-agency PSEA Network as co-chair, and as a key member of the Strategic Advisory Group-SAG that develops/reviews and endorses critical documents such as SOP for the Sudan PSEA Network. However, leadership gaps that were the responsibility of other agencies hindered the PSEA Network's effectiveness.

The launch of the GBV/SEA/SH Somoud Action Plan in September 2024 was a milestone, focusing on capacity building, multi-sector collaboration, and monitoring. Additionally, the integration of PSEA into the Famine Prevention Plan underscored UNICEF's commitment to mainstreaming protection measures across programmes.

✓ PRELIMINARY CONCLUSIONS

CROSS 5: UNICEF made significant progress in integrating PSEA across programming and in inter-agency collaboration

CROSS 6: UNICEF appropriately invested in feedback mechanisms, yet low reporting rates and weak community trust in these mechanisms suggest that feedback and accountability systems remained insufficiently accessible and effective



VOICES FROM THE FIELD

Key findings from FGDs with communities and line ministries in South Kordofan

Context: South Kordofan was under SAF control but surrounded by RSF and SPLM forces. The state had pre-existing IDP camps but new IDP influxes from Khartoum, Gezira, North Kordofan and some areas in South Kordofan further increased the numbers. South Kordofan used to be accessible through El Obeid and Diling road. Due to access challenges, there were **no interventions in this state between April 2023 and June 2024.**

Significant decline in UNICEF support since the war broke out, leaving widespread service gaps and feeling of disconnect:

- ▶ Across various FGDs, communities highlighted a sharp decline in UNICEF's assistance since the conflict began in April 2023, particularly in education, health, water, and sanitation services
- ▶ Longstanding partnerships with UNICEF, such as with WES staff (since 1979) were disrupted, creating a sense of abandonment and vulnerability within communities. The National Council for Child Welfare noted a suspension of activities in South Kordofan from April 2023 until October 2024. However, partnerships have now resumed with project plans extending until 2026
- ▶ Overall communities (Al-sima; Hajar Al Noor) were grappling with critical shortages in essential services across multiple sectors, including health, education, and protection from violence
- ▶ Communities felt disconnected from UNICEF, perceiving a lack of direct support and unclear involvement of its partners in providing services
- ▶ Communities expressed a lack of direct educational support from UNICEF or its partners post-conflict (education services were halted entirely in South Kordofan). Beneficiaries from the Japanese Volunteer Centre in Algardoud reported not receiving UNICEF services since the war began. They expressed deep concern for their children for this reason. While some organizations were providing emergency education, this was described as "informal", focused on selected subjects in a limited number of schools
- ▶ Communities also reported insufficient healthcare services, particularly a lack of medicines, alongside high out-of-pocket expenses to access medical. Communities emphasized that healthcare services, which were previously supported by UNICEF, should be free but are now cost-prohibitive. According to Ministry of Health workers, services were not available, and even the available medicines had expired. A key logistical challenge was the difficulty for medical staff to reach distant service centres. To address this, they requested that UNICEF provide bicycles to help doctors and medical staff travel to remote clinics in a timely manner. Nutrition services were offered by UNICEF partners (National Planning Organization and World Vision), but there was limited awareness of the extent of these efforts. The situation was dire for vulnerable groups, as highlighted by beneficiaries of the Kadugli Nutrition Centre. They reported that children from distant neighborhoods in the eastern and western countryside would sometimes die before they can even reach the centre for life-saving nutrition services

Limited direct communication channels and feedback mechanisms:

- ▶ The community in Hajar Al Noor highlighted a critical communication gap: many residents did not know how to share their needs or provide feedback to UNICEF or its partners. A significant part of the problem was the absence of communication regarding what assistance was available and where to find it
- ▶ While the UNICEF logo was recognized through banners and branding, some partners were reportedly distributing aid without clearly identifying the origin. This created confusion within the community, with some residents not knowing which organization was providing the assistance. This reportedly undermined trust and made it difficult for communities to understand who was helping them and what resources were available

A desire for more direct UNICEF interventions:

- ▶ There was a strong sentiment conveyed by state-level authorities consulted that the change in partnership modality with UNICEF (from direct engagement with UNICEF to a 'mediated' one with partners) affected the ability to respond to community needs. There was a clear preference for direct interventions and collaboration with UNICEF, rather than through other organizations

7

Lessons learned

Lesson 1: Preparedness planning must aim for genuine operational readiness.

Experience from Sudan demonstrates that completing corporate preparedness checklists does not guarantee readiness for emergencies of high complexity and scale. In Sudan, UNICEF had complied with preparedness requirements, but was still unprepared for the collapse of Khartoum and the scale of displacement. This experience underscores the need to prioritise investments in conflict analysis, early warning for conflict and security preparedness.

Lesson 2: Emergency procedures are only as effective as their consistent application

The Sudan response saw uneven application of UNICEF's emergency procedures. While surge staffing and emergency procurement protocols were used successfully, key opportunities to accelerate the response (e.g. using simplified Programme Document approvals or streamlined staff recruitment processes) were missed. Delays were attributed to weak accountability for procedural compliance. To unlock the full value of emergency protocols, UNICEF should ensure they are complied with and well-understood and systematically monitor compliance.

Lesson 3: UNICEF needs to fully commit to humanitarian cash transfers as a core modality

For several reasons, including, differing perspectives between HQs, MENARO and the country office, UNICEF did not clearly commit to HCTs, even though these were used effectively by several other organizations and were the recipients' preferred modality. As a result, opportunities were missed to reach the most vulnerable, more quickly, more flexibly/effectively, at lower cost, and in ways that enhance recipient agency. Moving forwards, UNICEF needs to decide if it wants to embrace HCTs as a core modality, and then equip itself with institutional awareness-raising, skills building and appropriate tools.

Lesson 4: Localising the response requires transformative—not transactional—partnerships

UNICEF Sudan made strides toward localisation by engaging a dedicated localisation specialist, drafting a localisation strategy, and increasing investments in local actors. However, as of 2024, only 3 per cent of PDs were with community-based organizations (CBOs). Furthermore, recipients expressed a strong desire to have a more direct dialogue with UNICEF – a key component of building community trust. True



localisation demands investment in capacity-building, diversified partnerships, community dialogues, participatory design, and shared ownership—not simply an increase in the number of contracts.

Lesson 5: Programming at scale in hard-to-reach areas depends on deliberate access strategies and local negotiation capacity

Access emerged as a central constraint in Sudan. UNICEF's investments in capacity for Access (through Access ERT and deployment of an Access Specialist), and related training and strategy development, proved to be pivotal in expanding reach. To further build trust and increase access requires enhanced engagement with local actors, community leaders, and frontline negotiators. In the end, improved access is linked to stronger localisation.

Lesson 6: Effective monitoring systems both generate and use evidence to inform adaptation and planning

Fragmented data systems, weak monitoring in inaccessible areas, and underuse of community feedback limited adaptive programming. While enhancements such as *activity info dashboards* and strong AAP systems were introduced, gaps remained in field-level verification, third-party monitoring and unconnected databases. For programmes to improve and adapt, datasets must be connected, and data must be reliable as well as real-time. In addition, planning teams need to move beyond templates and conventional wisdom and develop the habit of using available data to inform planning and be ready to adapt.

Lesson 7: To achieve results, cross-cutting issues such as gender, disability inclusion, and adolescent programming should be integrated from the outset

UNICEF improved its gender focus, PSEA systems, and community engagement mechanisms in 2024. Yet, programming for adolescents and children with disabilities remains underdeveloped, and funding for cross-cutting themes is inconsistent. Meaningful inclusion requires early diagnostic work, specific targets, indicators and budget allocations, and strategies that address the differentiated risks faced by marginalized groups.

Lesson 8: Regional offices have valuable knowledge that is sometimes underused

Several countries in the MENARO region have similar characteristics to Sudan: notably delicate relationships with host governments, large regions with humanitarian needs that are beyond state control, challenges of humanitarian access, and cross-border programming. In some instances, best practices from these other contexts were introduced into the Sudan programme, for example UNICEF's security support system in Sudan was built on UNICEF's Syria experience, and local facilitators were deployed (learning from Afghanistan). However, there were several instances where regional knowledge (in particular from Syria and Yemen) regarding humanitarian access, localisation, HCTs and cluster coordination were not transferred. Regional offices need to unlock this knowledge and make it accessible to countries (like Sudan) experiencing similar major challenges for the first time.

Lesson 9: Humanitarian and development programming can be linked if this is planned from the start

One of the successes of the Sudan response is the way that emergency and development perspectives were brought together from the very beginning in a single strategy (the three-pronged strategy). This allowed the whole office to work together (avoiding parallel humanitarian and development units), and in a way that both allowed for differentiated approaches in accessible and hard-to-reach areas, and for activities to transition from emergency to development mode over time as the context allowed. This also enabled development resources to be accessed and blended with humanitarian funding, partly compensating for the chronic underfunding on the humanitarian side. Having a single "nexus strategy" from the beginning is a good practice from the Sudan experience that other regions and countries can learn from.

Lesson 10: The creation of dedicated expert staff positions outside UNICEF's normal office structure can enable UNICEF to overcome several obstacles

UNICEF created four expert positions that, over time, allowed the country office to overcome most of its major obstacles and greatly enhanced performance: the security analyst, the access advisor (preceded by access support on surge), the localisation specialist, and the AAP coordinator. The ToRs and skills profiles of these experts could be used in other similar situations - especially where humanitarian access is so difficult.

8

Final conclusions

Relevance

The UNICEF L3 response in Sudan was both essential and appropriate in addressing the country's multi-faceted humanitarian crisis, but it struggled to fully meet the overwhelming and fluctuating needs of the population. Guided by a three-pronged strategy that sought to balance lifesaving support, the preservation of essential services and resilience-building, the response was relevant to the diverse challenges across Sudan. However, UNICEF's L3 programming was generally slow to build up and adapt to the rapidly evolving crisis and was severely constrained by access difficulties. Relevance was curtailed by the sheer scale of needs, together with an inadequate consideration of disability and adolescent inclusion and limited direct engagement with affected communities.

In a context of multiple displacements, ongoing conflict, constrained access and the politicised use of aid by parties to the conflict, the needs of many vulnerable populations—particularly those in areas under NSA control or active conflict zones—remained underassessed. Due to the constrained operating environment, there was an overall tendency to estimate, rather than rigorously assess, the needs on the ground.

While the introduction of the Next 100 Days Plan in August 2023 marked a timely shift towards a more focused and prioritised response, delays in implementation and sectoral silos within UNICEF limited its full impact. A deliberate approach to utilising HCTs in the UNICEF Sudan response, influenced by operational challenges and differing perspectives, constrained the ability to reach the most vulnerable populations in a timely manner. Although the MCCT+ programme succeeded in moderately expanding the caseload of PLWs, delays in adequately scaling up left critical gaps in meeting growing needs. UNICEF made visible efforts to adhere to humanitarian principles, although their stronger operational presence in government-controlled areas challenged perceptions of neutrality and impartiality.

Although the response has progressively aligned with CCCs, the persistent volatility of the situation and large-scale population movements have made it difficult for UNICEF to provide consistent and equitable services. Conflict sensitivity, although acknowledged as a guiding principle of the response, was not systematically mainstreamed into programming through robust conflict analysis or prevention efforts. This weakened the response's ability to bridge community divides and address underlying tensions.



Effectiveness

Gauging the effectiveness of the UNICEF response in Sudan entailed assessing the level of preparedness for the crisis, the performance of operational support activities and management systems, the extent to which objectives were achieved, and leadership, including of clusters UNICEF (co)leads. Initially, UNICEF was unprepared for the war and the fall of Khartoum, due to systemic (UN-wide) gaps in early warning and overall limited operational readiness for a crisis of that complexity. Operational support activities were slow to get underway in 2023 and adapt quickly to the dramatic changes in the operating environment, as UNICEF struggled to recover from the loss of the national office, forced staff displacement and relocations. The inconsistent use of corporate emergency procedures, such as during the 2024 recruitment process, further slowed progress. However, by 2024, operational support had improved, with enhanced resource mobilisation, successful cross-border operations, and a functional supply network that avoided major pipeline breaks. Despite these achievements, reliance on costly supply routes and seasonal disruptions continued to impede efficiency. A more systematic commitment to emergency procedures and streamlined operational mechanisms will be critical to overcoming these barriers in this and future responses.

By 2024, UNICEF had scaled up its efforts, achieving stronger results in most programme areas, particularly in accessible states, while shifting focus towards prevention and resilience. Despite these improvements, significant disparities remained in hard-to-reach areas and among vulnerable groups, such as children with disabilities and adolescent girls and boys, highlighting the need for greater equity in future programming.

Amidst challenges, UNICEF's leadership in the crisis has been adequate, marked by a clear strategic vision, effective advocacy for children within the humanitarian community, and innovative approaches to resource mobilisation and localisation. The organization demonstrated strong inter-cluster coordination and met many of its Scale-Up Commitments, especially at the national level. However, weaknesses in sub-national coordination, reliance on double-hatting, and limited focus on leveraging the comparative advantages of NGOs for co-ordination opportunities have hindered the reach and impact of UNICEF-led clusters, especially in RSF controlled areas. Cross-sectoral integration was also weak, with

insufficient collaboration between clusters and inadequate mainstreaming of protection concerns, which diminished the overall effectiveness of the response.

UNICEF made tailored investments to strengthen access through staff training, specialised personnel and an access strategy. However, access constraints remained a persistent challenge in the response, with severe limitations in RSF-controlled and conflict-affected regions. Moving forward, a continued engagement with stakeholders on the ground, with a view to leverage each other's complementarities, and dedicated efforts to strengthen the capacity of partners to negotiate access, as needed, will be crucial for improving service delivery in the most vulnerable areas.

Connectedness

UNICEF played a vital role in supporting and preserving national systems to deliver essential services. Building on the UN's post-2021 shift toward a systems-sustaining approach, UNICEF effectively leveraged long-standing relationships with state ministries and community networks to ensure the operational continuity of health, nutrition, education, child protection, and WASH services, particularly in accessible areas. The focus on operational continuity was pragmatic and appropriate to the challenges posed by conflict.

While this evaluation did not directly examine the direct impact of UNICEF's interventions on long term preservation of national systems, the role that UNICEF played in this respect was indispensable. In the absence of UNICEF, critical services would likely have collapsed, with loss of qualified human resources and severe gaps in basic service provision. Even though the three-pronged strategy and a nexus-oriented approach helped balance humanitarian response with systems safeguarding, conflict-related devastation and access limitations ultimately constrained broader systemic impact. The gains made, while vital, remained fragile and limited to ensure long-term sustainability without structural recovery and political stability.

Coherence and Coordination

UNICEF's internal coordination (vertical and horizontal) efforts were uneven, revealing gaps that hindered the organization's ability to fully capitalize on its potential. While some successes were evident — such as effective cross-border operations from Chad— early-stage vertical coordination between UNICEF HQ, MENARO, and the SCO fell short of achieving full coherence. Given the cross-regional nature of the response, there was room for considering other options beyond MENARO in the assignment of the GEC role after the initial three months with HQ, including retaining the GEC role at HQ level for a longer period. Although later initiatives, including the 100-Day Advocacy Campaign and the 2024 Sudan Advocacy and Resource Mobilization Strategies, sought to address earlier weaknesses in advocacy and resource mobilisation, delays in implementation and fragmented priorities continued to limit their impact. Cross-border coordination was a notable strength, yet over-reliance on the Adre crossing poses significant risks, since it was only available at the behest of the Sudanese Government, underscoring the urgent need to establish alternative routes into Darfur and Kordofan. Geographic convergence efforts, such as the Makanna approach and the Famine Prevention Plan, facilitated sectoral integration. However, integration opportunities were also missed due to internal programmatic silos within UNICEF and underused enablers like SBC. There was encouraging progress against the localisation agenda through increased partnerships with national NGOs and the innovative use of Emergency Response Rooms (ERRs). However, a greater diversification of partners, deeper engagement with community-based organizations and a shift towards more equal and inclusive partnerships will be essential to fully harness local capacities in a sustainable way.

Cross-cutting issues

UNICEF's integration of cross-cutting themes was partially successful. While strong efforts to incorporate AAP, PSEA, and gender/GBV considerations were evident in planning, their application across the programme cycle remained inconsistent, particularly in monitoring, feedback mechanisms, and implementation in hard-to-reach areas. Feedback loops were not consistently leveraged to inform programme adjustments, and gender-disaggregated data remained disconnected from wider analyses, underscoring the need for stronger linkages between assessments, implementation, and results. These gaps suggest that cross-cutting themes were managed as isolated components rather than as integral to the overall response.

At the time of writing, systemic barriers, including language, geographic isolation, digital exclusion, and limited UNICEF's field presence continue to limit access to services and feedback mechanisms for the most marginalized groups, such as children with disabilities, adolescent girls and boys, and nomadic communities. Current approaches, while partially effective, are not fully adequate for addressing these inequities. Adopting low-tech, community-based delivery models alongside targeted interventions like cash assistance and tailored programming are necessary to reach these vulnerable populations and ensure inclusivity.

Finally, efforts to advance community participation have not yet achieved the desired levels of trust and ownership by affected communities. Despite investments in establishing community-based AAP networks, misalignment between community expectations and programme outcomes, particularly in AAP, PSEA, and gender/GBV initiatives, undermines confidence in formal mechanisms. To rebuild this trust, it is essential to demonstrate tangible programmatic changes based on community feedback while enhancing direct engagement with affected populations. Greater involvement of grassroots and women-led organizations anticipated by the ongoing Gender Programmatic Review 2025 is critical to fostering meaningful participation and achieving more responsive and localised programming.



Recommendations

Table 18. Recommendations Table

Recommendations	Responsible Office(s)	Timeframe	Preliminary Conclusions
Strategic recommendations			
1. Strengthen corporate systems for early warning, emergency preparedness, and security risk management and ensure continued alignment across them <i>Suggested actions</i>			EFFE 1 EFFE 2 EFFE3
1.1. Strengthen early warning for conflict with a view to anticipate escalation in crises, both individually as an agency and through collaboration with other UN agencies, local actors, and regional experts	EMOPs w/RO/COs	Long	
1.2. Ensure EPPs are updated with the latest risk analyses, scenario definitions and preparedness actions	EMOPs w/RO/COs	Medium	
1.3. Ensure continued alignment, across contingency planning, preparedness actions and SRM, including through systematic testing against pre-identified risk scenarios	EMOPs w/RO/COs	Medium	
1.4. Continue to explore opportunities for joint collaboration with the Humanitarian Country Team, SMT and sister UN agencies to harmonize approaches for humanitarian access, logistics and security (including importing security equipment)	SCO	Short	

2. Enhance the use of Emergency Procedures			EFFE 10
<i>Suggested actions</i>			EFFE 11
2.1. Strengthen the accountability of HQs, ROs and COs to ensure CO compliance with mandated Emergency Procedures. Decisions not to utilise Emergency Procedures in a response should be justified (e.g., HR single sourcing, feasibility assessment HCT) 2.2. Assign monitoring responsibilities for the use of emergency procedures with a view to systematically track and report on their application (with special attention to tracking timelines for HR actions following PBRs) 2.3. Consider investing in operational staff on surge to help with processing and supporting fast-tracking of PD development, as needed, (as done in the case of WASH) with a view to relieve CO colleagues from workload and improve efficiency	EMOPS and ROs/ COs	Medium	EFFE 12 COH-COORD 1
	EMOPS	Long	
	SCO with support from HQ	Short	
3. Strengthen the commitment to Humanitarian Cash Transfers in humanitarian settings			REL 5
<i>Suggested actions</i>			EFFE 7
3.1. Invest further in building a shared understanding (across HQ, regional, and country offices) of the strategic value, benefits, and operational requirements of HCTs	EMOPS and ROs/ COs	Medium	
3.2. Enhance operational preparedness for HCTs through specific measures such as government arrangements, implementing partnerships arrangements (e.g. with financial providers, individual retailers), identification of possible HCT models, and interagency arrangements for registration of beneficiaries	EMOPS and ROs/ COs	Medium	
3.3. Explore options for expanding and scaling up more efficiently HCTs (beyond MCCT+) in Sudan for instance by undertaking a feasibility assessment for multipurpose cash and vouchers and exploring funding opportunities	SCO w/support from MENARO and HQ/PG	Immediate	
4. Strengthen UNICEF's cluster leadership and coordination within framework of the recent Humanitarian Reset			EFFE 13
<i>Suggested actions</i>			EFFE 14
4.1. Expand opportunities for co-leadership/ co-coordination of clusters, leveraging the comparative advantages of NGOs and local partners, particularly in areas with limited UNICEF access and presence. This should also include strengthening sub-national cluster coordination capacity	SCO with support from RO and EMOPS (HQ global Clusters)	Short	
4.2. Invest in capacity-strengthening of cluster co-leads and co-coordinators to enhance their ability to coordinate with other actors on the ground	SCO with support from RO and EMOPS (HQ global Clusters)	Medium	

5. Ensure that the necessary time is set aside for reflection and regional sharing of good practices

Suggested actions

5.1. Continue to create opportunities for formal learning and stocktaking at the CO level, including through AAR and other reflections (i.e. brown bag sessions and team retreats), ensuring that such opportunities are not sidelined even if/as crises are still unfolding	SCO with support from HQ and RO	Medium	REL 5 EFFE 4 EFFE 7 EFFE 14 EFFE 22 COH-COOR 5 CROSS 2
5.2. Ensure that lessons and good practices are systematically collected, shared, and capitalized on across the region and across regions and COs as relevant, with a particular focus on cross-border work, AAP and innovative partnerships models in Sudan, experience in cluster coordination in fragmented operating environments (e.g., Syria and Yemen), innovative monitoring approaches in Afghanistan, and HCT in Yemen	MENARO with support from SCO, ESARO and WCARO	Long	
5.3. Drawing on successful innovations around adolescent girl programming in MENA, consider a multi-sectoral response across child protection, education, WASH, health/nutrition, that engages SBC and Gender teams as well as implementing partners and women and youth organizations for intentional programming	SCO with support from MENARO	Long	

Operational recommendations

6. Make equity and inclusion a higher priority

Suggested actions

6.1. Improve the integration of gender, disability and equity across sectors, through tailored training for staff and implementing partners, and common monitoring framework in PDs	Gender (SCO) Disability (RO) Equity (HQs)	Medium	REL 1 REL 6 EFFE 7 CROSS 1 CROSS 3 CROSS 4
6.2. Strengthen the collection of equity-focused monitoring data, including gender disaggregated data, to improve broader gender analyses and, in turn, gender-sensitive programming across sectors	SCO	Short	
6.3. Identify systemic barriers faced by children with disabilities and adolescent girls and boys, building on community level assessments and (enhanced) monitoring data and feedback, with a view to better cater to their needs across all programmatic interventions	SCO	Medium	
6.4. Invest in community-based models of engagement (complementing existing feedback mechanisms) in order to enhance accessibility and inclusivity in service delivery and feedback	SCO	Medium	

7. Expand integrated programming			COH-COORD 3
<i>Suggested actions</i>			
7.1. Strengthen integration between sectors and projects, building on lessons learned in Sudan, and regional and global good practices	SCO w/support from RO	Long	
7.2. Use SBC to map community networks and foster implementation of integrated community interventions and multi-sectoral community engagement through common community mechanisms	SCO w/support from RO	Medium	
8. Increase the SCO's capacity for conflict-sensitivity			REL 8
<i>Suggested actions</i>			
8.1. Strengthen conflict analysis, with a view to ensuring that programmes are regularly informed by an understanding of political, tribal, ethnic, religious and social dynamics	SCO w/support from RO and HQ PG	Short	
8.2. Using deliberate and structured conflict analysis, ensure that all UNICEF's programmes are designed so that, as a minimum, they mitigate conflict risks and avoid harm, and as much as possible actively advance social cohesion	SCO	Medium	
9. Continue to tackle the core problems of humanitarian access			EFFE 16 EFFE 18 COH-COORD 6 COH-COORD 4
<i>Suggested actions</i>			
9.1. Update the SCO access strategy with indicators that can help better track progress in access over time	SCO w/support from HQ EMOPS and RO	Short	
9.2. Continue to analyse the individual comparative advantages and operational capacities of national and international NGOs and CBOs, in order to leverage complementarities and identify strategic opportunities for greater collaboration around access	SCO	Medium	
10. Advance localisation through deeper partnerships with national and community-based organizations			COH-COORD 5 COH-COORD 6 CROSS 4
<i>Suggested actions</i>			
10.1. Continue to explore opportunities to diversify further the pool of national implementing partners, with a view to include a greater number of CBOs, women-led organizations, and organizations of PWDs	SCO	Short	
10.2. Further invest in "equal and mutual partnerships" by increasing the involvement of local partners in programme design and monitoring	SCO	Medium	
10.3. (Continue to?) Address capacity gaps of local partners through tailored training and technical support that increase accountability, sustainability and quality of service delivery	SCO with support from RO	Medium	

Endnotes

- 1 Juba Agreement for Peace in Sudan (2020). Available from: <https://www.idea.int/publications/catalogue/juba-agreement-peace-sudan>
- 2 United Nations (2022). *Sudan Country Report*.
- 3 Action Against Hunger (2024). More Than Half of Sudan Needs Urgent Aid; 11 Million People Displaced.
- 4 UNICEF (2025). *Humanitarian Situation Report No 26. Reporting period 1 January to 31 December 2024*.
- 5 UNICEF (2024). *Humanitarian Situation Report No 14. Reporting period 1 January to 31 December 2023*.
- 6 Ibid
- 7 UNICEF (2024). Food and nutrition crisis deepens across Sudan as famine identified in additional areas.
- 8 UN News (2024). World News in Brief: Famine in Sudan, 400,000 now in Syria from Lebanon, women in the military, olive farmers in Palestine
- 9 UNICEF (2023). Children in Crisis. UNICEF emergency response in Sudan and neighbouring countries
- 10 UNICEF (2024). *Humanitarian Action for Children 2024: Revision 1 (August 2024)*.
- 11 Ibid
- 12 UNICEF (2025). *Humanitarian Action for Children*.
- 13 Ibid. Prior to the conflict, seven million children were out of school
- 14 Ibid
- 15 Ibid.
- 16 Ibid.
- 17 Ibid.
- 18 Ibid
- 19 UNICEF has direct responsibility for child protection.
- 20 Ibid
- 21 Ibid
- 22 UNICEF, Humanitarian Action for Children 2023: Revision 1 (New York: United Nations Children's Fund, 2023); OCHA, *Sudan Humanitarian Response Plan 2023: Revision 1* (Geneva: OCHA, 2023).
- 23 Multiple reports available, e.g., UN (2024) Sudan: UN Fact-Finding Mission outlines extensive human rights violations, international crimes, urges protection of civilians
- 24 UNICEF, "Sudan: UNICEF warns of a deepening crisis for children," 26 June 2024
- 25 UNICEF (n.d). Sudan's Child Rape and Sexual Violence Crisis.
- 26 Insecurity Insight. 2025. *The Sudan Crisis: How Over a Year of Violence and Humanitarian Access Restrictions Have Produced Famine Conditions?*
- 27 OCHA (2023). *Sudan Humanitarian Access Situation Report June- July 2023*.
- 28 OCHA (2024). *Sudan Humanitarian Access Snapshot June 2024*
- 29 Ibid.
- 30 Ibid.
- 31 https://sudan.un.org/sites/default/files/2019-10/Sudan_UNDAF_En_2018-2021-E-Ver.pdf?
- 32 United Nations in Sudan (2022). *Annual Report 2022*, <https://sudan.un.org/en/download/152038/258328>.
- 33 <https://reliefweb.int/report/sudan/sudan-humanitarian-response-plan-2022-december-2021>
- 34 HERE-Geneva, Principled Humanitarian Action in Sudan, 15 April 2025 (forthcoming)
- 35 HERE-Geneva, Principled Humanitarian Action in Sudan, 15 April 2025, p. 24 (forthcoming), See also The Conflict Sensitivity Facility, CSF Working Paper: Making sense of 'localisation' in Sudan, 2023.
- 36 Ibid.
- 37 UNICEF (2018). Sudan Country programme Document 2018 ; UNICEF (2022). Sudan 2022 Annual Report ;
- 38 See e.g. <https://interagencystandingcommittee.org/sites/default/files/migrated/2021-09/Country%20Brief%20on%20the%20Humanitarian-Development-%20Peace%20Nexus%20%28Sudan%29.pdf>
- 39 SCO (2023). Humanitarian External Situation Report No 1.
- 40 Including: Emergency Coordination; Humanitarian Risk Management; Humanitarian Assessments, Planning, Monitoring, Reporting and Evaluation; Resource Mobilization (RM); Communications and Humanitarian Advocacy; Humanitarian Access; AAP
- 41 UNICEF (2021). Guidance Handbook in L1, L2 and L3 Emergencies.
- 42 Ibid
- 43 UNICEF (2023). Sudan Humanitarian Situation Report No. 14
- 44 Ibid.
- 45 For more information see the context section
- 46 For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. This interpretation is consistent with the [Convention on the Rights of the Child](#), which guarantees the fundamental rights of every child regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status » <https://www.unicef.org/eu/equity>
- 47 Source: https://etools.unicef.org/pmp/interventions/list?ordering=-start&page_size=10&start=2022-06-16. Downloaded on 10 December 2024 using 'Start date after 16 June 2022' as filter in the download
- 48 ET selected and assessed the CCCs that were most relevant to the context of the response, namely Programme commitments : Overarching commitments (Preparedness; Coordination; Supply and logistics; Humanitarian access; Protection from Sexual Exploitation and Abuse (PSEA); AAP) ; Programme approaches (Quality of programme; Multisectoral and integrated programming; Equity; Localisation; Community engagement for behaviour and social change; Humanitarian cash transfers) ; Sectorial Commitments (Health; Nutrition; Child protection; Education; Water, sanitation and hygiene (WASH); Social protection) ; Crosscutting CCCs (Gender; Disability; Adolescents) Operational Commitments : Admin and finance ; Human Resources ; Communication and advocacy ; Information and communication technology ; Partnerships with government and civil society organizations for programme implementation ; Resource mobilisation ; Security management ; Supply and logistics

- 49 For a detailed breakdown of KIIs see Annex 7 and table 7.1
- 50 For a detailed breakdown of the FGDS see Annex 7 and table 7.5
- 51 Preparedness; Coordination; Supply and logistics; Humanitarian access; PSEA; AAP
- 52 *Quality of programme; Multisectoral and integrated programming; Equity; Localisation; Community engagement for behaviour and social change; HCTs*
- 53 *Gender; Disability; Adolescents*
- 54 Admin and finance; HR; Communication and advocacy; Information and communication technology; Partnerships with governments and civil society organizations for programme implementation; Resource mobilisation; Security management; Supply and logistics
- 55 *Health; Nutrition; Child protection; Education; Water, sanitation and hygiene (WASH); Social Protection*
- 56 [Ethics Review Board | HML IRB Research & Ethics | United States.](#)
- 57 See Annex 6 and table 6.2 for details of the FGDs, KIIs and observations.
- 58 The sequence of some evaluation sub questions has been changed to improve the report flow
- 59 An issue that had also been underscored by the UNICEF staff survey, where approximately 50 per cent of respondents believed that the UNICEF response in Sudan has not adequately met the needs of children with disabilities
- 60 CCPM results 2023 and 2024 for WASH, Nutrition, Child Protection and Education Clusters
- 61 Examples include the needs assessment for East Gezira, where tools were given by UNICEF and meetings were hosted on UNICEF premises in Atbara and the multi-cluster rapid assessment in Al Faw (Gedaref).
- 62 66 per cent of staff reported data and evidence to be driving the response 'to some extent', 'poorly' or 'very poorly.'
- 63 Key elements of the strategy are described in the Revised HAC -1st May, 2023 and fully described in the Sudan Crisis Response Plan 28th May 2023
- 64 UNICEF CPD 2018-2021 extended to 2025, and UNICEF 2022 Annual Report Sudan
- 65 Sudan HRP 2023 rev May
- 66 Sudan HRP 2024
- 67 UNICEF Revised HAC 2023
- 68 UNICEF Sudan Crisis Response Plan 28-05-2023
- 69 Overarching Next 100 Days Plan ppt; State Level Planning 2023; State Level Response Strategies 2023
- 70 UNICEF HAC 2024
- 71 HCTs are a form of assistance provided to individuals or households affected by crises, allowing them to meet their basic needs in a flexible and dignified way. Instead of receiving in-kind aid like food or supplies, recipients are given cash or vouchers, which they can use to purchase essential goods and services based on their priorities. <https://www.unicef.org/emergencies/humanitarian-cash-transfers-explained>
- 72 According to UNICEF Sudan Humanitarian Situation Report No. 21 (31 July 2024) UNICEF conducted a cash feasibility assessment in March 2024 to evaluate the potential expansion of the MCCT+ programme into River Nile state which assessed the viability of cash-based assistance in this region, considering the large influx of IDPs. However there have not been further such assessments in other areas of the country
- 73 See page 14, Emergency Procedures (2021): "The below procedure applies to COs or ROs undertaking HCTs. If HCT will not be part of the response, ensure there is a justification as to why not. This decision and justification can be documented through EMT/crisis management meetings"
- 74 Mercy Corp Market Systems in the Sudan Crisis October 2023.
- 75 Mercy Corps 2024 <https://reliefweb.int/report/sudan/cash-works-time-act-and-save-lives-amid-starvation-sudan-june-2024>
- 76 Sudan Rapid Market Access Survey May 2023
- 77 Sudan Crisis Response Plan 28 May 2023
- 78 In addition to incentives to teachers the education sector cash strategy also included School Grants
- 79 Sudan Crisis Response Plan 28 May 2023
- 80 Payments to frontline workers reached 7,036* and 9,775 health workers for health and nutrition, social workers and WASH staff respectively in 2023 and 2024. *not including Delegate Modality
- 81 PLW caseload increased from registered PLWs 52,000 in December 2023 to 79,000 in February 2024 and to 97,000 in July 2024. Yet the programme expansion substantially remained below HPM Targets for 2023 and 2024, with only the 65 per cent of the target achieved in both years.
- 82 The liquidity crisis impacted on payment of incentives to frontline workers and on the ongoing the MCCT+ programme, reflecting the broader difficulties in operationalising cash-based interventions in a context of financial instability. Nonetheless, UNICEF demonstrated remarkable adaptability by becoming the first agency to resume large-scale cash operations in 2023, eventually establishing itself as the country's second-largest cash provider by 2024
- 83 [https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20\(English\).pdf](https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20(English).pdf)
- 84 80 per cent responded 'Very good' or 'Good' to the question: How would you rate UNICEF's leadership on Ensuring a principled humanitarian response?
- 85 'It is high time for UNICEF to establish presence in the Some cities in Darfur, White Nile, North Omdurman, and immediately move the staff to Kadugli and Damazine.' (UNICEF staff)
- 86 See 'Lost in Sudanisation? What it means to apply a principled humanitarian approach in the response to the crisis in Sudan' (HERE-Geneva and Sudan INGO Forum, June 2025): 'In the eyes of many in the INGO community, the UN system should have chartered a more independent course from Sudanese authorities...; "...In recognising the SAF as the government of Sudan, the UN took a political stance in opposition to certain humanitarian principles. As a result, UN humanitarian agencies are seen as partisan, and have not been able to secure a position that allows them to gain full humanitarian access to non-SAF-held areas.'
- 87 53 per cent of staff responded 'to some extent', 'poorly' or 'very poorly' to the question 'To what extent has the UNICEF response been guided by the principle of serving those most in need rather than practical considerations of access/security?'
- 88 KII with UNICEF staff

- 89 From nine to 11 PDs.
- 90 UNICEF Programming Guide on Conflict Sensitivity and Peacebuilding 2016
- 91 Conflict sensitivity is mentioned in the HAC 2024 and in the strategic objective 2 of the HRP 2024
- 92 Guidance on Linking Humanitarian Development and Peace UNICEF Programming Guide on Conflict Sensitivity and Peacebuilding 2016
- 93 HR Surge capacities are discussed in EQ2F
- 94 [A Critical Window to Bolster Sudan's Next Government | Crisis Group](#)
- 95 KIIs with UNICEF HQ and SCO
- 96 KIIs with UNICEF HQ and Sudan CO.
- 97 KII UNICEF SCO
- 98 The online staff survey conducted in the context of this evaluation suggests that approx. 28 per cent think UNICEF was 'prepared' or 'well prepared' to respond to the needs in April 2023; 40 per cent 'somewhat prepared' and 19 per cent 'unprepared'. Interestingly, among those who were in-country in April 2023, approx. 30 per cent think UNICEF was prepared, compared to only 14 per cent of those who were not in Sudan in April 2023
- 99 In line with the procedure, COs are required to complete a mandatory four-step preparedness planning process (risk analysis, scenario definition, definition of the UNICEF response's key elements, preparedness actions) at least every 12 months. This Procedure, which entails the use of the Emergency Preparedness Platform (EPP), as the Global and standardized tool used by all 131 COs to undertake their preparedness planning and monitoring (being currently revamped), also sets seven mandatory MPS for UNICEF offices (COs, ROs, HQs) with a view to significantly improve UNICEF's preparedness efforts for humanitarian response. Alongside this approach, which has been defined as the 'short-term' approach to emergency preparedness, UNICEF also adopts a long-term approach to emergency preparedness. This entails undertaking a risk analysis as part of the Situation Analysis (SitAn) which is conducted every five years concurrently to the development of a new Country Programme Document (CPD).
- 100 UNICEF Sudan CO Readiness Update, updated 3 March 2023
- 101 The EPP reported a 96 per cent office preparedness score for Sudan, as of March 2023 (UNICEF Sudan CO Readiness Update)
- 102 See Sudan Emergency Response Preparedness Plan (2022)
- 103 EMT slides 2 Oct 2023. One of the major logistical setbacks was the decision to relocate supplies to Wad Madani in May 2023, following the loss of the national office in Khartoum. This preparedness ultimately proved to be a miscalculation, as Wad Madani fell under RSF control on December 15, 2023, cutting off access to those supplies.
- 104 KII UNICEF
- 105 EMT slides January 2025 with an ongoing distribution of 25,300 cartons of RUTF, 56,000 cartons of LNS, and other essential nutrition supplies.
- 106 As of January 2025, the last updates to the risk analysis for Sudan on the EPP were completed on January 11, 2023, and to the preparedness plan on February 15, 2023.
- 107 See Evaluation of UNICEF SCO's Emergency Preparedness and Response System (2022): 'EPP is heavy, not user-friendly and of limited practical utility as SCO management and staff have a generally negative attitude towards it and regard its use as a tick-box exercise that needs to be streamlined to reduce the number of heavy online portals that staff and management have to interact with... With particular reference to the use of EPP, there was a tendency to ignore or forget to revert to EPP when emergencies occurred and apply common sense and common practice instead, thus limiting the practical utility of EPP.'
- 108 CCC 2.3.1 recommends AARs "to inform corrective action"
- 109 <https://www.acaps.org/en/>
- 110 [ACAPS Sudan Scenarios](#)
- 111 see Sudan Scenarios slides, 2024
- 112 KII UN agency Rep
- 113 KII UN agency Rep-different from above
- 114 HRP 2023
- 115 HPM indicators 2023
- 116 HRP 2024 "Displacement is a significant factor contributing to vulnerability. The correlation between the concentration of people in need (PIN) and the number of IDPs suggests that displacement is a major driver of vulnerability. This is particularly evident in the Darfur states and the states neighbouring Khartoum (River Nile and White Nile)"
- 117 Both the overall international response and UNICEF placed a lower priority on education particularly in 2023. KIIs, HRP 2023, EMT ppt July 2023 and August 2023, UNICEF Sitrep 2023-end of year, UNICEF Sitrep 2024 end of year
- 118 HRP 2024, Education Cluster "Keeping children safe and learning" 2023 <https://educationcluster.app.box.com/s/xyhr0fn4y9zt3b-8gz3bxztqvzb4cp7er>
- 119 HPM data provided by the CO
- 120 In Nutrition, quarterly nutrition supplies were delivered to health care centres and nutrition centres before the end of March 2023. That allowed nutrition services to be relatively well stocked until August 2023. By that time UNICEF was able to import and distribute the needed emergency supplies
- 121 In Child Protection the programme was able to quickly repurpose the almost 1,500 existing members of the community child protection network, the community initiatives against FGC, and scale up the interagency community-based MHPSS established in 2022. Also the already active MRM mechanism facilitated a quick scaling up
- 122 Overarching Next 100 Days Planning; State Level Planning and State response strategies, see also EQ4a
- 123 Famine Response Plan May 2024: EMT 30-07-2024;
- 124 The MENA Disability Inclusion Policy and Strategy (DIPAS) Action Plan 2024-2025 implemented in Sudan did not yield results at the time of the evaluation. However, it is anticipated to do so in due course
- 125 EMT 23-08-2023 Frontline Workers Payment – key enabler
- 126 2023.05.28 Sudan Crisis Response Plan final (aligned to HAC rev. 1), Overarching Next 100 Days Planning
- 127 SitRep 14; SitRep 26; EMT slide decks 2023-2024
- 128 Northern, River Nile, Red Sea, Blue Nile, Kassala, Gedaref, and White Nile states

129

130 A monitoring checklist (issued by EMOPS/HQ) exists but its use is not compulsory. Recent L3 evaluations have pointed to the lack of systematic monitoring of the emergency procedures ('but there is little documentation on when they were applied or accountability for their use' (UNICEF Ukraine L3 evaluation, 2024)

131 The EPs prescribe 'Use single-sourcing options in the best interest of the organization. This should be prioritised for L2/L3 emergencies'

132 'New PDs: Use the Humanitarian PD (HPD) template throughout an emergency, with a single HPD used for up to 24 months. Desk review partnerships using the Non-Partnership Review Committee (PRC) Submission and Approval Form. No additional approvals or clearances are required'

133 As per data shared by the SCO with the ET, while the global standards aim for a turnaround of 15 working days for simplified PDs and 45 days for standard PDs, the SCO reported actual timelines to average 71 days from creation to signature, with the first drafts taking 35 days.

134 See excerpts from recent UNICEF L3 evaluations E.g.: Ukraine L3 Evaluation 2024; Yemen L3 Evaluation 2024 : Whether or not the simplified procedures are fully taken advantage of is linked to the degree of risk aversion across the organization.... the operational added value of the L3 declaration was not immediately known or clear to all staff; Afghanistan L3 Evaluation 2023 : There was some reluctance to operationalize the L3 Emergency Procedures in the ACO in areas such as HR and partnership development, partly due to a low-risk appetite and partly due to a lack of understanding of the procedures... There was a concern in leveraging L3 processes due to fear of future audits and any resulting blame ; Northern Ethiopia L3 Evaluation 2023 : The EPs were applied but not always consistently and not all staff were familiar with all the procedures. ; COVID-19 L3 Evaluation 2023 : An Internal Audit Services survey in 2020, found that, of 77 per cent of offices which used the emergency procedures, 70 per cent felt that they had contributed to a rapid and effective response, while 30 per cent did not. Factors impeding use included a risk-averse culture, and a lack of prior definition of UNICEF risk tolerance or appetite regarding the utilization and adherence to COVID-19 procedures. The UN Office of Internal Oversight Services (OIOS) recommended that all offices familiarize themselves and use the procedures, to mitigate the risk of slow and ineffective delivery in emergency contexts

135 UNICEF definition of No regrets: "err on the side of over-preparation by investing in, securing, prepositioning, and deploying additional capacity and resources in support of the response"

136 The ET found no evidence of a Scale Up tracker or action plan

137 Humanitarian Outcomes – Sudan Access SCORE Report (Dec 2023)

138 The response rate to the surveys increased to over 86 per cent for all the clusters in 2024. Response rates to the CCPM are as follows: 2023 – Nutrition 87 per cent; WASH, 84 per cent; Education 65 per cent; Child Protection AoR 66 per cent; 2024 – Nutrition 92 per cent; WASH, 87 per cent; Education 86 per cent; Child Protection AoR 88 per cent

139 UNICEF Sudan Situation Reports , 2024

140 UNICEF Sudan Humanitarian Situation Reports, 2024

141 OCHA (2024)

142 [Humanitarian Outcomes, December 2023](#)

143 EMT slides 17 Jan 2024

144 Deadline: 15 November

145 OCHA Sudan Humanitarian Update, 24 June 2024

146 EMT slides Nov 2024

147 EMT slides Nov 2024

148 How would you rate UNICEF's leadership on i) Negotiating access with Government: 70 per cent of respondents rated UNICEF leadership as 'very good' or 'good' and ii) Negotiating access with Non-State Armed Groups: 60 per cent of respondents rated UNICEF leadership as 'very good' or 'good'.

149 [Humanitarian Outcomes, December 2023](#)

150 UNICEF Emergency Procedures, 2021.

151 Access Task Force Meeting Minutes, 2024.

152 KII with UNICEF Staff

153 Sudan CO Engagement Action Plan (Working draft, August 2024) and Sudan CO Humanitarian Access Strategy (Working draft, August 2024). To note: there was also an access strategy issued by the UNCT in July 2023 (Joint Operational Principles) which outlined some operational principles but not practical approaches

154 L3 Benchmark implementation – Access Strategy implementation still in red as of Sept 2023 (EMT slides, 5 October 2023)

155 Community-based facilitators (whose role is outlined in EQ2f) are sometimes used by UNICEF in similar situations of difficult access such as Syria

156 Humanitarian Outcomes (2023)

157 KIIs with UNICEF Resource Mobilisation Managers.

158 UNICEF Sudan - Humanitarian Action - Annual Results Report 2023

159 OCHA's Financial Tracking System (FTS)

160 For example, the Children's Conference in Nairobi with USAID which illustrated the good cooperation between the two agencies

161 For example between UNICEF and WHO, according to the SCO Communications team

162 The position was covered by the Partnerships Manager based in Nairobi during in 2023

163 "On July 5, 2024, MSF Sudan tweeted at UNICEF, "Sudan @UNICEF there is a protection crisis for children in Nyala, South Darfur. The children and mothers of South Darfur need your help, where are you?"

164 A total of 113 individuals were listed as having been evacuated under UN/UNICEF's care from Port Sudan. HR Manager outgoing handover notes, September 2023

165 Informants stated that such a short cycle is overly disruptive and that it is difficult to provide adequate coverage for those on leave due to overall low staff capacity levels

166 Available in both Arabic and English

167 Surge HR report, July 2023.

- 168 Information provided by the PHIA Surge Team in May 2025
- 169 As of July 2023, seven requests for release of surge staff had been declined by representatives globally despite the L3 emergency status. Surge HR Report. 18 surge requests were also cancelled perhaps when a candidate was found through the recruitment process. Requests for surge were being sent in parallel to advertising the posts either as TA, FT or Stretch.
- 170 Staff can be onboarded while the references are being checked. There is a provision of one month for this to take place.
- 171 Heda of sections presentation March 2024
- 172 Humanitarian External Situation Report No. 2, May 2023.
- 173 Ibid.
- 174 Early on in the response weekly supply coordination meeting were held between, SCO, WCARO, ESARO and MENARO.
- 175 The LTA monitoring dashboard give a total year end LTA order figure of \$51.1M for 2024. SCO Supply dept email of 24 Feb 2025 provided slightly updated figures.
- 176 Various including: UNICEF "Escalating violence in Sudan puts millions of children at risk For every child"; "Sudan Faces The World's Largest Child Displacement Crisis; Public Statement by Chair of Working Group on Children and Armed Conflict; Meetings Coverage and Press Releases; Sudan: "Tens of thousands of children may die" unicef.ch
- 177 In August 2024, UNICEF Spokesperson James Elder warned that "tens of thousands of Sudanese children may die over the coming months" if immediate support is not provided.
- 178 An analysis of UNICEF's public statements on Sudan pulled from the UNICEF website.
- 179 <https://www.unicef.org/press-releases/unicef-deputy-executive-director-ted-chaibans-remarks-un-security-council-briefing>
- 180
- 181 Communications and Media Reports 100 day mark
- 182 UNICEF Sudan Advocacy Strategy March 2024
- 183 UNICEF Sudan 2022 Annual Report
- 184 UNICEF Evaluation Office "An evaluation of approaches to social protection programming in humanitarian situations, focusing on cash-based programming" 2021
- 185 UNICEF, Sudan Annual Report 2022
- 186 UNICEF, Sudan Humanitarian Situation Report No. 26 (End-of-Year 2024).
- 187 UNICEF HAC 2024
- 188 KII with HQ UNICEF Staff
- 189 The GEC transition to the relevant Regional Office is a standard practice but not mandatory. The current CEAPs state: The ED appoints a Global Emergency Coordinator (GEC). The EMOPS Director serves as the GEC for the first 3 months of the scale-up phase, after which the GEC may be handed over to the RD. In exceptional circumstances, an alternative GEC can be appointed at the discretion of the ED
- 190 Additional Future Focus Decisions, email broadcast by ED from 22 May 2025
- 191 UNICEF Sudan Resource Mobilization Strategy, 2023
- 192 "Geographic convergence refers to the strategic alignment of multiple humanitarian interventions in the same locations to enhance programmatic efficiency and service delivery. By ensuring that sectors such as Health, Nutrition, WASH, and Child Protection operate within the same areas, organizations can maximize impact, reduce duplication, and create synergies that improve overall outcomes (UNICEF CCCs, 2024)."
- 193 Makanna sites includes MHPSS activities in child friendly spaces and safe learning spaces, integration of hygiene messaging the informal curricula, provision of WASH facilities in and around the spaces
- 194 PD analysis by the ET compared Sudan PDs from before and after June 2023
- 195 Cross-line supply routes have been preferred for the more eastern Sudanese states, supplies arriving by ship to Port Sudan and then trucked across country
- 196 An alternative Chad-Sudan border crossing further north at Tine has also been utilised, and has government approval, however the roads here flood in the rainy season, and the Adre crossing is more reliable.
- 197 \$2-3m of supplies were expected to arrive in Jan 2025
- 198 Extension of UNICEF's Level 3 Corporate Emergency Activation Procedure in Sustain Phase for Sudan and cross-border operations until 14 June 2025
- 199 At the same time, in 2024 INGO PDs have also increased, but the overall effect is that the increase in the number of PDs with NNGOs is still far greater (80 per cent since before the crisis) than with INGOs (13 per cent since before the crisis)
- 200 'Active' and 'Signed'
- 201 i.e. US\$ 116, 613
- 202 i.e. 15 out of 67 partners
- 203 The total number comprises : 'Active', 'Closed', 'Signed' and 'Ended' PDs
- 204 Ibid.
- 205 The total number comprises : 'Active' and 'Signed' PDs, as of 10 December 2024
- 206 https://etools.unicef.org/pmp/interventions/list?ordering=-start&page_size=10&start=2022-06-16. Downloaded from Etools on 10 December 2024 using START DATE AFTER 16 JUNE 2022 as filter in download
- 207 UNICEF (2024): Strategy to enhance localisation – focusing on NNGOs, CBOs, and Mutual Aid Organizations (2024-2026).
- 208 The UNICEF self-assessment gauges UNICEF against the following seven dimensions : 1) Funding/Financing ; 2) Visibility of NNGOs 3) Equal partnerships ; 4) Policy, advocacy and Influence ; 5) Coordination mechanisms ; 6) Capacity strengthening ; and 7) Participation of NNGOs. See UNICEF (2024-2026): Strategy to enhance localisation
- 209 First, with regards to how well has UNICEF been leveraging the expertise of implementing partners and engaging them as equals in decision-making, 53.4 per cent of the survey respondents stated 'very well' or 'well'. Next, with regards to UNICEF's ability to assess capacity of partners, 50.5 per cent of the survey respondents stated 'very well' or 'well'. Furthermore, with regards to UNICEF ability to strengthen partners' capacity, 53.4 per cent of survey respondents stated 'very well' or 'well'. Lastly, with respect to how well UNICEF has been sharing risks with implementing partners and implementing duty of care, 50.5 per cent of the survey respondents stated 'very well' or 'well'

- 210** KIIs provided several examples where UNICEF site selection and timing were considered by NNGO partners to be unfeasible
- 211** [making-sense-of-localisation-in-sudan-csf.pdf](#)
- 212** The question asked was the following: Based on your experience, please make at least one recommendation for how UNICEF could most significantly strengthen its work with partners in Sudan (please enter your response in the box below)? (Optional/open ended)
- 213** Source: KIIs
- 214** 'Involve NNGOs in identifying and designing their own capacity-strengthening programmes, so they are more likely to respond to actual needs rather than perceived needs'. See [making-sense-of-localisation-in-sudan-csf.pdf](#)
- 215** UNICEF (2024): Strategy to enhance localisation.
- 216** UNICEF Sudan Internal document (Capacity building strategy for ERRs (2024)
- 217** PD signed on 25th October 2023, for a total of USD 329,877,50 (USD 309,357,50 is UNICEF contribution), then amended twice on 15th January and 25th March. Overall PD is USD 942,452 (UNICEF contribution USD 885,423). (UNICEF Internal document, Discussion Paper – ERRs (2024)
- 218** ERRs Coordination Meeting slides/UNICEF presentation (OCHA, 17 April 2024)
- 219** OCHA's contribution to ERRs amounted to US\$6 million in 2024. UNICEF Sudan internal document (Discussion paper – Reassessing UNICEF Engagement with ERRs (2024)
- 220** UNICEF (2024): Strategy to enhance localisation.
- 221** UNICEF Sudan internal document (Discussion paper – Reassessing UNICEF Engagement with ERRs (2024)
- 222** World Bank UNICEF AAP GRM in WB project example 2024; KFW; ECHO, FCDO
- 223** KII + AAP focal point position is funded until June 2025
- 224** UNICEF 100 Days Plan
 “1. Include at least one sectoral gender programmatic commitment and indicator from UNICEF’s Core Commitments (CCCs) in the HAC; commitment should be context-specific and consider the relevance of cash-plus programming and tailored interventions for and with adolescent girls.
 2. Prioritise the mitigation of gender-based violence and Prevention of Sexual Exploitation and Abuse (PSEA), ensuring actions and services do not cause harm or increase risks of experiencing violence, exploitation, or abuse.
 3. Support funding and resources for women-led and girl-centred organizations to engage in the humanitarian response, as part of the UNICEF Core Commitment to Children and localisation strategies.
 4. Intentionally incorporate gender analysis and support to female frontline service providers across sectors to inform safe and accessible gender-response assistance as well as services and programming for women and girls.”
- 225** UNICEF 100224 Somoud GBV SEA HR Action Plan
- 226** KII with NGOs
- 227** 430 girl's clubs were active in 2024 - UNICEF Annual Report Sudan 2024
- 228** 2022 End of Year Report
- 229** UNICEF PG reported that, in 2024, UNICEF funding allocated to WGLOs amounted to \$3.7 million (approximately 9 per cent of cash to partners). Source : UNICEF internal dashboard.
- 230** At the time of the writing the GPR's Country Management Review is pending
- 231** EMT 06.11.2024 and KII



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