1. EXECUTIVE SUMMARY

UNICEF provided fundamental basic services support:

i. Six million women and children affected by conflict, displacement and emergencies were assisted
ii. Polio NIDs reached 6.5 million U5 children four times, and polio free status maintained
iii. 6.6 million young people reached with HIV/AIDS information
iv. 3.6 million children out of 9 million enrolled assisted through education initiatives
v. 1.5 million persons affected by acute watery diarrhoea outbreak, which was controlled in six weeks through Government, partners and UNICEF actions; cholera free year was ensured.

Advocacy for the protection of rights of children strengthened with:

i. The new Child Act 2010 passed
ii. 2,000 children demobilized
iii. Initiatives for the prevention of abandonment of babies and reform of reception of abandoned babies through emergency family care started in Khartoum State
iv. Advocacy for children on death row succeeded
v. Understandings reached with non-state entities on principles of SC1882.

Humanitarian access:

i. Negotiations and access to excluded populations of Darfur
ii. Negotiating release of, and permission to use therapeutic food in, Eastern Sudan for NGOs and UN
iii. Advocacy for enhanced access to Southerners in the north.

Public policy area:

i. Second country-wide health household survey undertaken, in South/North regions
ii. In several States, financial contributions by State authorities achieved
iii. Peace programming and peace promotion involving highest level authorities in the North initiated and close to a million homes reached
iv. Advocacy on children with disability/special capacities undertaken contributing to decision to establish National Council for the Disabled and Special Capacities during 2011

Major constraints include:

i. Inability to reach on a permanent basis areas with strong non-state entity presence in Darfur has exacerbated needs of communities
ii. UNICEF procedures allied with GoS unpredictability on the granting of visa have created significant staffing shortfalls
iii. UNICEF Cluster leadership compromised due to above staffing constraints and lack of resolution with donors on its funding.

Key partnerships include:

i. UNEP: monitoring ground water level in Darfur
ii. UNESCO: training education planners
iii. UNAIDS: media reporting on HIV/AIDS
iv. WHO: humanitarian access in Darfur
v. UNHCR/UNAMID/UNMIS: protection of civilians
2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The referendum scheduled to take place on January 9, 2011 on the self-determination of Southern Sudan increased the tensions between the North and the South and could lead to a deterioration of the fragile political and humanitarian situation. The Government of Southern Sudan plans to facilitate the return of about 150,000 south Sudanese displaced to the North by end 2010.

In the North, 116,000 people were newly displaced due to natural disasters armed conflict and violence. There are 3.7 million Internally Displaced People in the North (1.9 million in Darfur, 1.7 million in Khartoum State, 80,000 in the Three Areas and 68,000 in Eastern states).

In the South, by end November, 934 people had been killed and 221,000 were displaced due the Lord’s resistance Army, tribal fighting, cattle raids and conflicts over water and grazing areas. Furthermore, heavy rainfall and poor drainage caused extensive flooding in four states with 140,000 people requiring humanitarian assistance and recovery.

In Darfur, a stalled peace process led to outbreak of hostilities between Government and rebels, inter-tribal clashes and organized banditry and increased fatalities (from 875 in 2009 to 1,865 in 2010 between January and August) especially in the hard-to-reach areas, which continued to be inaccessible for humanitarian organizations.

Major changes regarding the progress towards the MDGs are:

**Goal 1: Eradicate extreme poverty and hunger**
About 46.5% of the population is below the national poverty line in the North and 50.6% in the South (2010 “Baseline National Household Budget Survey” & “Household Income and Expenditure Survey”). The surveys indicate a big gap between the poor and the non-poor with rates varying significantly between states. Sudan is ranked 114th of 177 countries in the 2010 Human Development Index.

Nationally global acute malnutrition is 14.8%, just below the internationally recognized threshold of a nutrition emergency (SHHS -1, 2006).

**Goal 2: Achieve universal primary education**
Less than 2% of GDP in the North and 6% in the South is spent on education. The 2007 Government baseline survey showed that only 84% of children who apply get enrolled in the North and 48% in the South, with severe disparities among states. Only 13% of primary school teachers are trained in the South, maintaining the ratio of pupils per teacher at a staggering 1,030.

**Goal 3: Promote gender equality and empower women**
The Gender Parity Index improved from 0.43% in 2009 to 0.85% in 2010 and Gross Enrolment Ratio stands at 72.3%. However, 1.9 million children of whom 1 million are girls are still out of school. There is significant change in attitudes towards Female Genital Mutilation/Cutting. Analysis of 2006 data revealed that 51% of women thought that FGM/C should continue compared to 79% in 1989-1990.

**Goal 4: Reduce child mortality**
The average annual rate of reduction of child mortality between 1990 and 2006 (SHHS-1, 2006) was 1.2% (an annual reduction of 7.7% is needed to achieve MDG 4).

The Government of Southern Sudan has made some progress in the policy area in 2010, and the implementation of the Accelerated Child Survival Initiative (ACSI) is ongoing.

**Goal 5: Improve maternal health**
The attainment of MDG 5 by 2015 is most unlikely and significantly more investments are required. The Maternal Mortality Rate in Sudan is estimated at 1,107/100,000 Live Births i.e. 26,000 maternal deaths per year (SHHS-1, 2006).

**Goal 6: Combat HIV/AIDS, malaria, and other diseases**
Estimates of HIV prevalence indicate a low number, of 0.67% of the population carrying the virus. Recent data indicate that 56% of pregnant women in the South attending antenatal care received routine counselling, of which 68% are tested.

According to the 2009 Health Information Management System data, there has been a reduction in national malaria prevalence from 5.4% in 2005 to less than 3%.
Tuberculosis remains a major cause of mortality and morbidity.

**Goal 7: Ensure environmental sustainability**

According to Government estimates, water supply coverage improved from 59.3% in 2006 to 67% in 2009 (target is 82% by 2015) and sanitation coverage improved from 31.2% in 2006 to 49% in 2009 (target is 67% by 2015).

In the South, a key development was the formulation of a Water and Sanitation Strategic Framework (Phase one) and the completion of the second phase of the Southern Sudan Information Clearing House.

### 3. CP ANALYSIS & RESULT

#### 3.1 CP Analysis

**3.1.1 CP Overview:**

While additional services and capacity are greatly needed in many parts of the country, particularly Southern Sudan, the Sudan Country Office (SCO) has started strengthening its involvement in advocacy and public policy in line with the programme direction of not just "deliver things, but deliver thinking". The equity agenda requires better distribution of the State budgets towards children and social sectors and there is some progress in initiating that change. The advocacy with the government on children with differentiated abilities (physically and mentally challenged) has resulted, *inter alia*, in the decision to establish in 2011 a National Council for Disabled to coordinate government efforts to reach the most excluded of excluded. Strong advocacy was required to help tackle the problem of the abandonment of babies by unwed mothers in Khartoum. Support given for developing emergency foster care has drastically reduced mortality among rescued abandoned babies, at minimal programme cost. Advocacy with religious leaders to support peace promotion, abandonment of FGM/C, or breast feeding has been a positive innovation. To focus on those we do not reach, such as in Darfur, has helped not just UNICEF, but the UN family to intensify humanitarian access negotiations, contributing to create conditions conducive to durable solutions. The Sudan Health Household Survey 2010 (SHHS) will provide the ammunition for a stronger policy dialogue and discussion on state budget priorities with State authorities. The message highlighting that 305,000 U5 children die yearly (according to the SHHS 2006, a figure drastically higher than the 139,000 cited in SOWC or that 26,000 mothers die yearly giving birth, has generated public debate and speeches in support of action from the Presidents of Sudan and South Sudan. In the area of child protection, an understanding was reached with the Minister of Justice on child combatants involved in the attack on Khartoum by JEM, would not be implemented. Sexual abuse and violence at home or school remain difficult topics. Overall, the foundation for a 2011 programme which not only delivers services and capacity building, but also engages the broader public in demanding peace, better services, better use of resources to benefit children, and behaviour change, has been laid.

**3.1.2 Programme Strategy**

**3.1.2.1 Capacity Development:**

Capacity development in:

- **North Sudan (NS):** A total of 70,000 government officials, health and nutrition workers trained in areas such as Community Management of Acute Malnutrition, immunization, Integrated Management of Childhood Illness, maternal and newborn care and emergency preparedness and response, with focus on the most vulnerable children and women.

- **South Sudan (SS):** accelerated delivery of integrated service package for health and nutrition, and for the development of Health Strategic Plan.

- **NS:** strategic planning, field monitoring, data collection and reporting, and the promotion of sustainable and affordable technologies for WES Government structure at local level to reach most underserved rural communities.
SS: staff focus on most vulnerable communities, particularly those affected by Guinea Worm and by disasters and epidemics.

NS: sector policy analysis and strategic planning of partners and government counterparts, as well as on data collection and analysis, reaching over 20,000 headmasters, education planners and programme managers, with enrolment of 41% of out-of-school child population since 2005.

SS: evidence based policy analysis resulting in a fully functioning Education Management Information System and systematic conduct of the Annual Education Census.

NS: training in Darfur, resulting in over 400 social workers and teachers trained in case management, alternative care systems, and dealing with children in conflict with law, and over 300 police officers trained on providing child friendly service.

N&SS: generating public awareness and advocacy for social protection policies and investments which benefit women and children as well as for demanding peaceful ways of resolving differences, through local media, community radio listening groups trained in producing radio programmes, and milestone events.

NS: enhancing understanding of officials at Federal and State Level on protection of civilians, humanitarian protection and access, in collaboration with UNHCR and OCHA.

NS: preparation of new strategic plan for the Sudan Nation.

3.1.2.2 Effective Advocacy:

North Sudan:
• After months without access to Jebel Mara in Darfur, the health and nutrition situation of the population deteriorated; more child and maternal deaths were reported. WHO and UNICEF increased their advocacy to gain access and in September reached selected locations and delivered essential drugs, medical and nutritional supplies.
• A “National Health Accounts study on Household Health Services Utilization and Health Expenditure” was completed which will help develop a health financing policy and advocacy for increased allocation to the Health sector. State and Federal Governments allocated over US$ 2.5 million to WASH programmes.
• Children with disabilities and their families constantly experience barriers to their inclusion in society; their abilities, capacities and needs are overlooked and given low priority. UNICEF commissioned a mapping of available services for children with disabilities. The results of this study will inform evidence-based intensive advocacy for increased attention and improved services.
• The signing by the UN of an Agreement with armed groups is a significant advocacy success and milestone towards ensuring that children associated with armed groups are reintegrated in their communities.
• The endorsement of the new Prevention of Mother to Child Transmission (PMTCT) Strategy which expanded HIV services to rural areas, where most vulnerable women are living, is a result of effective advocacy by UNICEF.

Southern Sudan:
• Key advocacy initiatives were undertaken, including an improved victim information management system which provides a better framework for Mine Risk Education.
• Children associated with armed forces: Advocacy with the GoSS and SPLA contributed to 70% of the 210 released children benefiting from reintegration assistance.
• Legal protection of children: 230,000 government officials at all levels, community members, boys and girls were provided with information on The Child Act.

• Effective advocacy with the Presidency and Ministry of Health ensured NIDs and the maintenance of a Polio-free status in Southern Sudan.

• UNICEF’s and UNFPA’s advocacy overcame initial reluctance to conducting the Sudan Household Health Survey (MICS4).

• The dissemination of key messages to returnees and host communities in Southern Sudan through the mass media, especially radios will help lower vulnerability of children in the returnee communities.

3.1.2.3 Strategic Partnerships:
Partnerships with Government, NGOs, and UN agencies were critical for achieving results and delivering humanitarian assistance despite the constraints encountered from a combination of events including Darfur humanitarian crisis, referendum preparations, and subsequent tensions, floods, droughts and epidemics including acute watery diarrhoea, meningitis and measles.

North Sudan:
• Under the UN Joint Programme: “Sustained Peace for Development: Conflict Prevention and Peace-Building in Sudan through targeted interventions in selected communities along the 1-1-1956 border”, UNICEF and seven UN agencies supported community-led development in South Kordofan State.
• Under the stewardship of the UNDP Sudan Country Office, UNICEF was identified as a sub-recipient of the Global Fund Malaria Round Seven for interventions in Darfur IDP camps and Khartoum State.
• The SHHS-2 was funded by several UN agencies and the Government and will emphasize Health, Education, WASH and Child Protection sectors.
• The National Population Council and UNDP completed the MDGs progress report.
• Khartoum State Radio and NGOs through the “Sudan Information Campaign for Returnees” initiative provided critical information to displaced people on local integration, child survival, health and social development issues, and continue to do so.
• The Terms of Reference (TORs) for the 2011 UNDAF Mid Term Review were drafted.
• The UN Information Management Working Group opened a Darfur Chapter.

Southern Sudan:
• A collaborative effort by UNICEF, UNFPA and WFP supported the MoH and the Southern Sudan Centre for Census, Statistics and Evaluation as the main implementing partners in carrying out the SHHS2.
• Nutrition: the South Sudan Annual Needs and Livelihoods Assessment (ANLA) provided vital data on food security which were instrumental in planning child nutrition interventions.
• Partners for the ALNA included the Ministry of Agriculture and Forestry, WFP, FAO, SSRRC, CARITAS, LWF and CRS.
• Health systems: the Multi-Donor Trust Fund established a strong partnership between UNICEF, GAVI, UNAIDS and the World Bank.
• Children associated with armed forces: support was provided to SPLA in collaboration with Canada/CIDA and the Spanish-funded MDG initiative for Sudan.
• Education Cluster allowed collaboration with INTERSOS, AMURT, EDC and others.

3.1.2.4 Knowledge Management:
In the North:
• A strengthened Routine Nutrition Information System ensured that all states are providing improved monthly information. As a result, the analysis of data has improved.
• In Darfur, the Nutrition Surveillance System, which is based on feeding centres’ data of
localised nutritional surveys and sentinel site surveys, continued to be a key source of data.

• The establishment of a reliable Health Information Management System provided key data and information for analysis which improved decision making and programme implementation.

• The Education Management Information System contributed to the timely availability of education data and enhancement of national, state and locality level capacity to influence policy, as well as capacity to plan, manage and monitor education service delivery.

• The CRLGs Programme represented a significant platform for raising voices of people from disadvantaged communities and facilitating public exchanges of community views on development issues.

In the South:

• In the area of humanitarian action, UNICEF’s Office of Emergency Programmes in Geneva supported the Area Programme to develop a monitoring framework with a focus on performance monitoring for cluster coordination, Communication for Development and quality issues for field monitoring. UNICEF staff demonstrated the sharing of knowledge across the sectors in the preparation of the MDG progress report for Sudan.

• Devinfo training was conducted for 17 government partners to enhance their knowledge in DevInfo database management and capacity for uploading sector data into the SudanInfo database.

• Knowledge enhancement within UNICEF was promoted through training of 93 staff members on the new Simplified Results Structure and multi-year work planning in preparation of the two-year work plan for 2011-2012.

3.1.2.5 C4D Communication for Development:

C4D Communication for Development in:

North Sudan:

• C4D was supported in Health, Nutrition, and WASH sectors to develop and test core concepts and materials for “Shuffa’a Alsoghar”, a toolkit for community and family level communication to improve survival of the most vulnerable infants and young children under the Accelerated Child Survival and Development model. Health and Nutrition related messages focused on four critical interventions: exclusive breastfeeding, hand washing at three critical times, use of ITNs and home management of diarrhoea through oral rehydration therapy.

• To address the high FGM/C prevalence, the “Saleema” multimedia positive messaging campaign was expanded and reached all northern states with the support of the state councils for child welfare. Community level activities continued throughout the year with several communities making public declarations of abandonment.

• Promoting sanitation and hygiene practices using mass media and inter-personal communication strategies ensured that an estimated 6.2 million people were reached with key hygiene messages through household visits, campaigns and community radio.

In the South:

• Social Mobilization Working Group, comprising MOH, WHO, UNICEF and NGOs, is responsible for planning, implementation and monitoring of social mobilization activities, including high level advocacy, engagement of media and community networks for immunization. Media houses, mobile phone service providers, Faith-based Organizations, traditional leaders and local authorities have been engaged to support polio eradication efforts. Briefings and sensitization of Chiefs, Southern Sudan Council of Churches and Islamic Council of Southern Sudan led to re-affirmation of their support for polio eradication and recordings aired on a local TV during the NIDs. Rapid and massive dissemination of key messages for specific initiatives, such as the NIDs, HIV/AIDS testing week, and emergency preparedness have been implemented through SMS.

• A standardized protocol for the development of IEC materials was developed by
UNICEF in collaboration with the Department of Primary Health Care. A behavioral analysis based ‘Health Promotion Strategy’ was implemented for advocacy.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:
Human rights based approach to cooperation in North Sudan:
• Supported the development of education policy guidelines, operational principles, standards and training manuals based on a rights-based framework for the roll-out of the Child Friendly School initiative. A total of 60 managers at state and local levels were trained as instructors in the transformation of child friendly schools.
• Line ministries supported to incorporate child protection policies that protect the rights of beneficiaries. Implementation focused on the most disadvantaged children, as part of the equity approach. These include children affected by conflict, some of whom end up as street children, orphans, unaccompanied and separated children, victims of abuse and violence, and abandoned babies. UNICEF advocates that these children as well as demobilized or released children have their rights to services, care, support and reintegration protected.
• Support provided to SNAP for integrating rights, responsibilities and accountabilities in policy. In Education, implementation focused on the most disadvantaged children in out-of-school settings and rural areas.
• The exclusion of children with special abilities and lack of policy in this area, has led to several initial measures such as including data collection on special children in the SHHS2, commissioning a study on available services, developing advocacy audiovisual material to generate awareness on positive methodologies, and raising the issue at ministerial level.

In the South:
• The programming strategy continued to focus on service delivery to ensure the rights of children and women are met through improved access to basic social services.
• Using knowledge gained from the training on HRBAP conducted in 2009, partners have continued to utilize human rights principles in implementing the programmes.
• Response to emergencies in 2010 has been swift because of both effective preparedness and contingency plans, and pre-positioning of NFIs and other emergency supplies at decentralised hubs. This has contributed to ensuring the rights of children to assistance, services, care and protection during emergencies and humanitarian situations are being met.

3.1.3.2 Gender Equality and Mainstreaming:
Gender Equality and mainstreaming in:
The North
• Was incorporated in WASH interventions by sessions on gender and HIV/AIDS into trainings for community groups. The new WASH policy, which is in final stages of endorsement, also addresses gender equality in providing services such as equal representation in WASH committees.
• The SHHS-2 will provide fresh data on 105 socio-economic indicators becoming the most useful tool in planning and providing the most reliable baseline for monitoring progress of human development.
• UNICEF supported the Government to adopt the Girls’ Education Plan developed in 2008. The UN Gender Group is also adopting this plan as a joint initiative under its Girls’ Education Initiative.
• UNICEF supported 14 established FCPUs to strengthen child friendly and gender sensitive procedures in dealing with children who are in contact with law either as victims, offenders or witnesses, giving priority to girl victims of abuse and violence. UNICEF is a member in the Gender Based Violence Working Group under the leadership of UNFPA tasked with providing psychosocial support for survivors of gender-based violence.
Community led initiatives to reduce FGM/C included an accelerated drive for “non-cutting” of girls, through the “Saleema” campaign.

UNICEF addressed HIV vulnerability both in and out of school settings through strategies including mainstreaming prevention in the education and religious sectors.

In the South:
- Contributed to the promotion of gender mainstreaming by training 27 government and NGO partners in gender programming. Moreover, the office has encouraged all programmes, studies and evaluations to identify gender gaps, use disaggregated (by age and sex) data, and develop key indicators for gender-focused analysis and reporting.
- In Education, the Education Management Information System increased awareness of gender inequalities in access/participation and improved gender analysis in planning.
- UNICEF is supporting the development of “A gender in education strategy”.
- UNICEF promoted strategies for increased access and retention for girls and for more female teachers. A protective and gender sensitive school environment was incorporated in the minimum quality standards for schools, which aims to reduce gender based violence, and 50 school inspectors were trained in promoting the standards.

3.1.3.3 Environmental Sustainability:

In Sudan, particularly in the North, floods and droughts, desertification and reduction of surface and ground water are major environmental hazards that have led and will continue to provoke widespread loss of lives and property, damage to irrigation facilities and water services, and the spread of waterborne diseases.

- Between the years 1941 and 2000, the average rainfall declined from 425 to about 360 mm/year. As a result, less fresh water is available for agriculture, water supply and other livelihood activities, which contributes to high cost both of food and water supplies.
- Reductions of surface and groundwater storage are considerably affecting the annually recharged groundwater aquifers and seasonal streams and ponds. This environmental hazard is mainly attributed to the increased drought, temperature and evaporation. These sensible reductions have resulted in creating considerable difficulties for the population who depend on those water resources for their daily water needs especially in Darfur, Kordofan and Blue Nile. When coupled with the increased water demands and population growth, critical water crisis may occur in these areas.
- More particularly in the North, desertification, land degradation and deforestation constitute a major environmental challenge for the country. More than 50% of the country area between latitudes of 10° and 18° has been taken over by the desert. This has led to agricultural land degradation and deforestation, with dramatic effects on biological diversity and on human communities.
- Based on the World Bank’s annual report 2010, Sudan’s agricultural yields will decline be 56 per cent by 2080, the steepest decline in the world.
- The forest cover has decreased 12 per cent in 15 years and the country will most probably face a deforestation crisis.

3.2 Programme Components:

Title: Health and nutrition

Purpose:
The Health and Nutrition Programme contributes to the overall country programme goal of the realization of the rights of children to survival, development, protection and participation, with main results planned for 2010 to contribute towards child and maternal mortality and morbidity as below:

- In the South, Health and Nutrition Sector 2010-2012 Medium Term Expenditure Framework in place, the new Nutrition cluster mechanism in place, and the Health Management Systems (HIMS) established in five states.
- Increase routine immunization coverage among children for vaccine preventable
diseases such as Polio, Measles, Hib, Diphtheria, Pertussis, Tetanus and Hepatitis-B and increase coverage of a third dose of Tetanus Toxoid for women of child bearing age to 85% in the North and 50% in the South.

- Treat 744,000 or 40% U5 children affected by Malaria, Diarrhoea and Acute Respiratory Infection in the North.
- Ensure 6.4 million or 95% U5 children receive minimum integrated primary health care and nutrition package in the North.
- Treat 33,000 children experiencing severe acute malnutrition in the South through facility based interventions, while strengthening the monitoring system to accurately detect child malnutrition. Treat 30% children with severe acute malnutrition in the North through community based management models as well as traditional therapeutic feeding centres and Out-patient Therapeutic Programmes, and improve the capacity of 30% health and nutrition service providers to identify and treat children with severe acute malnutrition.
- Increase access to antenatal, postnatal and neonatal care for 132,000 pregnant women in the South and 60% in the North. Increase the number of child births assisted by skilled birth attendants and promoting exclusive breastfeeding in the South. Ensure 70% pregnant women in four focus states in the North: South Darfur, West Darfur, North Kordofan and Blue Nile access skilled attendants at birth, and 60% of pregnant women with complications have access to basic emergency obstetric and newborn care services.
- A comprehensive Nutritional Information System functional in six states in the North.
- Ensure 30% households consuming iodized salt in the North.

**Resources Used:**

Resources used: as of 30 November 2010

Total approved for 2010 as per CPD: US$ 43,649,000

Total available for 2010 from all sources: RR US$ 4,136,669 ; OR US$58,776,588; Total: US$ 62,913,257

Any special allocations: US$ 3,870,864 from UNICEF Emergency Reserve Fund/loan

List of donors: Australia, Brazil, Bill & Melinda Gates Foundation, Canada, CERF, CDC, CHF, Denmark, ECHO, French Natcom, GSK (Glaxo-Smithkline), Global Pampers, GAVI, Ireland, Italy, Japan, Micronutrient Initiative, National Committees, OFDA, Rotary International, Sweden, UK Natcom, UNFIC, UN Foundation, US Fund for UNICEF.

**Result Achieved:**

In Southern Sudan, the Health Strategic Plan was finalised, and standardised health information management systems established.

In the North, CMAM guidelines were endorsed by the Government and implementation rolled to six states (by October 2010, 52,064 SAM children admitted to TFCs and OTPs). Routine immunization services coverage increased to 6.5 million U5 children; DPT3 coverage to 88% in the North and 43% in the South for children under one year of age. Polio free status has been maintained since June 2009 and NIDs ensured the protection of 95% of U5 children.

Through ACSI, 1.7 million children in the North and over 600,000 children in the South received measles immunization. Over 6.0 million children in the North and 600,000 in the South received basic integrated health services including de-worming tablets and Vitamin A supplementation. At least 650,000 women in the North and more than 570,000 women in the South were reached with TT2+ immunization.

In the South, 782,100 children affected by Diarrhoea, Malaria and ARIs accessed IMCI services by July 2010. Access to PHC services increased for 1.25 million people. In all, 1.0 million malaria treatment doses and 1.4 million mosquito nets were distributed in the North, and 98,000 households got mosquito nets in the South.

Access to maternal and neonatal health care services increased by 45% in the South consequent to which, 15% pregnant women give birth with skilled birth attendants’
support. The provision of 12 motorcycle ambulances facilitated access to Emergency Obstetric Care services to over 300 pregnant women.

In the North, 1,900 health workers were trained on maternal and newborn life saving skills and ensured that 42.5% pregnant women accessed quality antenatal care services, and 52% births were attended by skilled personnel.

The three states with salt iodization laws were supported to maintain or establish a monitoring system.

The key constraints include lack of multi-year funding which adversely affected long-term planning, regional disparity in funding, limited number of health partners and personnel, high costs for logistics and supplies and slow in-country nutrition supply clearance, weak primary health care infrastructure, and lack of access in some parts of the country.

The “National Health Accounts Study on Household Health Services Utilization and Health Expenditure” will form the basis of a health financing policy and advocacy for increased public financing.

A Mapping of Services for Children with Disabilities will create basis for a national strategy. The SHHS-2 presents new data on disabled children, which will reinforce the strategy.

In the South, research revealed that 87% knew danger signs for pregnancy and child birth but only 48% reported them to midwives. Only 18% of mothers started exclusive breastfeeding within first hour of delivery. The findings will support development of behavioural change communication programme.

The programme partners include:

- Federal/State ministries of Health and WHO: all interventions
- Maternal reproductive and adolescent health interventions: UNFPA
- Food supplementation and iodized salt: WFP
- Food security and nutrition information systems: FAO
- UNDP, UNOCHA and NGOs on immunization (Inter-agency Coordination Committee)
- UNFPA, ACSI Steering Committee to improve service provision.

North Sudan:
- Meningitis outbreak in South Kordofan, South and West Darfur states (vaccinated 734,900 at-risk people)
- Measles outbreak in West Darfur (vaccinated 314,000 children)
- Dengue Fever outbreak in eastern states and acute watery diarrhoea due to E.coli and floods in the states bordering the Nile.
- 55,000 children accessed basic health services when access to Darfur’s East Jebel Mara was granted.

In the South:
- With the provision of 25 Diarrheal Disease kits, treated 12,000 cases of diarrheal diseases, benefiting about 286,200 people. Also, 24,000 children with Severe Acute Malnutrition (SAM) treated through existing 172 health facilities.

**Future Workplan:**

- Treating 160,000 children for SAM
- Mitigation and response measures in place for emergencies
- Increasing routine immunization in low coverage areas, introducing Rotavirus vaccine
- Strengthen advocacy and community mobilization for child and maternal survival.

North Sudan
- Conducting two rounds of child health days reaching over 6.0 million children with high impact health and nutrition interventions
- Increasing access to PHC services including IDPs and host communities by 80%.

Southern Sudan,
- Provide 80% of children under five in 30 selected counties with the basic package of preventive services
• 44% of pregnant women access package in 40 target counties, and 15% have childbirth assisted by skilled attendants.

**Title: Water and environmental sanitation**

**Purpose:**
The WASH programme contributes to reduction of child morbidity and mortality caused by water and sanitation related diseases through the following results:
• Water Policy operationalised, with the sector investment analysis, sector plans and guidelines published, and WASH management structures established at the state level in all states, and partially at local levels.
• A strengthened WASH sector coordination structure in place.
• Water services sustained for one million emergency affected population in the North and for 0.8 million in the South.
• Access to improved drinking water increased by 1.41% in the North through new and rehabilitated facilities. In the South, access to safe water increased by 2.14% through new water sources for 210,000 people and rehabilitated sources for 170,000 people, and provision of water sources to 64 schools and 36 health facilities.
• In the North, increase access to sanitation facilities in targeted communities and IDP locations. In the South, increase access to sanitation by 0.94% through new household latrines for 0.4 million people, and new sanitation facilities to 200 schools and 20 Health facilities. The programme in the South will also improve hygiene knowledge of communities and school children by 6% and practices by 4%, and reach 0.8 million people and 1.5 million emergency affected populations with effective key hygiene/sanitation messages.
• WASH databases functional in five states and a WASH sector website established and water quality M&E systems functional in three states in the South. Groundwater monitoring systems established in two additional states in the North.
• Capacity building for WES and community members in place in the North.

**Resources Used:**
Resources used: as of November 2010:
Total approved for 2010 as per CPD: US$ 35,725,400
Total available for 2010 from all sources: RR US$1,030,132; OR US$ 32,629,854; Total: US$ 33,659,986
Any special allocations (list): US$ 2,632,411 from UNICEF Emergency Reserve Loan/Fund
List of donors: Australia, Belgium CERF, CHF, CIDS, ECHO, EC, Germany Natcom, Ireland, Italy, Japan, Multi-Donor Trust Fund (MDTF)-Southern Sudan, the Netherlands, OFDA, UNEP, US Fund for UNICEF, Volvic

**Result Achieved:**
North Sudan:
WASH policy finalised with Ministry of Water Resources and Irrigation and Ministry of Health.
Strategic plans (2011-2016) for 14 states developed.
UNICEF Cluster Lead: sector coordination structure established in Khartoum and Darfur. UNICEF contributed to a 2% increase of access to improved water supply. Five rural communities declared Open Defecation Free.
In Darfur, one million IDPs and host communities at 38 locations received sustained facilities and 23,000 conflict-affected people in hard-to-reach East Jabel Mara and Jabel Moon got access to WASH services. As a result, refugees in Chad have started returning to Jabel Moon.
IWRM consortium of partners established in Darfur for groundwater monitoring and construction of groundwater artificial recharge systems.
Capacity of 11,070 community members strengthened in planning, implementation, management, and sustained operation and maintenance of services.
Six million persons reached with appropriate hygiene and sanitation messages.

South Sudan
A WASH Sector Strategic Framework was initiated to guide State level strategic sector investment plans.
Safe water access for an additional 307,500 people was achieved.
Efforts in Guinea Worm endemic areas contributed towards a 38% decline in cases reported.
The annual Global Hand-washing Day raised awareness on the importance of hand-washing with soap among over 30,000 school children, while about two million people were exposed to hygiene behaviour change messages.
Progress made in development of an on-line GIS database and knowledge capture system (Southern Sudan Information Clearing House).

Launched an accelerated demand-driven approach in sanitation and hygiene (Community Led Total Sanitation and School Led Total Sanitation). Access to safe sanitation showed some progress: 24,000 persons reached with new household latrines; 34,500 students at 69 schools, and 1,200 people at health centres, with sanitation facilities.
Key constraints in project implementation were low capacity, weak technical and managerial functions at state and county levels, increased costs for WASH services, delay in data collection, and high demand for water supply for ongoing emergencies.

In the North
15 joint monitoring visits were undertaken with Government counterparts, in addition to monitoring visits with UN and NGO partners.
Preparations were made for a new Knowledge Attitudes and Practices (KAP) study to be carried out in 2011 in all northern states.
In the safe water supply area, a survey in Blue Nile State indicated that over 85% of water schemes were functioning.

In the South
UNICEF continued to work closely with MWRI and other key sector partners to establish the SSWICH in partnership with UNECA.
UNICEF worked with over 40 partners to coordinate national, regional, and state level interventions by enhancing planning, organizing assessments and conducting monitoring visits. Included among the partners were Federal and State governments (namely, MWRI, Ministry of Housing Physical Planning and Environment, Ministry of Health, State Ministries of Physical Infrastructure and Public Utilities etc.), MEDAIR, UNECA, Carter Center, SNV and Plan International, MEDIC, JB Drilling, OMASKI and South Sudan Drilling Organisation.

In the North, for the second consecutive year, no cholera case was reported due to successful preparedness interventions undertaken before, during, and after the rainy season in all high risk areas.
A total of 1.5 million people benefited from extensive chlorination at source and household levels to mitigate the spread of acute watery diarrhoea due to E.Coli in affected states.
In the South, emergency WASH interventions reached 50,000 internally displaced and returnee populations with significant attention to the roll-out of the WASH Cluster System. Extensive training was undertaken with core cluster partners and state level focal points.
Future Workplan:

North 2011:
• 900,000 people from 450 communities have access to improved drinking water
• 200 communities declare ODF with at least 80% families constructing and using latrines
• 40,000 school children and staff in 200 schools and 50 health facilities have increased access to WASH facilities
• 6.2 million people reached with key hygiene messages through mass media, households’ visits and radio messages
• One million people in Darfur IDP locations supported with operation, maintenance and chlorination of water facilities
• Development of WASH strategic plans completed in 15 states

South:
• Finalize coherent WASH sector-wide investment plan
• Ensure access to safe water supply to additional 5% of rural and vulnerable populations
• Establish access to sanitation facilities to additional 2.4% of rural and vulnerable population with 10% of the population practising good hygiene behaviours.

Title: Basic education

Purpose:
The Basic Education Programme contributes to the national goal of ensuring the right of all children to quality basic education for children and young people in and out of school including returnees, nomads, former child soldiers, and children with special needs through the following results:
• Improved capacity of Government personnel in monitoring, policy analysis and strategic planning
• 250,000 children newly enrolled in grade one in the North and 300,000 in the South.
• 25,000 children enrolled in pre-school classes in the North
• Safe, inclusive, peaceful, child-friendly learning spaces provided in formal basic education through construction and rehabilitation of 4,000 classrooms and transformation of 300 schools into CFS and developing low cost child friendly learning spaces
• Learning outcomes improved in basic subjects including Life skills and peace education through training of 2,000 regular teachers and 2,000 unqualified teachers
• ALP opportunities for 100,000 youth and adolescents out of school
• Education assessments, including special needs, Early Childhood Development (ECD), school health and secondary education completed
• Developing and expanding the scope of the Education Management Information Systems (EIMS).

Resources Used:
Resources used: as of November 2010:
Total approved for 2010 as per CPD: US$ 30,077,000
Total available for 2010 from all sources: RR US$ 819,188; OR US$36,043,073; Total: US$36,862,262
Any special allocations: US$ 666,667 from UNICEF-Emergency Reserve Loan/Fund
List of donors: Australia, CHF, Canada, Denmark, Dubai Cares, EC, German National Committee, Global Thematic – Girls Education, Japan, Italy, Netherlands, Norway, Spanish National Committee, Sweden, DFID, United Arab Emirates, US Fund for UNICEF.

Result Achieved:
The ground work finalized for an Education Sector Strategic Plan.
Preliminary results of the 2010 EMIS indicate a slight increase in enrolment.

More than 20,500 education workers (school heads, locality staff, statistics officers, planners) trained on data collection and information management to support planning, monitoring and resource management in the North.

Materials for 20,000 teachers and about 1.6 million children in the South and 917,000 in the North were distributed.

In the North, 491 classrooms rehabilitated and 734 classrooms constructed to increase enrolment rates among vulnerable groups (IDPs, returnees, nomadic children, and girls). In all, 51 teacher offices, 55 stores and 52 teacher accommodation rooms constructed, 40,000 school uniforms provided to girls and 11,000 caregivers trained. Resulting in the enrolment in grade one of 340,500 children, and 163,400 children accessed pre-school classes. Further, 568,100 children living in conflict and hard-to-reach locations benefited from Food for Education packages together with WFP, and 6,500 nomadic children transited from primary to secondary school.

A total of 3,700 regular and 1,360 unqualified teachers in the North and 3,500 teachers in the South trained on Life skills including peace culture, HIV/AIDS and core subjects to improve the quality of basic education.

In addition, 2,260 PTA members in the North were trained on school co-management. In the South, 947 teachers benefited from English Teacher Education programme provided for non-English speaking teachers.

In the North, to enhance child participation in schools and advocate for peace, Child/GEM clubs were set up in 339 schools, and 280 mentors trained contributing to the transformation of schools to CFS.

For children and youth out of school, the ALP literacy and Life skills curriculum, master trainers’ manual and teaching/learning materials were developed and endorsed. In addition, 1,122 trainers, facilitators and managers were trained on the revised Life skills-based ALP curriculum and methodology. A total of 48,430 out of school children and youth enrolled.

The MOE has become a strong ally on peace programming, supporting the launch at the beginning of 2010 of the peace ambassador programme at the National School Competitions in Darfur, with 8,000 students participating in the launch in Khartoum, laying the foundation for the expansion of this programme in 2011.

Among the key constraints were, limited Government funding to education, shortage of teachers and personnel gaps at federal and state levels, lack of trained and qualified teachers, and insecurity in Darfur and Abyei. UNICEF’s ability to respond to the increasing demand for education, and the role of Parent-Teacher Associations need to be strengthened.

Findings of the Special Needs, School Health, ECD and secondary education assessments will contribute to policy development.

The Education Strategic Plan Development and National Education Conference will benefit from the Education Sector Analysis by the World Bank.

The Evaluation Study on Education in Emergencies and Post Crisis Transition found that “the increase in enrolment had strained the quality of the education system”, necessitating increased teacher education in 2011.

Partners include Federal and State Ministries of General Education, Ministry of Youth, Culture, and Sports, Parent Teacher Councils
UN agencies – UNESCO, UNHCR, OCHA, WFP, IOM
NGOs and FBOs – ADRA, AMURT, AMA, CARITAS, Christian Aid, DoR, ECS, FAWE, IBIS, INTERSOS, Mercy Corps, NHDF, NCA, NRC, Oxfam, Save The Children, SNV, Stromme Foundation, WINROCK-Bridge, World-Vision, Christian Aid, LHDF, HAER, JRS, PENSIL, Windle Trust, CRS

In the North

14,500 emergency affected children got access to basic education through construction of 113 temporary classrooms.
35 education officers, Government and NGO partners benefited from capacity building on emergency and cluster coordination.

As Cluster Lead, UNICEF oversaw the development of an interagency referendum contingency plan targeting 340,000 school age children.

In the South, 12,000 children affected by LRA activities, ethnic conflicts and floods were able to continue their education.

The establishment of a Cluster led to an expansion of 50 NGOs and the creation of state sub-clusters with trained focal points.

As part of contingency planning, UNICEF has prepositioned standard education supplies in emergency logistical hubs (Juba, Wau, Rumbek and Malakal).

**Future Workplan:**

2011:
- Disparity reduction by targeting the most disadvantaged children in and out of school especially in hard-to-reach areas and newly accessible locations
- Policy development - finalization of the secondary education survey, EMIS roll-out, development of five years state strategic plans and teacher training standards
- Increase enrolment, systematic transformation of learning environments into quality CFS
- Emergency preparedness and response to reduce the scale of impact and damage for children’s education caused by emergencies.

**Title: Child protection**

**Purpose:**
The Child Protection Programme contributes to strengthening the country environment, capacities, and responses to prevent and protect children from violence, abuse, exploitation, neglect, and the effects of conflict through the following results:
- Legislative framework in place through Child Acts, policy on community-based care approach adopted, a UNICEF lead child protection coordination mechanism in place
- Improve child protection leadership and coordination, training of social workers and birth registration
- Awareness campaigns on FGM/C taken to scale reaching seven million people
- Capacity of relevant social ministries to implement policies and programmes adopted, women and child units in the Police established reaching over 1,500 children in the North
- Establishment of five Special Protection Units, protection and assistance to 500 children in conflict with the law in the South
- 95% of all identified children without primary care givers, unaccompanied and separated children are placed in family based care alternatives in the South
- 513 judicial stakeholders have improved knowledge and practice for dealing with cases of children in contact with the law (victims, witness and offenders) in the South
- Release of children under the Darfur Peace Agreement continued and reintegration programmes in place in the North. Release, family reunification and reintegration of estimated 1,200 children associated with armed forces and groups in the South
- 150,000 children benefiting from psychosocial support services; and separated or unaccompanied children are reunited with families
- Provision of targeted Mine Risk Education to 170,000 people at risk in the North and 181,000 in the South.

**Resources Used:**

Resources used: as of November 2010:

Total approved for 2010 as per CPD: US$ 15,615,000
Total available for 2010 from all sources: RR US$ 947,176; OR US$ 18,628,317; Total:
Result Achieved:
The endorsement of the Child Act was a great achievement aimed at strengthening the child friendly environment in Sudan.

In the North:
Signing of MoU with non signatory groups JEM, and of Action plan with SLA Abu Gasim, to stem the recruitment and use of children in armed conflict and ensure release of all children who are part of their ranks. About 700 children were registered by DDR Commission.

Ten million people were reached though the positive messaging multimedia campaign “Saleema” to combat FGM/C; 52 communities publicly abandoned the practice.

Supported institutional capacity building by targeting 173 social workers to enhance leadership skills, coordination mechanisms, referrals and out-reach services for vulnerable children.

300 representatives from police and judiciary trained on the Child Act.

FCPUs established in 14 state capitals.

5,400 children in contact with law were assisted and five special child courts established in three states; 1,600 children in conflict with the law benefited from diversion schemes.

Community-based MRE supported by UNICEF reached over 45,000 individuals.

In the South:
230,000 government officials, community members and children were sensitised about the Child Act.

200 police, judges and social workers trained on juvenile justice procedures and practices, enabling 270 children in conflict with the law to benefit from better protection services.

1,200 children associated with SPLA were released and assisted to reintegrate with their families and communities.

Five child protection units established within SPLA; 5,680 SPLA soldiers trained on child protection to prevent child recruitment.

1200 orphans and vulnerable children placed in family-based care.

237,000 children (24,182 boys and 19,791 girls) received information on protection from mines and ERW.

Among the constraints were:
- Low budgetary allocation
- Limited information on the situation of vulnerable children
- Lack of clarity and overlap of jurisdiction and responsibilities at government level during implementation of the Child Act challenged the programme to support the establishment of an independent child commission to provide a framework for the full implementation of the Act.
In the North,
Two years after the revocation of licenses of seven NGOs working with child protection, gaps in protection services remain.
Projects in Darfur were stalled by insecurity, which impeded access to IDP camps.

In the South:
Some released child soldiers returned to the army barracks because of lack of basic necessities at home.

“The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries” published by UNICEF seeks to inform policies and programmes aiming at ending the practice.
The assessment of the juvenile justice system and the KAP study on child marriages was completed and a communication strategy is being developed for the dissemination of the findings and implementation of the recommendations in 2011.

As Child Protection Sub-Cluster Lead, UNICEF maintained collaborative partnerships with UN agencies (UNDP, UNHCR, UNFPA, UNIFEM, UNMIS, UNMAO, UNDDR, UNODC) and Government institutions such as the national and state councils for child welfare, federal and state ministries of social welfare, the Police, the National Assembly, Advisory Council for Human Rights, Northern Sudan DDR, national NGOs (CMCM, NCDA, CHORM, SALF and Upper Nile Women Association) and international NGOs (Save the Children, VSF and World Vision)

Over 700 out of the 1,500 separated and unaccompanied children, including abandoned babies and children living in the streets, were reunified with their birth parents while 450 children without parental care were placed in emergency families and 880 placed into permanent families through the “kafala” system

UNICEF continued to ensure the pre-positioning of supplies in select locations, training of partners on emergencies, and developing of communication materials.

Future Workplan:
2011:
• Strengthening of policies and legislative framework to enhance the legal protection of children
• Building child protection systems, including within the security, judiciary and social welfare establishments
• Social change with a focus on community engagement on FGM/C, sexual abuse, violence and child recruitment
• Birth registration and the release and reintegration of children associated with armed forces/groups
• Promoting peace through youth programming.

Title:  **HIV/AIDS**

Purpose:
HIV/AIDS Programme contributes to the Country Programme goal of reducing HIV infection among new born and young people, increasing the proportion of the population with comprehensive correct knowledge of HIV/AIDS and reduction in child and maternal morbidity and mortality. It aims at achieving the following results:

• Increased capacity of SNAP and line ministries to develop and implement strategic sectoral plans
• Over 18 million young people in and out of school settings have correct information, attitudes and relevant skills and access to services to reduce their risk and vulnerability
• 100% pregnant women and infants presenting in antenatal care and health facilities receiving routine counselling
• 50% pregnant women receive counselling and accept HIV testing in the North and 60% in the South
• 100% infected pregnant women and their infants receive antiretroviral therapies as well as 60% of pregnant women and 40% of exposed babies.
• 80% children identified as being affected by HIV/AIDS have access to basic and social protection services in the North and 400 children in the South.
• Increasing access to HIV testing ensured through 40 Voluntary Counselling and Testing sites in the North and 36 antenatal care sites in the South.

Resources Used:
Resources used: as of November 2010:
Total approved for 2010 as per CPD: US$ 4,991,000
Total available for 2010 from all sources: RR US$ 1,009,562; OR US$ 4,301,813; Total: US$ 5,311,375
Any special allocations: None
List of donors: Canada, CHF, Denmark, GFATM, Italian National Committee, Japan, UNICEF Global Thematic Funds for HIV/AIDS and Children, UNAIDS

Result Achieved:
Current estimates of HIV prevalence indicate a low HIV epidemic with a prevalence of 0.67% in general population compared to previous estimated prevalence of 1.14%. This shift in the epidemic led SNAP to develop a new strategic plan for 2010-2014 with UNICEF assistance. The new plan includes PMTCT and the support for orphans and vulnerable children.

In the North:
The expansion of HIV prevention services reached more than 6.6 million people including 255,000 in-school and 286 out-of school youth by individual discussions, dissemination of communication materials, games, question and answer segments, songs, drama, mass media and CRLGs.

In the media arena, journalists were trained on the media module developed to support reporting on HIV/AIDS with UNAIDS. A national media reward which was launched and implemented was well received.

In 27 facilities, some 108,500 or 70% pregnant women attending ANC sites accessed PMTCT services by receiving routine counselling and testing. Some 14,200 or 28% of these pregnant women accepted HIV testing and 98% of the 150 who tested HIV positive started treatment. Further, 480 or 67% children identified as affected by HIV/AIDS accessed basic and social protection services.

In the South:
By the end of November, about 295,231 youth accessed correct information on HIV/AIDS through 519 trained peer educators who conducted awareness activities.
Similarly, 72,768 students were reached with Life skills, including HIV/AIDS. Also, 43,417 people including 1,123 children under 14 years accessed testing and counselling services of whom 3,767 were tested positive, including 256 children under 14 (24% girls). Of the 57,137 pregnant women who received routine counselling, 69% accepted testing and 84% of the pregnant women tested positive received ARV prophylaxis. Only 24% babies received ARV prophylaxis, while 78 HIV positive children received paediatric care and treatment.

Among the key constraints experienced are:
The silence around HIV is highly prevalent.
Delayed funds from GFATM led to delays in implementation.
High staff turnover at state level, and low capacity of local partners.
Phase-out of incentive programme, which resulted in low uptake of PMTCT.
Problems created by the high demand for Voluntary Confidential Counselling and Testing services.
SNAP faced challenges with weak information systems and coordination mechanisms at
state level.
Supply stock-outs in health facilities continued.
Reaching HIV exposed children remains a challenge.
The zero behavioural survey was combined with SHHS 2. The results will give a comprehensive and accurate picture of the HIV epidemic situation in Sudan.
Updated data for HIV prevalence was obtained in early 2010 to show estimated prevalence rates by state. This led to improved programme focus and priorities in states with high HIV prevalence (7.2% Western Equatoria, Southern Sudan).
Key partners in the North include:
UNAIDS - to support mainstreaming of HIV/AIDS in the media sector
The Ministry of Youth and Sport – in activities that marked the World AIDS Day
UNFPA – Along with UNICEF to provide technical support in the forthcoming behavioural survey among most at-risk population
UN HIV Joint Team – developed a Work Plan.
In the South:
Partnership strengthened with UNDP
Collaborations were made with WHO, UNFPA and UNAIDS to support a review of PMTCT guidelines, media training on HIV, ‘HIV testing week’ campaigns, and capacity building of vulnerable states for emergency response
Partnership for field implementation formed with international NGOs (ARC, ZOA, IMC and Daikone)
The Programme’s outreach to emergency-affected populations included those affected by conflict or natural disasters, the displaced, as well as host populations, returnees and those in transition to recover
Capacity for HIV emergency response was strengthened through training of HIV response teams in six states and NGO partners on EP&R, based on the Core Commitment for Children for HIV
HIV supplies were prepositioned in six states in the South.

Future Workplan:
2011:
- Increase advocacy and mobilization efforts to encourage men to access VCT services and support pregnant women to access PMTCT services
- Scale up PMTCT services, strengthen paediatric ART care and treatment and initiation of early infant diagnosis, with strategies to reach marginalized groups to ensure equity in service access
- In the South, advocacy with the Government to ensure that HIV prevention is strongly reflected in National Development Plan and State Development Plans
- Reaching more out-of-school youth with prevention services targeting vocational training centers
- Supporting partners to decentralize activities at the state level
- Improve behavioural change communication.

Title: Communication and advocacy

Purpose:
The Communication and Advocacy Programme composed of C4D and Media and External Relations (MER) sections contributes to the overall Country Programme goal of realizing the rights of children to survival, development, protection, and participation through the following results:
In the North
- 14.5 million people reached with child survival and development materials and messages
- Government and partners trained on C4D approaches
Develop and pilot a new Peace Communication Initiative reaching 15% of population in North Sudan with peace awareness messages, promoting personal engagement in prevention of conflict and rooting for a peaceful resolution of differences and conflicts at all levels.

- 250,000 IDPs and returnees reached with accurate and timely information to make informed decisions about their return options and to ensure their safety and security while returning, along with availability of social services and other reintegration opportunities.

In the South:
- Reach 250,000 returnees and people in host communities with vital information for facilitating their integration
- Increase the media focus and coverage of children’s issues in line with the ethical guidelines
- Support children’s participation and enable children to address their own issues in the media
- Support other sectoral programmes through strategic communication to accelerate their impact.

**Resources Used:**

Resources used: as of November 2010:

- Total approved for 2010 as per CPD: US $3,339,000
- Total available for 2010 from all sources: RR US$ 738,806; OR US$ 1,870,378; Total: US$ 2,609,184
- Any special allocations: US$ 200,000 from UNICEF Emergency Response Fund/Loan
- List of donors: Canada, CHF, ECHO, Japan, Netherlands, Sweden

**Result Achieved:**

In the North:
- CRLG programmes provided a regular platform for community voices to discuss experiences and raise local concerns related to development. A total of 11 state radio stations were broadcasting 62 ½ hours of community radio programming per week reaching six million people.
- In all, 40 persons received training on the production of programme segments in addition to equipment.
- The Programme works with the Health, Nutrition and WASH sectors programmes to develop “Shuffa’a Alsoghar” a new communication tool for ACSD, based on a mix of best-practice methods designed to engage family and community-level participants over a long-term timeframe.
- To promote peace, a comprehensive strategy was employed. A monitoring and evaluation system was also designed. By year’s end, 1.2 million people in South Darfur and neighboring states had enhanced awareness of the vision for peace in their communities. Population of Khartoum State was reached with peace awareness messages disseminated through leaflets, posters and a video series transmitted throughout the football world cup. Thousands of young people and students were reached with peace awareness messages, and participated in the promotion of their own peace messages through drawing/painting exhibitions, poems and songs contests/festivals, and sports activities.

In the South:
- Under the Sudan Information Campaign for Returnees project, 100,000 returnees and two million people in host communities were reached with information essential to foster effective re-integration and adopt good practices, with cross sectoral messaging through a mix of communication approaches.
- The programme intensified its media engagement and contributed to building capacity of the media and enhancing visibility around issues related to women and children.
To promote children’s participation in the media, 20 children were trained; they produced a video “Peace in my World,” broadcasted on Southern Sudan TV.

In Communication for Development, progress was made in raising awareness on polio immunization, HIV/AIDS prevention, and maternal and child health care.

The constraints include:

- Low and unpredictable funding for core activities such as state-level radio programming
- Lack of systems for collecting information on impact
- Programme communication has few state-based implementation partners
- Permission to access areas where Southern Sudanese in the North live has been restricted.

The “Media and Audience Survey” findings provided key data which informed programme planning and implementation, and as a result, prompted the adjustment of coverage targets at state level.

The programme undertook an information needs assessment of returnees and host communities. Findings were incorporated in message development.

In the North:

The programme worked with the Federal Ministry of Information and Culture on the CRLGs (in partnership with state radio stations) and peace promotion. The SICR component worked through partnerships with Khartoum State Radio, one national NGO, two Community-Based organizations, and one international NGO. NCCW, Federal Ministry of Social Welfare, Federal Ministry of Youth and UNMIS organized Marches for Peace.

In the South:

The programme initiated a coordination mechanism for the radio sector aiming to increase child-friendly content airing. It also engaged faith based organizations and NGOs on polio campaigns.

Through the Sudan Information Campaign for Return and Reintegration, 250,000 IDPs in Khartoum and White Nile States were reached with information to support them in making informed decisions regarding their return and livelihood information. In the lead up to the 2011 Referendum, the substantial increase in north-south returnees required child protection, health, and hygiene and sanitation related messages essential for a safe journey home.

The programme made progress on emergency communication planning around the referendum including the development and dissemination of key cross sectoral messages.

**Future Workplan:**

- Child-friendly policies promoted with the Government and key stakeholders. Training on community radio project management with an emphasis on strategic content development, linkages to sectoral programmes, and increased listener participation
- Developing a Peace Building action plan based on a comprehensive peace strategy
- Strengthening programming of state radios in three states with focus on youth and gender
- Strengthening existing CRLGs through increased community-based production and increased participation of youth and children
- Conducting exchange visits between community radio coordinators and producers between states
- Developing content and broadcast monitoring systems for radio programming
- Improving household level care practices to strengthen child survival through development and roll-out of “Shuffa’a Alsoghar” toolkit for ACSD in three states
- Institutional capacity development of the media partners, CBOs/FBOs to improve ability to improve emergency communication.
Title: Social policy, planning, monitoring and evaluation

Purpose:
The SPPME Programme contributes to the overall goal of supporting the consolidation of peace, to promote the progressive realization of the rights of children to survival, development, protection and participation and to facilitate the country’s progress towards achieving the MDGs.

In North Sudan, the EPR component of the Programme ensures well-coordinated and efficient emergency preparedness and response. It identified gaps in social protection policies, systems and programmes by carrying out desk review of the budgetary processes in Sudan and provided training to Government staff on child-friendly budgeting. Contingency plans were updated in 4 focus States and emergency supplies were pre-positioned at key hubs. SudanInfo is used to monitor progress towards the MDGs and four sectoral MIS use Devinfo software. The programme runs a Country Programme results monitoring database. A total of 90 communities have participatory and integrated community based systems and skills to plan, implement, manage and monitor development programmes. Through this programme, UNICEF runs the NFIs for Common Pipeline, an inter-agency facility serving over 1.5 million conflict and disaster-affected people in North Sudan.

In Southern Sudan, the programmes aimed at updating key social indicators on children and women and improve the knowledge base of 20 planning and data management officers from the GoSS to facilitate the use of DevInfo software. Communities in 12 counties benefited from programming for young people activities through the Integrated Community based Recovery and Development (ICRD) interventions. In emergency preparedness and response (EP&R), the programme put in place an inter-agency coordination response mechanism, updated contingency plans in five focus states and prepositioned emergency supplies at five key hubs.

Resources Used:
Resources used: as of November 2010:
Total approved for 2010 as per CPD: US$ 8,217,000 (SSPME: US$1,771,000, EPR US$ 6 446,000)
Total available for 2010 from all sources: RR US$ 780,237; OR US$ 8,305,433; Total: US$ 9,085,670
Any special allocations: JPO Government of Japan US$ 63,489, EPF US$ 291,540
List of donors: CHF, Canada, ECHO, Netherlands, Sweden, OFDA
Total approved for 2010 as per CPD: US$ 3,874,000
Total available for 2010 from all sources: RR US$ 1,237,600; OR US$ 5,266,879; Total: US$ 6,504,479
Any special allocations (list): None

Result Achieved:
In North Sudan, the SHHS-2 survey was successfully completed. DevInfo training was conducted for the Central Bureau of Statistics. SudanInfo is being linked with WASH and CFCI databases. CFCI operated in 90 new vulnerable communities. In these communities, community development committees were established and integrated package of services was provided. 700 planned CDCs members acquired basic skills in participatory management of services. The office designed a contingency plan and contributed to inter-agency plans for the upcoming referendum.

In Southern Sudan, the Sudan Household Health Survey (SHHS2) was conducted. The National Baseline Household Survey report was launched in June. UNICEF supported the
Sudan MDG report. Training was provided for counterparts in gender mainstreaming. The ICRD initiative expanded to 13 communities. Progress against major expected results was updated biannually through review process with counterparts at GoSS and state levels.

Some studies and evaluations included in the IMEP were delayed due to unavailability of appropriate research agencies. The transfer of 80% staff affected progress in social budgeting as relationships had to be re-built. Funding shortfalls affected the implementation of CFCI projects. The lack of consensus on UN joint programmes slowed down implementation. In EPR, despite sustained advocacy efforts, the presence of multiple armed groups, none-state actors, and criminal acts, as well as administrative impediments left a number of communities inaccessible especially in Darfur. Poor infrastructure and logistical constraints, especially in rainy season made the timely delivery of supplies a challenge.

In Southern Sudan, the SHHS2 field work was delayed due to national elections and referendum preparation. Several emergencies affected engagement in upstream advocacy work with policy makers on identification of gaps for social protection and child vulnerabilities. However, this situation provided opportunities for addressing child vulnerability issues in emergencies. Delays in staff recruitment resulted in weak EP&R coordination though the arrival of two specialists later in the year improved the situation.

In North Sudan, the National Population Council and UNDP completed the Sudan MDGs progress report. The National Strategic Plan 2007-2011 includes commitments to the MDGs. The Terms of Reference (TORs) for the 2011 UNDAF Mid Term Review were drafted. The UN Information Management Working Group opened a Darfur Chapter for data sharing among UN agencies. Mid-year and annual reviews with the Government were held and results achieved documented.

In Southern Sudan, the SHHS2 was conducted and inter-agency assessments were undertaken before and after distribution of NFIs. An independent evaluation of NFI pipeline was completed in January with major recommendations for cost reduction and quality improvement of supplies and M&E mechanisms. NFI procurement and pipeline management is being reviewed.

In North Sudan UNICEF procured NFIs, IOM managed in-country transportation, and UNJLC the warehousing of stocks and the overall supply chain.

In Southern Sudan, partners are SSCCSE and MoFEP. UNICEF annual workplans were endorsed by the Inter Ministerial Appraisal Committee in March. SHHS2 partners were UNDP, UNFPA, WHO and WFP. The YouthLEAD initiative partners are the Ministry of Youth and CIDA. NFI warehousing and distribution partners include UNJLC, IOM, Save the Children, GOAL, WVI, and CAFOD.

UNICEF procured 103,000 plastic sheets, 580,000 sleeping mats, 572,000 blankets, 440,000 jerry cans. About 1.5 million displaced people benefited from these items while 218,500 disaster affected and newly displaced people received emergency packages. A total of 1.26 million IDPs will benefit from winter distribution scheduled for December 2010.

In Southern Sudan, UNICEF responded to 28 emergencies, assisting 200,000 people through diverse programmes; 37,000 families received NFIs and 15,603 NFI kits were prepositioned in key hubs. UNICEF and inter-agency contingency plans were designed which foresee prepositioning of emergency supplies for over 2.17 million people.

**Future Workplan:**

Concerning North Sudan:
- Two studies on social protection of children and women and child friendly budgeting.
- Updating the SudanInfo database with data from SHHS-2, the 2008 census data and National Household Poverty Survey.
- Mainstreaming EPR capacity into Programmes.

In Southern Sudan:
- Strengthening capacity of GoSS and states for improved monitoring of the situation of
children and women.

- Undertake a strategic moment of reflection to realign the programme assumptions and results to the outcome of the referendum and participate in the preparation of the new UNDAF.
- Implement the pilot phase of the YouthLEAD programme.

**Title: Cross-sectoral costs**

**Resources Used:**

North Sudan: Resources used: as of November 2010
Total approved for 2010 as per CPD: US$ 24,269,000
Total available for 2010 from all sources: RR US$ 1,029,435; OR US$ 11,850,868; Total: US$ 12,880,304
Any special allocations: EPF US$ 570,000
List of donors: Australia, Belgium, Brazil, Canada, CHF, CERF, Denmark, DFID, EC, ECHO, France, French Natcom, German Natcom, Italy, Japan, Netherlands, Norway, Sweden, Swiss Committee, United Arab Emirates, US Fund, OFDA.

Southern Sudan: Resources used as of 30 November 2010
Total approved for 2010 as per CPD: US$ 13,147,000
Total available for 2010 from all sources: RR US$ 1,005,523; OR US$ 12,561,271; Total: US$ 13,566,795
Any special allocations (list): US$ 2,027,200 from UNICEF-Emergency Reserve Loan/Fund

Cross sectoral funds correspond to technical assistance costs in support of each of the seven sectoral interventions of UNICEF as well as to operational costs directly related to the implementation of programme activities. They do not correspond to additional or different programme interventions and they always match agreements made with donors and partners.

**4. OPERATIONS & MANAGEMENT**

**4.1 Governance & Systems**

**4.1.1 Governance Structure:**

UNICEF North Sudan governance structure is composed of: the Area Management Team (AMTs) which meets monthly and the Country Management Teams (CMT) comprising the North and South AMTs which hold quarterly sessions to discuss countrywide and programme specific priorities as well as management and operations indicators. The AMTs and CMTs generally ensure that bank reconciliations are prepared on time, obligations (OBOs) monitored/closed timely and financial controls are in place along with segregation of duties through compliance with the Table of Authority (ToA) and Document Authorization Table (DAT). By and large, the ToA was complied with except for a few deviations. To avoid future digression, UNICEF plans to revisit the ToA in 2011. The last two audits were conducted in 2007 and 2010. The 2010 audit report raises a number of governance issues such as the office structure and staffing as well as the long vacancies. A number of vacant key posts including six months of the Deputy Representative position, contributed to this situation. If the systematic difficulties of
filling key senior posts can be overcome, the office will be in a position to address these concerns as a priority.

The Southern Sudan Area programme has an effective governance and oversight structure. AMP was developed, key management indicators are monitored, and bottlenecks discussed through regular management meetings of the Country, Area and Field/Zonal teams. Staff committees with Terms of References and staff orientations are in place. A new Table of Authorities (TOA), approved in November 2010, recognizes higher authorization levels for the staff based in Southern Sudan. There is adequate delegation of responsibilities by the Country Representative based in Khartoum, to the Director of SSAP based in Juba. Programme Management Team Meetings have been reorganized into two forums: (1) fortnightly section heads dialogues to closely review management indicators and discuss specific programme issues, and (2) monthly programme team meetings to discuss programming results related issues, share ideas and acquire new knowledge. In November, an Emergency CMT was established in view of the possible large scale emergencies related to the 2011 referendum.

4.1.2 Strategic Risk Management:

In July an Enterprise Risk Management workshop involving staff from both segments of the Sudan Country Office indicated that staff are highly risk-avert. Guidance on risk management and “risk appetite” tailored to office size and programme specificities is therefore needed.

In the North segment, work processes and controls are in place to ensure compliance with organizational rules and regulations and to minimize risks associated with fraud or abuse of office. Programmatically, risks associated with achievement such as areas of intervention or target populations are addressed within individual workplans.

The office has an up-to-date Business Continuity Plan (BCP) which addresses crisis scenarios arising from office inaccessibility fostered by man-made or natural disasters. UNICEF maintains an office-wide EPR capacity, with mainstreamed responsibilities within technical programmes and field offices. An Emergency Preparedness Plan is also available for the six Zonal Offices and Khartoum. This is in addition to context specific contingency plans such as plans for cholera response and the 2011 referendum.

In the South segment, following the Enterprise Risk Management Workshop, residual risks need to be identified with a risk library to document and address these risks systematically. The office started to review and streamline work processes, and develop the Standard Operating Procedures to enhance effectiveness of the office.

The UN Country Team has decided to postpone the implementation of HACT modality till after the referendum and the office has taken an independent assessment of various NGO partners with the view of accepting a simplified procedure of Expenditure Certificates from qualified partners.

To maintain efficiency and reduce risks, the office continued its partnership and cooperation with GTZ and UNHCR in vehicle and equipment maintenance and fuel management. The overall assessment is positive and the partnership is expected to continue in 2011.

A Business Continuity Plan is in place and efforts are underway to strengthen the non-Information, Communication and Technology part of the plan. The MENAR Office has supported the finalization of the BCP and incorporation of changes pertaining to expansion of field location as contingency planning for a worst case scenario outcome following the referendum.

4.1.3 Evaluation:

In NSAP, eight out of 18 planned studies, surveys and evaluations were completed while five are in the final stages of completion. They cover a broad range of topics such as special needs services mapping, ground water resources, nomadic and hard-to-reach populations. In addition to identifying and supporting mechanisms for sector specific...
periodic data gathering and analysis, these studies and their conclusions/recommendations will inform evidence based programming.

In SSAP, an IMEP was developed for 2010 which was closely monitored and reported on during the regular management meetings. The office conducted one formal evaluation concerning the Go-to-School Initiative. The TOR was developed through a consultative process involving the Regional Evaluation Adviser, and was put to international bidding. The evaluation is expected to provide an independent assessment of the progress of the initiative, critical gaps and shortcomings, roles and responsibilities of key stakeholders, and steps for improving the initiative. Recommendations and management actions in response to the evaluation will be monitored in 2011.

The Planning & M&E team provided support for developing key indicators for the AWPs, TORs, and provided necessary quality assurance. Guidance from the regional evaluation and technical sectors was timely in complementing in-country capacity.

In the previous years, capacity in M&E was enhanced as part of the programme planning training. However, this was not carried out in 2010 as the training was deferred pending the revision of the Manual at the NYHQs.

4.1.4 Information Technology and Communication:

The office move to new premises following security concerns presented an opportunity to build a robust infrastructure that supports the office Information Technology (IT) Service Level Agreement (SLA) targets. The office invested approximately US$400,000 in a Cisco IP telephony system, networking infrastructure and cabling system in which all IT staff were trained.

The office rigorously tested the Disaster Recovery Plan, while the Business Continuity Plan supported by signing a contract with an independent connectivity service provider to ensure IT services continuation in the event of a crisis. Also, the iDirect VSAT system was installed to extend IT services to potential conflict areas including Abyei.

SLA targets were achieved as no breaches were reported.

Challenges such as staff turn-over, capacity building, and a limited operating budget were partially addressed through initiatives that included staff development opportunities for IT staff. The Regional Office and Headquarters provided financial support in EMC-incurred running costs.

The Unit supported UNICEF Morocco for three months to allow them to deploy their IT officer to Haiti to assist during the earthquake crisis.

In SSAP, Information Communication Technology (ICT) solutions facilitated effective and efficient implementation of the area programmes. The solutions were provided in accordance with UNICEF standards and policies and taking into account key priorities for the coming year as we go towards the referendum, especially as regards Business Continuity Plan.

Resources have been upgraded in full readiness for the upcoming migrations to Windows 7, MS Exchange Enterprise Messaging System, and One-ERP/VISION. Obsolete equipment was submitted to the Property Survey Board (PSB) for proper disposal. Systems were maintained to ensure availability at all times. Additional UPSs were installed for all data centers to provide minimum of three hours when the generator power supply is off. All staff were provided with laptops to enable working outside the office in case of emergency. All UNICEF guesthouses were provided with reliable wireless connectivity using equipment and guidelines from the ITSSD.

Significant amount of time and resources were invested in modernizing the office ICT infrastructure, as over 90% of servers, desktops and laptops have been replaced with updated models.

4.2 Fin Res & Stewardship
4.2.1 Fund-raising & Donor Relations:

North Sudan raised 83% of its annual budget of USD 128 million. South Sudan saw resurgence in attention from donors in preparation for the upcoming contingency for its
independence referendum vote in 2011. UNICEF continued to engage donors locally and with visits to donor capitals to consolidate or explore new options. The Brussels and PARMO colleagues have been helpful. The WASH sector successfully leveraged US$ 2.5 million of Government funds for its activities and additional resources at State level. The Government also fully funded the warehousing and transportation of supplies from Khartoum to States, procurement of locally available supplies such as cement, iron rods and corrugated galvanised iron sheets, and the running costs of WES project offices at state and locality levels.

Particular attention was given to tracking expenditures, donor conditionalities and contributions expiry dates. Despite these efforts compliance with donor conditions on visibility remained weak but will be addressed in 2011.

As of November, 98% of the total 78 reports due were sent on time. A randomised Donor Reporting Quality Assurance Assessment by the Regional Office in the last quarter of the year rated sampled reports as "good" but pointed at lack of analysis on impact of interventions and donor investment of funds.

In SSAP the overall funding situation improved with US$ 72.4 million of the US$ 85 million target raised including US$ 34.4 million of humanitarian assistance (60% of the total requirements under the 2010 Sudan UN and Partners’ Work Plans/CAP) as a result of donors’ interest in pre-positioning humanitarian assistance to help in any future emergency situations. Funding from the Common Humanitarian Fund and Central Emergency Response Fund was obtained. Partnerships were established between UNICEF and Glaxo-Smithkline in maternal health and between the Ministry of Health and several mobile companies for the polio NIDs. The office hosted visits of the National Committees of Germany and the UK. However, funding gaps remained in specific project areas.

4.2.2 Management of Financial and Other Assets:

The 2007 audit rated Operations as "partially satisfactory" primarily because Value Added Tax (VAT) management was deemed high risk. At the time, the office estimated accumulated outstanding VAT totalled approximately US$ 500,000. The office has internally resolved the outstanding VATs issue by considering VAT expenditures as programme or operation costs and charged accordingly. Nonetheless, it still pursues reimbursement and is attempting, within the UN network, to secure up-front tax exemptions from the Government. Management and Operations indicators including Direct Cash Transfers (DCT), supply and Human Resources were reviewed on a monthly and quarterly basis at the Zonal Management Teams (ZMT), the AMTs and CMTs meeting. Each of these meetings covered areas of critical concern in the Zonal Offices, Area Programme or at the country level, monitoring progress against a standardized set of key indicators compiled by the Regional Office. By December, the majority of Programme Budget Allotments (PBAs) were used within the original duration of the PBA life, RR expenditure was at 90%, OR at 81% and only 7% of outstanding DCTs were due over 9 months. About 9% of the outstanding DCT was over nine months by the end of 2010. Close monitoring of cash and fund management by senior management and statutory committees resulted in effective and timely utilisation. The office focused on further strengthening financial and administrative procedures including staff training for proper compliance with the procedures. A key challenge was funding the cross-sectoral /operational cost requirement of US$ 14 million, as the programme has only US$ 5 million RR and US$235,000 support budget allocation. Also, the operating environment in Southern Sudan, with few outsourcing options and absence of competitive market structures, does not offer many cost saving options. In spite of this UNICEF made some progress in this area through the partnership with UNHCR and GTZ for outsourcing key operational support functions, such as vehicle maintenance, warehousing, inventory and fleet management.

An internal audit was conducted in November and final report will be available in 2011.
4.2.3 Supply:
Supply input reached a value of US$ 34.2 million, up from US$ 24 million in 2009. Of the total, 75% were obligated by end November; referendum contingency requisitions constituted the bulk of pending procurement.

Off-shore procurement represented 73% of total supply value and was timely; major supplies were received within the required timeframes at the port of entry although delays in release from the port were experienced due to slow customs clearance process.

Local procurement represented 27% of the total supply value. Many locally procured items were sourced from Khartoum-based suppliers, but some orders such as jerry cans were procured from other states for saving on time and transportation costs.

UNICEF manages warehouses in Khartoum and in 4 states. In Khartoum, the warehouse had an opening January stock balance of US$3.7 million. By 30 November the balance stood at US$ 3.5 million with a monthly average of US$ 3 million throughout the year. The UNITRACK software in use since 2007, generates reliable weekly data.

UNICEF uses commercial companies to transport supplies by road through Long Term Arrangements (LTAs). ARAMEX a locally-based air courier service provider is contracted for the delivery of parcels and light weight consignments to zone offices.

A contingency supply plan was designed; it requires US$ 11 million to pre-position sufficient stock to cover the first three months of a potential referendum-related emergency.

In Southern Sudan, US$24.7 million of supplies were processed in 2010 (33% of the overall country programme budget). Offshore procurement represents 94% of all supplies. Most supplies were procured through UNICEF SD-Copenhagen. But US$ 7.5 million of supplies were assisted by UNICEF in Kenya, Uganda, India and South Africa offices.

Local market remains limited with high pricing and unreliable quality. An on-going market survey will update supplier profiles and pricing of local commodities.

UNICEF shares fuel and storage facilities with UNHCR and uses IOM trucks for distribution.

Warehouse management continues to be a challenge. Government systems are not fully established, placing UNICEF as the custodian of programme supplies. Seasonal disruptions of access require speedy deliveries whenever weather conditions permit leading to high costs. SD-Copenhagen provided technical assistance in stock-taking, re-organization of warehouses, and Unitrack training.

4.3 Human Resource Capacity:
Several factors affected UNICEF’s ability to attract experienced staff: the issuance of visas for Sudan, funding shortfalls, logistical difficulties, and insecure operating environment. Gender disparity particularly in IP positions remains high and recruitment of qualified female candidates in Zone offices remains a challenge. The Human Resource Unit managed to fill most vacant positions; it processed 88 SSA contracts.

The conversion of Khartoum to “family duty station” lifted staff morale allowing family reunifications. The UN Cares Committee, the Peer Support Volunteers are active and the HIV/AIDS Programme worked to implement the ten minimum standards which were incorporated in the briefing for new staff. The UNICEF UN Cares Committee in consultation with UN Agencies is planning the distribution of the “Living in a World with HIV” booklet.

A total of 97% of staff completed their PERs on time. Staff linked their key results to learning and staff development needs. To actualize these needs, the Local Training Committee reviewed them ensuring that 44% of the approved trainings were accomplished.

In Southern Sudan, the office faces challenges in recruiting talented southern Sudanese and retaining those who are on temporary contracts, since many of them cannot access higher education in Southern Sudan to meet basic qualifications required. UN HR
Network in South Sudan supported the Management College of South Africa to establish its regional centre in Juba where UN staff can access accredited higher education while fully employed. The office facilitated the enrolment of UNICEF staff. Efforts are made to improve welfare and morale of UNICEF staff. A Stress Counsellor is available for staff members (cost-shared with UNDP). An interactive session on the 10 minimum standards on HIV was held. Condoms are available in office bathrooms. The HR Manager and HIV/AIDS Officer were trained as the UN Cares focal points. Also, two presentations were made on introducing the new Core Commitment for Children (CCC) to staff members.

In October, under the referendum related contingency planning, the office identified its operational gaps followed by a simulation exercise, resulting in the plan to establish six emergency hubs with 18 new staff members which was approved in early December.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

Khartoum office’s new premises save US$ 144,000 in rent. However, the buildings were not designed for office use preventing meetings of more than 14 staff. Savings were also realised after the UN, through UNICEF, adopted harmonized DSA rates for partners. However, partners have expressed concern over this system and the feasibility of the initiative will be reviewed.

In SSAP, the partnership and cooperation with GTZ and UNHCR in vehicle and equipment maintenance and fuel management continued; it has been positive and will continue in 2011. While costs under this agreement may increase, it ensures prompt service delivery to the end user.

4.4.2 Changes in AMP:

The NSAP AMP will focus on results and impact for both management and programme priorities. This will be achieved by involving a representative group of staff in planning, and by ensuring that key programme and operational results are defined, assigned and reflected in the PERs and the AMP is aligned to individual staff output.

Following the referendum in 2011, the SSAP will focus on review of the 2009-2012 programme and Strategic Reflection exercise in line with the GoSS development framework/plan. This will result in adjustments to programmes, management and operation results and in a possible conversion to an independent country programme with a new/revised CPMP.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Localised Nutrition Survey
2. Go To School Evaluation
3. Child Friendly Cities and Community Research
4. Special Needs, ECD and School Heath Assessment
5. Darfur IDPs Ground Water Resources Study in North and West Darfur States
6. Options to Vaccinate Nomadic and Hard-to-Reach Populations
7. Comprehensive and Coherent Review of the Northern Sudan Schools Health Programmes
8. Early Childhood Care and Education/ECD Assessment
9. Annual localised Nutrition surveys
10. KAP for Maternal, Newborn and Child Health in 3 Pilot States
11. Children with Special Educational Needs in North Kordofan and Al-Gadaref
12. Formative Research on Maternal and Newborn Health Care Practices
5.2 List of Other Publications

1. The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation
2. Knowledge attitudes and practices study on water, sanitation, hygiene and nutrition in 7 states of South Sudan
3. The National Baseline Household Survey

6. INNOVATION & LESSONS LEARNED:

Title: Reaching the Hard-to-Reach in Darfur

Contact Person: Susan Lillicrap, slillicrap@unicef.org

Abstract:
As UNICEF works more on improving equity this lesson learnt on how to operate in areas that are not controlled by government and advocacy is a good example how benefits for children can be achieved through documenting what has not been achieved, strong advocacy and also a flexible strategy of implementation taking every opportunity to reach vulnerable populations.

Innovation or Lessons Learned:
Focusing on whom we have not reached has been vital in ensuring that we improve the coverage of the most vulnerable populations. Immunization is a good indicator of the availability of basic services and can be easily understood by all stakeholders. This has been vital to gain the backing of both the government, NGO and UNAMID to support the drive to improve access to these populations.

Potential Application:
The mapping of what has not been achieved instead of reporting on success has allowed UNICEF to focus on the most excluded populations and this is an excellent strategy to ensure that these populations are treated differently. In these cases, the most effective strategy is applying humanitarian principles of access.

Taking a contentious area and finding a concrete indicator of what has not been achieved, has been a useful advocacy tool and could be repeated in other areas that remain difficult to access.

Issue/Background:
In Darfur approximately 150,000 people are living in areas that are under the control of armed groups or are very insecure with frequent changes of control. The area that has been the most critically affected in 2010 is Jebel Mara which came under heavy attack in February 2010 at which point all international staff were evacuated. The population in these areas that have been underserved in terms of health and nutrition services. Many of these areas in September 2010 still had zero coverage for immunisation and also had not been included in polio or child health weeks.

Strategy and Implementation:
Working in close collaboration with the MOH and WHO, UNICEF began mapping these areas of poor coverage. Due to constant population movements, assessing coverage by conventional fixed locations is misleading, as it often masks the scale of the problem. Moving beyond the conventional to capture shifting realities and profiles of the needy, UNICEF was able to identify 10 or more areas as being in need of concerted humanitarian assistance, along with negotiating for the protection of civilian effort for the populations to be reached.

Advocacy was carried out at both the federal and state level with the Humanitarian Aid Commission and the Federal Ministry of Health. By focusing on all areas of low coverage,
it was possible to address also the most contentious areas as part of a wider programme. A planning meeting to gain support and understanding between the Federal and State stakeholders was held. UNICEF also had planning meetings at state level with NGO partners and the government. A flexible strategy of acceleration of routine immunisation was developed including de-worming, vitamin A and polio vaccination. NGOs committed to help, and UNICEF assisted in arranging the permissions with government, opposing’ leaders and the DPKO mission to support the activities.

**Progress and Results:**
Since September UNICEF has been able to reduce the number of areas that were inaccessible, and has increased the coverage in health, nutrition and water.

**Next Steps:**
As several areas remain completely cut off, advocacy will be continued until access is gained, and immunisation services will be the entry point for other humanitarian assistance reaching all children at risk.

**7. SOUTH-SOUTH COOPERATION:**
Study visits of officials from Yemen and Eritrea were organised on WASH policies, strategies, plans and system. Teams visited IDP locations, rural areas and communities which have adopted the community approach for total sanitation. As a result, plans are in place to establish WASH sector structures based on the Sudan experience in both countries.

Teams from Kenya and Eritrea visited Northern Sudan to explore interventions in the area of abandoning FGM/C, Family Care Police Units, and street children and abandoned infants’ programmes.

A team from Sudan travelled to Egypt to learn from the country’s success in addressing medicalization of FGM/C, legislation, coordination and community based initiatives. These inter-country exchanges promoted a regional consensus and uniformity in addressing these issues, and they also encouraged Governments to develop standards with a system of monitoring and of learning outcomes in place.

SSAP facilitated a visit to Malawi. The visit focused on education sector plan development and financing, EMIS, examinations, and community driven low cost school construction. Southern Sudan adopted some of the lessons from Malawi as part of its sector formulation strategy, including undertaking key studies contributing to a credible plan. The Malawi template on institutionalising EMIS provided useful experiences. Tentative plans for improved examination have been made to seek support from the Malawi National Examinations Board to facilitate an examinations seminar in Juba as a prelude for developing a unified examination system. The community driven low cost school construction model has been adopted, with the MoE officials accepting that the quest for modern expensive classroom models could lead to many generations of children being denied a basic education.

The mission of Venezuelan UNICEF Goodwill Ambassador with his musician family was well received and contributed to achieve the launch of the peace campaign among students jointly with the Ministry of Education in Khartoum, and also highlight focus on children with differentiated abilities. They also participated at the first Pathways to Peace Conference organized by UNICEF in Juba, attended by government and civil society leaders and local artists. The positive receptivity of the visit locally helped achieve the launch of a campaign many considered impossible to achieve.