Executive Summary

In 2012, the UNICEF Sudan Country Office (SCO) and the Government of Sudan completed the 2012 - 2016 Country Programme Document (CPD). The 2013 - 2016 Country Programme Annual Plan (CPAP) was finalized and will be signed by the Government of Sudan in early January 2013. The SCO worked closely with the UNICEF Middle East and North Africa Regional Office (MENARO) and UNICEF Headquarters to complete these documents.

SCO had several noteworthy achievements during 2012. A law for universal salt iodisation was passed in Red Sea State through a collaborative effort with the World Food Programme. This law is expected to increase the availability of iodised salt throughout Sudan, as Red Sea State is Sudan's major producer of salt. Also, the country's polio-free status has been maintained since 2009, and the national immunization coverage of Pentavalent vaccine, as of September 2012, reached 83 per cent. UNICEF continues to advocate for increased access and coverage in conflict-affected areas and areas not under direct Government control.

In addition, the Government of Sudan’s (GoS) successful application to the Global Partnership for Education secured a grant for the country of US$ 76.7 million, based on the development of an evidence-based interim Basic Education Strategy (ibES). UNICEF Sudan is the only agency working on providing nomadic populations with access to education. SCO’s WASH programme provided water, sanitation and hygiene services to more than one million people, including internally displaced persons.

The conflict in South Kordofan and Blue Nile states continued and is in its second year. This unstable environment affects programme access for thousands of families. Additionally, the renewed conflict in Darfur constrains progress in realising children’s rights and providing basic services to the most vulnerable. For example, although measles vaccination coverage increased to 79 per cent, this is still below the global public health target of 80 per cent which is required to eliminate the disease in the country. In the Alternative Learning Program (ALP), 101,511 children were reached against a targeted of 209,000. Limited access to several areas across the country was a contributing factor to the shortfalls. UNICEF had limited permission to enter some areas, rendering monitoring very difficult and contributing to pockets of significant disparity. There is a need for a thorough bottleneck analysis with the GoS in all areas of intervention.

UNICEF Sudan, the Government and two international non-governmental organizations (NGO), FAR and Plan Sudan, established an effective partnership during the time of 32,000 South Sudanese returnees stranded in Kosti. This partnership resulted in the returnees having increased access to improved WASH services and prevented WASH-related epidemics.

UNICEF Sudan also collaborated with the DFID-funded Sudan Safety and Justice Programme. This partnership brought significant technical and financial resources to strengthen delivery of services in the justice-for-children sector. For education, the establishment of the Education Coordination Group (ECG) chaired by the Federal Minister of Education (MOE), and attended by all development partners, has proven an important collaborative partnership. The ECG is the main forum to discuss education policy issues, appraise the ibES, and set the platform for humanitarian actors and development partners to jointly discuss education issues.

Country Situation as Affecting Children & Women

On-going conflicts, 44 per cent inflation, severe foreign exchange constraints since the separation of South Sudan in July 2011, and the loss of oil revenue have left Sudan with a US$ 40 billion debt burden and poor prospects of export earnings. The continued insecurity in Darfur and emergence of fighting in Blue Nile and South Kordofan states have negatively impacted the provision of essential services, particularly to the most needy and disadvantaged population. In addition, the Government’s three-year austerity programme (2011-2013) has reduced public sector spending, particularly at the state level.

The nutritional situation remains critical in Sudan and 26 local surveys [1] during 2012 have shown the situation has not changed greatly. The harvest in 2011 was poor but the anticipated deterioration in nutritional status did not occur as communities had food reserves from 2010. Still, food prices have continued
to rise and inflation continues to be high at 44.4 per cent.[2] This has affected families’ ability to purchase adequate food for their children; urban poor families are particularly at risk due to their reliance on purchased foods. At present, there are few statistics from areas not under Government control. A bottleneck analysis conducted on nutrition practices during the year showed multiple barriers relating to the ten determinants of MoRES.[3] Routine nutrition data is reported every quarter in the Sudan Nutrition Update. To date only the Quarter 2 report was cleared by the Ministry of Health (MOH) for sharing. Based on 2010 Sudan Household Health Survey (SHHS), Sudanese have low access to improved water and sanitation facilities (61 per cent and 27 per cent respectively), which contributes to high malnutrition rates as well as diarrhoeal diseases.[4] While 61 per cent of the population has access to improved drinking water sources, disparities persist between rural (58 per cent) and urban (67 per cent) areas.[5] Similarly, only 18 per cent in rural areas versus 47 per cent in urban areas have access to improved sanitation facilities. Additionally, approximately 50 per cent of the existing schools do not have access to water and sanitation.[6] The WASH sector is faced with considerable challenges, including depletion of groundwater aquifers in Darfur [7], recurring drought, and sector policies still awaiting official approval.

The under-five mortality rate (USMR) has declined in the last two decades from 123/1000 live births in 1990 to 78/1000 live births in 2010.[8] Despite the reduction, it is likely Sudan will not achieve the Millennium Development Goals (MDGs) [9] by 2015. The purported brain drain and rapid turn-over of qualified health service providers, coupled with the unequal distribution of health facilities[10] and limited Government investment in health[11] have negatively affected progress towards the achievement of the MDGs and children’s and women’s rights.

The Sudan Education Sector Report published by the World Bank provided the MOE and partners with a situation analysis of the education sector. This was the basis for the development of the interim Basic Education Strategy (iBES) that will be used to improve sub-sector performance over the coming years. UNICEF supported the MOE to develop its first electronic Education Management Information System (EMIS) report.

A situation analysis on the rights of children with disabilities was undertaken, identifying the immediate, underlying and structural causes that have led to the non-fulfilment of their rights. The research was based on the principle of child participation, and fully involved national and state levels. It has served as milestone in ongoing efforts to place children with disabilities higher on the national agenda. Research was also undertaken to analyse knowledge, attitudes and practices related to early marriage in Sudan. This research will be the basis for an appropriate national legislation to reduce early marriage.

Adolescents between 10-18 years of age constitute 22 per cent of the population [12]; however, social services provided for adolescents continue to be weak and limited in coverage. Policies related to adolescents do not address adolescents’ rights and are not always functional. Adolescents, especially girls, have limited opportunities to express their views. Access to quality education is another key challenge with an estimated 3.2 million children ages 6 - 16 out of school (53 per cent are girls)[13]. Furthermore, the education system does not respond to the needs of the labour market, with a dearth of job and vocational/skills training opportunities for young people. This has resulted in a high unemployment rate, estimated at 25.4 per cent, among youth 15-24 years of age.[14]

According to new estimates done in September 2012,[15] the adult HIV prevalence rate in Sudan is 0.4 per cent with a higher prevalence recorded among the most at-risk population.[16] Of the approximately 69,000 people living with HIV, 6,400 were males aged 15-24, 6,500 females aged 15-24 and 4,400 under 15 years of age.[17] Using 2011 estimates, 88,000 children and young people have been orphaned by AIDS, and 8,600 new HIV infections occurred in 2011. Regarding women and HIV, it is estimated that 2,700 HIV-positive pregnant women were in need of PMTCT services and 1,000 of those needed ART for their own health.

Please see footnotes [1] to [17] under "Acronyms"
**Country Programme Analytical Overview**

In nutrition, the strategic focus was on treatment of severe acute malnutrition through the expansion of community management. The Ministry of Health (MOH) began to actively plan and raise Government financial resources for community management of acute malnutrition as a response to the nearly 500,000 under-5 children who require treatment and are at risk of dying; in 2011 only 15 per cent of children received treatment. In the 2013 - 2016 Country Programme (CP), UNICEF will enhance its focus on the prevention and treatment of malnutrition.

Utilizing the results of the 2010 SHHS, local level WASH surveys and emergency area updates, the WASH programme focused its interventions on the geographic areas with the most deprived children. Strategic areas of focus included: reinforcing equity by targeting the vulnerable, emergency-affected and the lesser served populations; using community-based interventions such as the participatory Community Action Plan; packaging interventions (joint water, sanitation and hygiene); integrating activities with the education sector by using schools as an entry point to the surrounding communities; and cost-sharing with the Government and communities.

Review data indicates that reductions in child mortality require an increased focus on maternal and newborn health, with a gradual shift towards more cost-effective interventions; a focus on the underserved children to reduce disparities; and a shift from emergency to early recovery. Though Sudan has maintained a polio-free status since 2009 and high national immunization coverage by Pentavalent vaccine, measles coverage remained low (measles first dose 81 per cent, second dose 24 per cent).

UNICEF worked in partnership with the UNESCO International Institute for Education Planning to support the Ministry of Education (MOE) with the development of an Interim Basic Education Strategy (iBES) and 17 state strategic plans. The iBES will inform the education sector activities. The capacity of 17,056 federal and state level MOE staff was strengthened through training. In addition, capacity development of 12,646 newly-recruited teachers and 42 special needs teachers was conducted.

UNICEF participated in the development of the National Youth Strategic Plan, and supported the adaptation of the Plan and leverage of resources at state level in Kassala. Interest of the Government was mobilized to start the preparation of the Adolescent Health Policy. This policy work was supported with the capacity development of approximately 395 (41 per cent women) programme managers and service providers from governmental and non-governmental organizations.

With the 2010 Child Act, the Government now has a legislative mandate to deliver child protection services in all states. As a result, UNICEF reoriented its approach from direct support to service delivery, to an upstream level. UNICEF support will concentrate on policies, standards, and building capacity to roll out systems in all states in a uniform manner. Direct support to service delivery will increasingly be limited to specific contexts: i.e., humanitarian or 'pilot' projects with a clear strategic link to upstream work. In the upcoming programme cycle, the work of field-based child protection officers will increasingly focus on achieving UNICEF’s Core Commitments for Children in humanitarian action (CCC).

**Humanitarian Assistance**

In order to be able to respond to multiple large scale protracted and acute humanitarian situations in Sudan, emergency responsibilities were mainstreamed into all sectors across the country programme. Standing capacity in human resources, supplies, preparedness at the country office and field levels, enabled UNICEF Sudan to effectively and efficiently respond to the needs of children and women affected by the conflicts in Darfur, Abyei and South Kordofan and Blue Nile states, the acute emergencies of measles/yellow fever outbreaks, as well as floods.

Security and administrative impediments to access populations in need continued to hinder UNICEF’s ability to deliver and monitor interventions in conflict affected areas. Through advocacy at different levels, creative and flexible strategies, and maximum utilization of existing partnerships with the line ministries and NGOs as well as UNICEF’s strong field presence, UNICEF delivered humanitarian assistance to large numbers of people; often in areas not reached by other agencies. The coverage, however, was far lower than the needs, and
advocacy and programming will continue in 2013.

Political and economic uncertainty, in addition to unpredictable humanitarian occurrences in Sudan will further challenge the country office’s operations in 2013. The flexible programming, already embedded in the country programme structure, is expected to minimize these challenges.

**Effective Advocacy**

*Fully met benchmarks*

UNICEF successfully put financing the health system on the federal Ministry of Health’s agenda and is advocating to ensure that its five-year strategic plan addresses the needs of hard-to-reach communities. UNICEF also contributed to peace promotion through health workers’ in-service trainings and by linking peace promotion messages to health events, such as national polio vaccination campaigns.

Nutrition’s advocacy efforts included high level meetings with government officials to increase the awareness of the extent and the cost of stunting on development. Following these meetings, the Minister of Health agreed to establish a multi-sectoral committee on nutrition, develop a multi-sectoral national nutrition plan, and pass supportive laws. Work is progressing on ensuring that these commitments are implemented. UNICEF also is supporting the development of the national nutrition strategy.

In order to strengthen awareness and compliance of armed groups and forces on international humanitarian law, UNICEF employed training on child rights as a strategy. In 2012, UNICEF trained over 200 Sudanese Armed Forces officers and members of the paramilitary Popular Defence Forces on child rights and protection. In addition, UNICEF trained peacekeepers of the United Nations Interim Stabilization Force in Abyei on the protection of children in situations of conflict.

WASH advocacy strategies targeted senior and mid-level decision makers and communities at the grassroots levels. Successful advocacy strategies employed by UNICEF WASH included: obtaining the participation of the senior government decision makers; supporting the preparation and approval of the 2011-2016 national and state level WASH Strategic Plans; and conducting advocacy meetings, workshops, review meetings, work planning and special WASH events.

Several opportunities were created and used at the international and national levels to attract more partners to support education in Sudan. As the Education Coordination Group secretariat and cluster coordinator, UNICEF disseminated the Education Sector Report (ESR) and prepared the iBES using a participatory approach. The ESR provided an opportunity to advocate for more equitable resource distribution by ensuring that the programme and strategies effectively contributed to reducing disparities between and within states, and strengthened the MOE’s capacity to monitor and report on equity.

The HIV programme sustained its advocacy work started in 2011 for stigma reduction in health facilities and increased HIV testing for pregnant women. The National Congress of Sudan Gynaecologists, the Elimination of Mother-to-Child Transmission of HIV planning workshop and World AIDS Day all served to foster this advocacy. As a result, access to services for pregnant women improved in some states.

Advocating for adolescent and youth focused policies and programmes was also a priority. The Ministry of Youth and Sport (MOYS) was supported to create multi-sectorial federal and state level Coordination and Technical Committees with governmental and non-governmental organizations as well as youth representation. These committees became a forum to discuss young people’s priorities, advocate for their rights, share experiences and knowledge, and coordinate activities. Additionally, a gender analysis study on young people was completed in three states, and a situation analysis is underway to provide a more in-depth understanding of the situation of young people.
Capacity Development

 Mostly met benchmarks

UNICEF’s health programme built staff capacity of the federal and state Ministries of Health (MOH) and community members through the training of trainers, as well as basic and in-service training of health service providers and community volunteers. Training focused on preventative components. The HIV programme trained 221 health service providers and 30 national NGOs on the delivery of HIV prevention, care and treatment services. These trainings provided knowledge and skills to nurses, midwives and doctors in the provision of services for the prevention of mother-to-child transmission of HIV (PMTCT). Also 1,000 youth peer educators were trained in HIV awareness-raising.

UNICEF and partners increased the capacity of the Government in managing severe acute malnutrition (SAM) by training health providers and community volunteers. As a result, 42 new centres for the treatment of SAM opened in 2012, resulting in an increase in the number of children being treated. Additionally, MOH staff now manages the routine and emergency nutrition information system, previously managed by UNICEF, in 15 states.

The WASH programme supported the training of 290 sector partners in acquiring knowledge and skills, including monitoring and emergency planning and response. Six sector partners participated in external training courses in WASH solar systems and in hygiene education. In addition, continuous and regular on-the-job training and technical support took place at federal and state levels.

In education, 95 Ministry of Education (MOE) planners and policy makers attended strategic planning and data management training; 35 education directors were trained in Result Base Management; and 92 MOE and NGO staff were trained to develop the capacity to deliver the Core Commitments for Children in Humanitarian Action (CCC).

Approximately 370 programme managers and service providers from four line ministries, NGOs and CBOs at the federal and state level received training on the information and skills needed to design and implement rights-based, participatory and gender sensitive adolescent and youth programmes. This was achieved through a core team of nine trainers from the Ministry of Youth and Sports whose capacity was built during 2012 with UNICEF’s support. Furthermore, interactive theatre was introduced as a new approach for peace education, and the capacity of 67 drama activists and teachers from three states was developed.

In Child Protection, key trainings included building the capacity of police officers, prosecutors and social workers on standard operating procedures for Family and Child Protection Units in cooperation with the Safety and Access to Justice Programme funded by DFID; 285 judiciary parliamentarians and justice sector professionals on the Child Act 2012; 45 social workers and prosecutors on community conferencing as a diversion option for children in conflict with the law; 120 police officers and non-commission officers of the public order police on protecting children living and working in the street; and 85 government staff in West Darfur and 60 in South Darfur on caring for survivors of gender-based violence (GBV). Capacity building of government staff was affected by high-turnover and difficulties in the Government agreeing to a longer-term institutional capacity building approach in favour of an activities-based approach.

Communication for Development

 Partially met benchmarks

Mass media and multi-media messages were successfully used to promote behaviour change. Child Protection, Health, Education and WASH messages [1] broadcast on radio and television reached a disperse audience. Face-to-face communication and community-based information sessions were used to support the information provided in media messages.

In order to scale up the Saleema initiative to change behaviour around the harmful practice of female genital mutilation/cutting (FGM/C), a major social marketing campaign was implemented using the expertise of a
private sector social marketing company. The Saleema initiative aims to market positive norms for whole and uncut females to replace the harmful practice of FGM/C. Key components included the ‘Born Saleema’ campaign in major maternity hospitals in Khartoum; engagement of celebrities as Saleema ‘ambassadors’; and the promotion of Saleema colours.

To strengthen infant and young child survival, a multimedia toolkit for the Shuffa’a Alsoghar communication initiative was developed for community-level activities. The toolkit includes radio drama, radio songs, posters flyers and television drama. This is a cross-sectoral initiative and Health, Nutrition and WASH sections all participated in its development.

UNICEF worked with education partners to support the Ministry of Education’s enrolment campaign in six states with low enrolment rates. The campaign focused on 23 localities and encouraged girls, nomadic children and out-of-school youth to access education. The activities included dissemination of key education messages through mass media, and community-based awareness sessions. The distribution of education supplies, including uniforms in some areas, and the facilitation of registration of children into schools helped to reduce some of the barriers preventing children from accessing education. As a result, 73,000 children were registered in grade 1 and 39,000 in Advanced Learning Programme centres.

Around five million emergency-affected and vulnerable populations received key WASH messages using mass media and inter-personal communication (radio/TV programmes, households’ visits, cleaning campaigns, celebration of Global Hand Washing Day and World Water Day). The WASH programme focused on community-based approach to promote sanitation and hygiene by use of the Community Action Plan (CAP). Seventy-five communities in nine states participated in identifying problems, causes of problems and potential solutions in their CAPs.

Over the past years, the Sudanese HIV prevention program has been targeting youth with awareness-raising sessions. In 2012, the programme initiated a focus on high risk populations. UNICEF, through the work of its partners in Kassala, identified high risk populations, i.e., Shashamandi drug users and those engaging in risky cultural practices, and directed NGOs interventions to these populations.

UNICEF has continued to work on behaviour change for the treatment and prevention of malnutrition but communication materials still need further development. In selected areas, community based organisations and community volunteers worked to improve coverage for treatment of severe acute malnutrition and prevention of malnutrition. This has been a successful initiative but requires more systematic development of materials to enhance the training and messaging.

[1] Approximately four million people received WASH messages through mass media.

### Service Delivery

**Fully met benchmarks**

Working with partners, the government and communities, UNICEF Sudan continued to improve access and provide services to vulnerable populations, especially children and women, in areas of conflict and non-conflict.

The number of children treated for severe acute malnutrition (SAM) increased to approximately 100,000 through support to the Ministry of Health (MOH). UNICEF supported the Government and partners in expanding the community management of acute malnutrition services through technical support, training, supplies and monitoring of the services. Therapeutic feeding centres increased from 383 at the end of 2011 to 467 at the end of September 2012. In states with no conflict present, UNICEF provided training and supplies through the MOH to establish or maintain services. In conflict states, UNICEF supported NGO partners to increase SAM treatment due to limited Government capacity.

The Ministry of Education was assisted by UNICEF to increase access to education through the construction of
44 schools, teaching and learning materials, and trained teachers in child-centred pedagogy. These activities aided UNICEF in successfully mainstreaming the Child Friendly School (CFS) approach in education policies and strategies. The Education Section continued its support to nomadic children's education, especially girls, through enrolment campaigns, provision of supplies, and the construction of temporary classrooms as well as teacher training. As result, 3,788 (32 per cent girls) nomadic children have completed grade 8 and have successfully transitioned to secondary education.

Establishing a national mechanism for Family and Child Protection Units (FCPUs) was a major step forward for strengthening services for children accused of offences or victims of violence. The FCPUs provide a package of services including counselling, psychosocial support, social reintegration, legal aid and health rehabilitation. The capacity of the Khartoum State FCPUs increased this year; 6,500 children in 2012 received services compared to 5,500 children in 2011.

To increase young people’s access to appropriate spaces and services, seven sites for the rehabilitation/construction of youth centres were identified and 128 young people (43 per cent girls) were consulted on the design of the centres. Provision of Alternative Learning Programme classes started with the enrolment of 6,294 out-of-school adolescents (67 per cent girls) from disadvantaged localities. Additionally, 33,157 young people (37 per cent girls) participated in a series of interactive theatre performances as the basis for discussion on early marriage, girls’ education, female genital mutilation and tribalism.

UNICEF worked with partners to increase immunization coverage and expand access to Integrated Management of Childhood Illness (IMCI) services. UNICEF also responded to outbreaks of meningitis and yellow fever in Darfur. Primary health care facilities continued to provide free antimalarial drugs with a special focus on internally displaced persons in Darfur. Working with trained local NGOs, the HIV/AIDS prevention services reached out to vulnerable youth using culturally sensitive messages. The local NGOs identified risky populations and delivered messages appropriate to their needs. The HIV/AIDS program also expanded PMTCT services to primary health care settings to improve access for pregnant women in rural areas.

### Strategic Partnerships

**Fully met benchmarks**

UNICEF Sudan’s strategic partnerships included state and federal government, other UN agencies such as UNFPA, and international and national NGOs. In addition to developing and strengthening relationships with existing partners, UNICEF proactively facilitated partnerships between the Government and NGOs and explored developing additional strategic partnerships.

Within the humanitarian cluster system, WASH, Education, Nutrition and Child Protection provided the necessary leadership. As cluster coordinator, UNICEF assisted the Ministry of Education (MOE) to strengthen its partnership with the international community and civil society organisations. UNICEF also supported the development of an education partnership framework to support MOE development partners in an effort to achieve the education Millennium Development Goals. UNICEF, as nutrition cluster lead, managed the core pipeline for therapeutic feeding with 24 NGOs, mostly in states with emergencies. UNICEF continued to work closely with all levels of the Ministry of Health on prevention, treatment and surveillance. UNICEF also continued to work closely with other UN agencies on treatment of acute malnutrition, surveillance and prevention. UNICEF chaired the national child protection subsector and co-chaired eight child protection working groups at state level with the government. The production of a manual to provide guidance on the establishment of community child protection networks and committees in Sudan was a key achievement.

In 2012, UNICEF initiated a triangular partnership between the National AIDS program, NGO partners and UNICEF. The National AIDS program was involved in selecting and training the NGO partners. The partnership facilitated information sharing particularly on epidemiological profile of the state and localisation of high risk areas. Also, NGOs partners now share reports on achievement with State AIDS programs.
The health programme worked with federal and states’ Ministries of Health to achieve programme results. Other major partnerships included: WHO on technical support; UNFPA on maternal, new-born and adolescent health; and UNDP on malaria control and prevention through Global Fund and the Gates Foundation. Through these and other key partnerships, the health programme contributed to the expansion of maternal and child health services. Additionally, NGO partners were able to provide services, such as immunizations, in conflict affected areas where government access is difficult.

Mobilizing government and NGO partners to engage in the youth programme interventions was a key achievement. Effort was invested in strengthening the role of the Ministry of Youth and Sport as the lead governmental body providing the framework for youth work in Sudan. Multi-sectoral Coordination and Technical Committees were formed at the federal and state level with youth representation in the committees at the state level. These committees provided a forum to discuss young people’s priorities and coordinate activities.

In addition to core strategic partnership with government counterparts, WASH’s successful strategic partnerships with NGOs and UN agencies allowed for the coordination of responsibilities, mainly in emergency areas. INGOs, FAR and Plan effectively collaborated with UNICEF in hygiene promotion, water trucking and sanitation during the critical time of 32,000 South Sudanese returnees displaced in Kosti. The joint coordinated interventions resulted in improved WASH services and the prevention of WASH-related epidemics.

**Knowledge Management**

*Knowledge Management*

*Fully met benchmarks*

UNICEF contributed to knowledge sharing for improved programming for children and women by collecting relevant national, state and locality level data and sharing that information with the Government, partners and communities. UNICEF led by example while actively encouraging partners to effectively use and share knowledge through the use and management of surveys, databases, websites, guidelines, trainings and personal interaction.

During 2012, UNICEF piloted a sampling methodology, simple spatial sampling methodology (S3M), to ensure that nutrition situational data is collected at the sub-locality level to better respond to the populations most at-risk. The survey collected standard nutrition indicators and related indicators of health and WASH services. S3M will be used for a planned 2013 national nutrition survey. UNICEF also contributed to the strengthening of the Health Management Information System, a crucial tool for planning and resource mobilization.

The WASH programme shared knowledge and experiences with partners through technical manuals, strategic plans and survey results. The state level Water and Environmental Sanitation (WES) database and the WES website ([www.wes-sudan.org](http://www.wes-sudan.org)) were established to maintain, organize and share WASH-related knowledge, including facilities, information, technical guidelines and training manuals. All new studies and surveys were widely shared within the WASH sector. In all programme review meetings, time was allocated for sharing information and lessons learned.

UNICEF supported the training of 92 participants on the Inter-Agency Network for Education in Emergencies Minimum Standards. Participants from national and international NGOs, community-based organisations, UN agencies, and Ministry of Education attended. In addition, UNICEF developed a network of planners and statisticians for education that can remotely support other states as they work on their simulation models, revenue projections and cost analyses.

In collaboration with the National Commission for Disarmament, Demobilisation and Reintegration, a review of the National Strategy’s children’s component was undertaken. It was developed on that assumption that the major peace agreements would mark the end of major conflict, but instead the review reflects the context of on-going fighting where the actors are numerous, new splits and factions are announced regularly, command structures are often unclear and allegiances appear to be constantly shifting. Its implementation
has been disrupted by resumption of conflict, creating challenges in prevention of child recruitment and implementation of the reintegration activities.

An important multi-year research partnership with the University of Zurich and the Swiss National Committee began in 2012. Its purpose is to test the effectiveness of behavioural change communication related to abandoning female genital mutilation/cutting. A baseline survey was completed in 120 communities, and the final impact measure is expected in 2014.

A participatory and comprehensive gender analysis study was undertaken to better understand the situation of adolescent girls and boys, and to identify barriers to girls’ participation and accessibility in the targeted localities of the adolescent and youth programme. Although the study is still in the finalization stages, key results were used to prepare a gender equality strategy to provide the framework for mainstreaming gender equality within the programme in the upcoming 2013 – 2016 Country Programme Cycle.

**Human Rights Based Approach to Cooperation**

*Fully met benchmarks*

UNICEF Sudan focused on improving access to services to the vulnerable and disadvantaged, especially women and children. Within Sudan, internally displaced persons, rural and nomadic populations, those with disabilities, those living in conflict areas and those stigmatized by HIV/AIDS were prioritized in programming strategies.

The aim of the nutrition programmes for the treatment of severe acute malnutrition is that no child should die as a result of starvation, whatever the cause might be. UNICEF continued its work to identify the most disadvantaged children by developing new methodologies to ensure that rural poor children are included in surveys, ensuring the availability of quality data to better target programming interventions.

Capacity development of approximately 395 programme managers and service providers (41 per cent women) working with young people was an important achievement in 2012. Training was conducted using an asset-based equity approach to adolescents programming and mainstreaming gender equality and participation. Including adolescents and youth representation in the technical and coordination committees, conducting consultation sessions with the adolescents on their priorities for interventions, and providing forums for young people to express their opinions on issues were some of the measures that the programme implemented.

UNICEF supported health essential interventions to meet the basic needs of children and women, especially those in the deprived conflict affected areas. The Health Section advocated for the Government to increase its budget allocations for health, and invest in primary health care infrastructure and services. Stigma related to HIV/AIDS remains high in Sudan despite low HIV prevalence. UNICEF’s HIV program worked to apply a right-based approach to services delivery. In 2012, when care was denied to HIV positive pregnant women, through UNICEF’s intervention they were referred to the federal AIDS program and corrective action taken.

UNICEF supported the establishment of a national committee to oversee the inclusion of child rights in the constitution. The committee developed an advocacy document highlighting the issues to be considered. At least five consultation meetings and a workshop were conducted for a wider group of professionals, parliamentarians and politicians on content and the advocacy strategy to be followed.

UNICEF’s WASH section implemented a human rights approach in all its interventions. The participatory approach adopted in preparing Community Action Plan helped to identify the less privileged and forgotten families in need of WASH interventions. The newly developed WASH policy and national and state level Strategic Plans were developed using human right based principles.

UNICEF, in partnership with IIEP-UNSECO and the World Bank, supported the Government’s preparation of a five year education plan using a child rights–based approach. The plan aims to achieve the *Education for All*
goals while addressing the needs of children most at risk of being out of school: girls, nomadic, conflict-affected children and youth and children with disabilities. Sub-sectorial strategic plans are being developed to include girls, children in nomadic communities and children with special needs.

### Gender Equality

**Fully met benchmarks**

To better understand the SCO’s current capacity to move toward gender equality and mainstreaming, UNICEF Sudan conducted a gender review in December 2012 that will lead to the preparation of a gender workplan to be incorporated in the 2013 AMP. Also, to facilitate the integration of gender equality into the adolescents and youth programme, a participatory and comprehensive gender analysis study was undertaken to identify barriers to girls’ participation and accessibility in targeted areas. While the adolescents and youth programme equally targets boys and girls, at-risk girls and young women remain a priority. Based on the gender analysis study results, a gender equality strategy was drafted to provide the framework for mainstreaming gender equality within the programme.

In the WASH humanitarian work plan preparation, a gender equality based rating was used with WASH partners. The WASH programme built in mechanisms to address gender equity which included (1) segregating WASH facilities at schools and health centres for boys and girls, men and women; (2) proper siting of WASH facilities in internally displaced persons locations to avoid violence against women and girls; (3) inclusion of gender issues at community level training activities; (4) emphasizing equal membership and participation in village health committees; and (5) encouraging women to take the role of WASH technicians, such as pump operators or hand-pump mechanics, which may provide additional income.

In Education, activities were implemented with special attention to gender equality as girls are at-risk of dropping out from school. This was achieved through continuous advocacy and teacher training for more inclusive, attractive and supportive school environments for girls, especially those in rural conflict-affected areas. Of the 377,254 children supported in 2012, 166,708 (44 per cent) were girls. The principles of inclusiveness, participation and child-centeredness were implemented in the 400 Child Friendly Schools established.

Treatment of severe acute malnutrition targeted girls and boys aged between 6 months and 5 years. Collated nutrition survey data from across the country suggests that boys and girls are equally affected by malnutrition. Community members, male and female, were involved in ensuring the efficacy of the program, and services were run by both male and female staff, with a bias towards female staff as being better qualified to teach mothers about breast feeding and young child feeding. Women were targeted for micro-nutrient supplementation and infant and young child feeding programmes. Gender was mainstreamed throughout the humanitarian work plan process and as cluster lead. UNICEF ensured gender was reflected in all nutrition projects.

The Health Section supported the provision of services for both male and female children equally. Through awareness raising activities, men were encouraged to be actively involved in taking care of the health of children and women. Both men and women were equally selected and trained as community health promoters. The HIV Section extended HIV testing to husbands of pregnant women in 2012 and 441 male partners were tested. In addition, both boys and girls were selected and participated in HIV prevention training and awareness raising sessions.

### Environmental Sustainability

**Fully met benchmarks**

UNICEF integrated environmental awareness and protection through its programmes and procurement, including environmentally-conscious construction and reducing the carbon footprint caused by supply
In agreeing on and designing WASH facilities, the following environmental protection measures were taken into consideration: (1) groundwater depletion due to over pumping; (2) limited aquifer recharging capacity especially during below average rainfall periods; (3) overuse of scarce materials such as wood in arid areas for construction of WASH facilities leading to deforestation; and (4) pollution of water sources due to open defecation and close proximity of sanitation facilities such as latrines, improper garbage and waste water disposals. WASH monitored the groundwater level and UNICEF and UNEP are currently implementing a joint programme for groundwater monitoring and drought preparedness in Darfur. In some Darfur states, making the community “green” was part of achieving “open defecation free” (ODF) status. Two or more trees are planted by each ODF family, an example which can be replicated all over Sudan.

### South-South and Triangular Cooperation

In 2012, the government of South Africa approved a girls’ education project in east Sudan. The project’s objective will contribute to the achievement of the Millennium Development Goals of achieving universal primary education and promoting. The Government of South Africa’s commitment was reached as part of the International Donors and Investors Conference for East Sudan in December 2010. At the conference, many non-traditional donors committed to supporting the people of Sudan. UNICEF Sudan’s Education Section will play a critical role in implementing this project and will support efforts to foster South-South cooperation.

Additionally, South Africa hosted a study visit of Sudanese judiciary. The purpose of the study visit was related to child justice. Sudan hosted a delegation from Somalia in November. The Somali delegation’s visit was in order to learn from Sudan’s experience in addressing female genital mutilation/cutting.

In December, a delegation from Sudan’s Ministry of Information, accompanied by a UNICEF Sudan staff member, travelled to Maputo, Mozambique for a Study Tour, a conference, and a tour of UNICEF-supported community radio projects. The international conference was entitled ‘Critical Reflections on Community Radios in Africa.’ UNICEF Sudan funded the visit and support was provided by UNICEF Mozambique. The purpose of the visit was to allow both sides to become better informed on community radio and how it can be.
applied to the Sudan context. In early 2013, a debriefing followed by an exercise to ascertain state radio broadcasting’s strengths, weaknesses, opportunities and threats (SWOT analysis) is planned for all 17 states. This rapid review exercise is expected to provide insight on the current state of Sudanese radio programming for remote and underserved communities.
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Sudan – 4020

#### PC 501 - Health and nutrition

**PCR** 4020/A0/05/501 SH 501 National and sub-national policies, systems and human resource capacity strengthened to ensure access of children and to essential health services and in the case of emergencies to life-saving interventions as dictated by the CCCs (UNDAF output 1)

**IR** 4020/A0/05/501/033 501.01 Health system strengthened.

**IR** 4020/A0/05/501/035 501.02 Timely and effective response to emergencies as per core commitments of children (CCCs)

**IR** 4020/A0/05/501/036 501.03 Burden of vaccine-preventable diseases reduced

**IR** 4020/A0/05/501/038 501.04 Access to quality maternal, neonatal and child health services increased

**IR** 4020/A0/05/501/039 501.05 Treatment of Acute Malnutrition. 2012 the treatment of SAM through expansion of CMAM centres and response in emergencies

**IR** 4020/A0/05/501/040 501.06 Prevention & Surveillance 2012 less than two years (Chronic and Acute) and Improve quality and use of nutrition surveillance data for monitoring, response and advocacy purposes.

**IR** 4020/A0/05/501/041 Health Project Support

**IR** 4020/A0/05/501/042 Nutrition Project Support

#### PC 502 - Water and environmental sanitation

**PCR** 4020/A0/05/502 PCR: 3.1 Access to improved drinking water sources and adequate sanitation facilities increased by 3.0 per cent and 1 per cent respectively in 2011 and 2012 in rural and most vulnerable areas as follows: (1) Water Supply: 1.08 million people (0.70 million people by new water supply facilities and 0.38 million people with re-established water supply facilities) and (2) Sanitation: 0.64 million people (0.34 million people by new sanitation facilities and 0.3 million people with re-established sanitation facilities). 2 Sustained access to improved water sources and in-situ sanitation for 2.0 million people and 0.3 million people affected by conflict emergency, natural disasters and epidemics outbreak respectively and knowledge on adequate sanitation, hygienic practices and household water safety outreached and sustained for 5.0 million rural and emergency affected population in 2011 and 2012.

**IR** 4020/A0/05/502/019 640,000 additional rural vulnerable people from 320 communities including school and health facilities have increased/re-established access to safe drinking water supply and improved means of excreta disposal (UNDAF output # 4.3.1).

**IR** 4020/A0/05/502/020 One million and 150,000 emergency affected population especially in IDP locations have access to improved drinking water supply improved sanitation facilities respectively and five million rural and emergency affected population outreached with key WASH messages (UNDAF output # 4.3.1).

**IR** 4020/A0/05/502/021 WASH sector policy, strategic plans, guidelines and manuals are prepared and operationalized and capacity of sector partners WASH programme management strengthened (UNDAF output # 4.4.1, 4.3.5)

**IR** 4020/A0/05/502/022 WASH sector coordination for humanitarian assistance at National/sub-national levels strengthened (UNDAF output # 4.4.3)

**IR** 4020/A0/05/502/023 502.99 Project Support

#### PC 503 - Basic education

**PCR** 4020/A0/05/503 The Basic Education Program will increase equitable access to quality basic education
for children and young people in and out of school (including returnees, nomads, former child soldiers, children with special needs, and other vulnerable children). The strategies are: a) institutional capacity building and system development to improve policy analysis, educational planning, management and delivery of basic education services. This will include policy development, curriculum review, establishing teacher training, ECD and implementing an essential package of interventions in all CFS targeted schools; b) Service delivery be done and will include construction of schools, supply of teaching and learning materials, school uniforms/bags, recreation facilities and school feeding. c) Community mobilization and participation involving parents and local school communities will continue; building school co-management structures for creation of more conducive child-friendly learning environments; d) Children's participation will be supported through girls' and peace ambassadors' clubs to promote gender equity and peace building) A cross-sectoral approach will be employed to contribute to improve quality of education and retention of girls, through collaboration with WASH programme for provision of water and sanitation facilities and promotion of personal hygiene and with HIV/AIDS programme for HIV/AIDS life skills for pupils and teachers; f) Rights-based approach facilitates focus on mainstream gender responsiveness in education system and disparity reduction including interventions that benefit IDPs, returnees and children in rural under-served areas; (g) Coordination - UNICEF as the sector lead will continue to support efforts to expand, strengthen broad-based participation in the education sector. Institutions are developed, and human resource capacity improved at all levels, in order to ensure effective management and quality education services for all. With special needs) including one million children & young people out of school, have equitable access to and completion of formal basic education in child friendly learning environments by end 2012 in Sudan.

**IR 4020/A0/05/503/036 503.1 Education Sector Policy Support and Capacity Development**

**IR 4020/A0/05/503/037 503.2. Access strengthen quality of Education and improved EMIS functionality at all levels**

**IR 4020/A0/05/503/038 503.3. Provide education in Emergency service supplies are prepositional to provide access to education services for 157,000 emergency affected children, in collaboration with education partners.**

**IR 4020/A0/05/503/039 Project Support**

**PC 504 - Child protection**

**PCR 4020/A0/05/504 2011: PCR 1: National legislation, policies and procedures are in place to prevent and respond to violence, exploitation and abuse of children. PCR 2: Increased access to services and systems to protect children from violence, abuse, exploitation, neglect and the effects of conflict. PCR 3: Families and communities are better informed and empowered to protect children and youth from abuse, violence, exploitation, harmful practices and the effects of conflict. 2012: PCR 1: Protective environment for children strengthened The Child Protection Programme will contribute to the overall country programme goal, GoNU 5 Year Strategic Plan, Millennium Declaration and MDGs targets, directly to the 2009-2012 UNDAF outcomes for Peace-building and Governance and Rule of Law and the objectives of Focus Area 4 of UNICEF MTSP, with the overall aim to strengthen the country environment, capacities, and responses to prevent and protect children from violence, abuse, exploitation, neglect and the effects of conflict. The strategies to ensure the achievement of the programme results will be: (a) Upstream approaches, though, data collection and analysis for evidence-based advocacy, development of child protection policies and laws open discussions and reporting on child protection right’s issues, capacity development and institutional building. (b) Community, adolescent and youth participation in planning and implementation of child protection community based interventions. (c) Child Protection coordination and leadership within the government structures by the National Council for Child Welfare and the Ministry of Gender Social Welfare and Religious Affairs and by UNICEF within the UN framework for the overall protection coordination. (d) Mainstreaming child protection through the activities and programmes of other UNICEF programmes, UN agencies, as well as GoNU and GoSS bodies and broad-based partnerships with UN agencies, Government institutions as well as private sector. (e) An area-based approach to programming through scaling up interventions, strengthening the capacity of indigenous NGOs and CBOs and convergence with other Programmes interventions in the most disadvantage communities. (f) Emergency preparedness and response to mitigate child protection vulnerabilities in times of acute emergencies**

**IR 4020/A0/05/504/032 504.1. Justice for Children systems strengthened**
IR 4020/A0/05/504/033 504.2. Children and Armed Conflict
IR 4020/A0/05/504/034 504.3. Protective social norms, conventions and values are promoted
IR 4020/A0/05/504/035 504.4. During Emergencies and families have access to protection interventions in line with Core Commitments for Children (CCCs)

PCR 4020/A0/05/509 Children thrive and develop optimally in the care of families and communities that are knowledgeable, motivated, and empower provide care and to protect children.

IR 4020/A0/05/509/001 1.0 Strategic ACSD / EFP communication levels is strategic, co-ordinated, and effectively targeted: a cross-sectoral communication initiative using recognized best practice approaches and methods within a long-term strategic framework is developed to motivate adoption of key Essential Family Care practices and promote uptake of available health services
IR 4020/A0/05/509/002 Strategic CP Communication: families and communities that are aware, knowledgeable, motivated, and empowered to keep children (especially girls) safe from violence, exploitation, discrimination, harmful traditional practices, and abuse; children and youth themselves have effective understanding of their rights and are able and empowered to express their needs and views through participation in public discourses.
IR 4020/A0/05/509/003 3.0 Emergency C4D tools

PC 505 - HIV/AIDS

PCR 4020/A0/05/505 Program Component Result PCR: By 2012, reduction of new HIV infections among children born to HIV positive mothers, reduced risky behaviours among young people and 80 per cent of women and children affected by HIV/AIDS increased access to social protection services

IR 4020/A0/05/505/100 By 2012 Increased Capacity of National AIDS Program, Line Ministries, National NGOs, and CBOs to coordinate implement and evaluate HIV prevention, care and support activities. (UNDAF output 4.7.2).
IR 4020/A0/05/505/101 By 2012, reduction of new HIV infections among children born to HIV positive through provision of a comprehensive package of counselling to 150,000 pregnant women attending 100 health facilities, HIV testing to 100,000 and, ART prophylaxis and follow-up care to 400 HIV positive women and their newborns. In addition 1,000 children affected by HIV/AIDS received social protection services. (UNDAF output 4.7.5).
IR 4020/A0/05/505/102 By 2012, additional 300,000 boys and girls people 15 to 24 in-school and 500,000 boys, girls and women out-of-schools in 15 States of Northern Sudan have access to correct information attitudes and relevant skills and access to HIV services in order reduce their vulnerability to HIV infection. (UNDAF output 4.7.1).
IR 4020/A0/05/505/103 505.4 Project support

PC 506 - Communication and advocacy

PCR 4020/A0/05/506 Communication for Development (C4D) facilitates and supports development processes and outcomes across Health, Nutrition, Basic Education, WASH, Child Protection, and HIV sectors. In 2010, the C4D programme will build national and state-level capacity for effective communication for development based on community participation, reaching 14.5 million people with messages and materials promoting safer, healthier practices and behaviours, including, peace-building and returns and reintegration issues.

IR 4020/A0/05/506/001 FOR DATA MIGRATION: 01 Sector Policy and Planning
IR 4020/A0/05/506/004 4.1 Partnerships initiated with media, civil society actors and donors in order to leverage commitments from state and federal governments for the realization of Child Rights. (Media and External Relations).
IR 4020/A0/05/506/012 FOR DATA MIGRATION: 12 South Kordofan
IR 4020/A0/05/506/099 Programme Support
PC 507 - Social policy, planning, monitoring and evaluation

On-track

**PCR 4020/A0/05/507 ST 507 Social Policy, Planning, M&E I of supporting the consolidation of peace, to promote the progressive realization of rights of children to survival, development, protection and participation and to facilitate the country’s progress towards achieving the Millennium Development Goals.** The SPPME programme will collaborate with UN agencies and other partners in development of social policies, improving processes,outcome and building a strong community-based, self-sustaining and inter-sectoral approach to ensure the Country Programme is effectively supporting the implementation of the government's National Strategic Plan (2012-2016). The programme will contribute directly to the UNDAF Outcome 1 Peace Building, Outcome 2 Governance and Rule of Law, and indirectly to the Outcome 3 Livelihood and Outcome 4 Basic Services. The programme also contributes to UNICEF Focus Area 5 on Public Policy and Partnerships for Children's Rights.

**Progress:**

In 2012, a country paper on integrated social policy was sponsored by UNICEF for the Government and a high-level workshop supported by UNICEF was conducted on social protection measures to be integrated into the upcoming national ‘Integrated Social Protection Strategy’. UNICEF was involved in this process providing its technical support in the initiative. UNICEF increased its efforts in the advocacy for equity, and published and launched jointly with the government the ‘State of Sudanese Children’ report. The report highlighted the disparities between the States and was separately launched in all States calling for specific actions to reduce the disparities. This is a major publication that is being used to show disparities to national and State-level leaders and asking for increased budgetary allocation for children and pointing towards the need for a child-sensitive social protection strategy.

UNICEF maintained an up-to-date annual Integrated Monitoring and Evaluation Plan (IMEP) which was used to plan and implement studies, surveys and evaluations in key programme areas. IMEP 2012 was closely monitored and updated regularly. The Sudan Household Health Survey (SHHS-2) which followed MICS modules, supported mainly by UNICEF provided new national and State-level data on children and women which filled critical knowledge gaps in issues impacting on children and women by updating 21 MDG indicators in Sudan. The data were used to prepare the Government’s second Five Year National Development Plan (2012-2016), I-PRSP, UNDAF and UNICEF’s CPAP. UNICEF is building the capacity of the government on monitoring and evaluation the most strategic of them was conducting the M&E training for 40 members of the ‘Data Producers and Users Committee’ established under the Statistical Strategy of Sudan in 2012.

In 2012, the Child Friendly Community Initiative (CFCI) project prepared 146 communities in nine most disadvantaged States for the implementation of integrated packages of services by UNICEF including immunization, safe water, primary education and primary health care interventions. In these communities, UNICEF works with WFP, UNDP, UNAMID, WHO, USAID, and NGOs and communities themselves to plan and implement programmes in the spirit of partnership. Extensive capacity building of over 3,000 village community leaders in 9 States was carried out which helps critically in sustaining the initiative. The CFCI-Info database adopted from DevInfo technology was adopted in 2012 which includes data from the CFCI project and it is used by all partners involved in community-based programme.

On-track

**IR 4020/A0/05/507/100 Social Policy & Planning: Improved policies, systems, enhanced government capacity for child-sensitive social protection and friendly budgeting.**

**Progress:**

Capacity of the Government was built on social budgeting and social protection through training and workshops. However, it took longer than anticipated to build consensus between the Government and UNICEF on the importance of implementing concrete programmes in these areas in Sudan. In 2012, a UNICEF-supported country paper on integrated social policy was written and a workshop was conducted on
social protection measures to be integrated into the upcoming national ‘Integrated Social Protection Strategy’. UNICEF will be involved in this process with its technical support in the initiative. In light of the organizational focus on equity, UNICEF increased its efforts in the advocacy for equity, and using primarily Sudan Household Health Survey 2010 Data (which followed MICS modules, supported mainly by UNICEF), published jointly with the government and launched the “State of Sudanese Children” report. The report highlighted the disparities between the States and was separately launched in all States calling for specific actions to reduce the disparities. This is a major publication that is being used to show disparities to national and State-level leaders and asking for increased budgetary allocation for children on the one hand and pointing towards the need for child-sensitive social protection measures for vulnerable families. The report was presented to the Council of Ministers and State Governors highlighting the disparities among and within States and calling for specific actions to reduce the disparities. However, since data is not available below the State level and data gaps hinder the identification of vulnerable communities and groups, decision has been taken to collect data from each village in early 2013 in collaboration with the State Governments.

**On-track**

**IR 4020/A0/05/507/101 Rolling SitAn and M&E:** Strengthened institutional capacity for planning, implementation, monitoring and evaluation, and information management of social development indicators at the community level.

**Progress:**

UNICEF maintained an up-to-date annual Integrated Monitoring and Evaluation Plan (IMEP) which was used to plan and implement studies, surveys and evaluations in key programme areas. IMEP 2012 was closely monitored and 80 per cent recommendations followed up. The major issues in M&E included: shortage of staff, difficulty in getting suitable consultants, and delay in negotiation with all partners. The recommendations of studies and evaluations were included in respective reports and the programme sections regularly implement those recommendations.

The Sudan Household Health Survey (SHHS-2) which followed MICS modules, supported mainly by UNICEF provided new national and State-level data on children and women which filled critical knowledge gaps in issues impacting on children and women by updating 21 MDG indicators in Sudan. The data have been used in preparing the Government’s second Five Year National Development Plan (2012-2016), Interim Poverty Reduction Strategy Paper (I-PRSP), UNDAF, and UNICEF’s CPAP and remains as the only comprehensive socio-economic data source for national planning and monitoring. The ‘State of Sudanese Children’ report was brought out in 2012 based primarily on the SHHS-2 data. This is an important advocacy tool at the national and State level to mobilize budgetary resources for children and women. In 2012, the SudanInfo database was updated with data from SHHS-2, Population Census, and National Household Budget Survey.

Capacity on monitoring and evaluation was increased among government partners through M&E training to the 40 members of the Data Producers and Users Committee established under the Statistical Strategy of Sudan. All government line ministries, UN agencies and several large NGO members received training. Three training workshops were conducted in three States for 65 participants on DevInfo User and Administration Modules.

**On-track**

**IR 4020/A0/05/507/102 Child Friendly Community Initiative (CFCI):** 880 CFCI Communities in 9 focus states have integrated community based systems skills to plan, implement, manage and monitor integrated development programmes and service delivery.

**Progress:**

In 2012, the Child Friendly Community Initiative (CFCI) project prepared 146 additional communities for the implementation of integrated packages of services by UNICEF including immunization, safe water, primary education and primary health care interventions. In these communities, UNICEF works with WFP, UNDP, UNAMID, WHO, USAID, and NGOs and communities themselves to plan and implement programmes in the spirit of partnership. In seven States, several NGOs, namely, Plan Sudan, JCC, Practical Action, IRW, World Vision, PAI, JAICA, WAR Child, UNJLC - NRC, DCPSF and CDF have been working in the area of water supply
and sanitation, basic infrastructure for health and education facilities and food security with remarkable achievement, not only in establishing hardware but also in software area such as building awareness and motivation in hygiene behaviour change among people. Capacity building of over 3,000 village community leaders in 9 States were carried out on participatory planning, implementation, monitoring and evaluation, and training of trainers/training of facilitators (TOF) for over 600 State government development staff on training methods and technique, training assessment, implementation of training programmes and facilitation skills.

The CFCI-Info database adopted from DevInfo technology was launched in nine most disadvantaged States. This system helped the Child Friendly Community Initiative (CFCI) project and its partners and development agencies to use and share the data at the national, state, locality and community levels. The Higher Council for Decentralized Governance, coordinating body for CFCI activities cooperated with this initiative. Capacity on DevInfo User and Administration module was built for staff of the Central Bureau of Statistics in all 15 States and other key Ministries. Two States, Kassala and North Kordofan were identified for piloting a full package of data management system linking DevInfo and ATLAS software to enable planning at the village and Locality (sub-State) levels.

**On-track**

**IR 4020/A0/05/507/103 Youth LEAD: Youth Leadership, Empowerment, Advocacy, and Development;**

Enhanced contribution to social and economic development to the development of peace, by girls and boys aged 10-24 in three focus states of Sudan

**Progress:** UNICEF contributed to an enabling policy environment for young people by participating in the development of the National Youth Strategic Plan and supporting the adaptation of the plan and leverage of resources at state level in Kassala. Interest of the government was also mobilized to start the process of preparation of Adolescent Health Policy. This policy work was supported with the capacity development of approximately 395 (41 per cent women) programme managers and service providers from governmental and non-governmental organizations in the area of designing rights based gender sensitive adolescent programmes. Furthermore, learning opportunities were provided for 6,264 out-of-school adolescents (67 per cent girls) who enrolled in the Alternative Learning Programme and for 33,157 young people (37 per cent girls) who participated in the forums to discuss social issues facing them in their daily lives through interactive theatre performances (At least 40 per cent of these young people participated regularly in 6 different thematic performances).

**IR 4020/A0/05/507/104 Emergency Response and Preparedness: An effective and efficient emergency preparedness and response at national, state and community levels functioning.**

**IR 4020/A0/05/507/105 507.6 Project Support-Planning  capacity building, M&E activities for the programme**
Effective Governance Structure

In 2012, the CMT paid particular attention to governance issues and to the changing needs in terms of: a) oversight structure and governance; and, b) substantially reducing operating and staff costs in all 10 offices of SCO.

a) Weekly conference calls between the front office and all zonal offices were instituted and efforts were made to strengthen the role of oversight, technical assistance and guidance of the Deputy Representative and the programme sections based in Khartoum towards the nine zone offices. Furthermore, as part of the Programme Budget Review (PBR) exercise which was carried out in the first quarter of 2012, each position in the office, both at Khartoum and zone office level, was reviewed and the management structure was meticulously revised for greater efficiency and cost saving. The recommendations of the PBR endorsed by the Regional Director were implemented in three phases, and resulted in the reduction of the total number of posts from 281 in 2012 to 244 as of 1 January 2013. The greater part of savings resulted from decreasing the number of international staff vis-a-vis national staff. b) The office suffered from a sharp decline in funding that became apparent in 2011. As a result of the delicate funding situation mentioned under the Financial Asset management of the annual report, the office successfully reduced its operating costs by 20 per cent by reaching US$ 5,490,000 in 2012 versus US$6,680,000 in 2012. Running costs of the offices and their expenditures were limited to essentials and the operations team established systematic scrutiny of requests for expenses coming from all sections and more particularly zonal offices. For instance, security expenses were cut by more than half and in total, over the year, one million US$ previously assigned to operating expenses was reassigned to programme activities to directly benefit vulnerable women and children of Sudan.

The 2011 internal audit recommendations highlighted areas for strengthening that continued to be proactively addressed in 2012. One area was programme monitoring. Following field trips and verification missions by the Operations Manager, Finance Officer, Deputy Representative and members of the Finance team, the office prioritised programme supply monitoring mechanisms and activities which resulted in a number of measures described here. The office took steps towards the establishment of a partnership with UNOPS for a comprehensive supply chain analysis, established supply task forces in each State/Zone office, education and health section launched an innovative activity to develop new education supplies monitoring tools. These tools will use new technologies such as rapid SMS. The project is being implemented together with the University of Khartoum and the University of Sudan for Science and Technology. This initiative, ‘Innovation Lab’, was possible thanks to the financial and technical support of Supply Division and the NYHQ’s teams for Technology Innovation.

The follow up to the 2010 audit recommendations helped prepare for the external audit carried out at the end of 2012, and further focused the office’s attention on governance and internal controls. In its exit interview, the external audit team qualified the management of the office as efficient and effective and made a number of recommendations that demonstrate progress in many areas of the office’s work as compared to the previous internal audit.

Strategic Risk Management

UNICEF Sudan has the following governance structures and oversight, monitoring and reporting mechanisms to achieve planned results and maintain readiness for emergencies:

- The Country Management Team, comprised of senior staff from operations and programmes, led by the Representative. This team meets on a quarterly basis to review key indicators and take decisions in office management and programme implementation.
- The Programme Management Team, comprised of section chiefs, meets weekly to review programme progress and address bottlenecks.
- ‘Housekeeping’ meetings to review lagging indicators take place as needed. These indicators include items such as direct cash transfers.
- Weekly teleconferences take place with state representatives to cover management, programme and operations.
Sudan Country Office has functioning committees to ensure that resources are used effectively and efficiently. These committees include the Property Survey Board, the Contract Review Committee, and the Programme Cooperation Agreement.

Due to multiple protracted and sudden on-set emergencies, SCO maintains a standing level of emergency response capacity in terms of staff with capacity and experience in emergencies, strategic contingency stock, and extensive field presence. Emergency preparedness and response functions were mainstreamed through programmes, operations and field offices, providing the flexibility and ability to respond to multiple emergencies in a timely manner, adapting to different situations and ensuring quality and technically sound responses. Weekly programme meetings and the newly established weekly conferences with state offices constituted an effective way of monitoring, sharing information and addressing risks.

Governance was raised during the last internal audit and the office has responded. A Human Resource Policy workshop for staff in Khartoum and in the four zonal offices was held. With the assistance of the MENARO Human Resources Advisor, ethics training was conducted for Khartoum staff and staff from zonal office on mission in Khartoum. The SCO plans to carry out a series of workshops in a phased manner until the end of March 2013 to ensure that all, including new staff, have participated in the ethics training. The training will be documented in the staff E-PAS assessments.

The office also addressed governance issues in its October Country Management Team meeting by reviewing audit recommendations that identify specific actions to be taken. Simultaneously, the SCO in its recruitment process resulting from its May 2012 Programme Budget and Review deliberations took action to reinforce governance issues. This included recruiting a P-3 Operations Manager by the end of the year to focus on management-related governance issues. Within programmes, the Chief of Social Policy, Planning, Monitoring and Evaluation and his team have responsibility for programme quality assurance and monitoring programme governance. Their work is complemented by support from a temporary appointment staff on quality assurance recruited November 2012.

The implementation of VISION and International Public Sector Accounting Standards, and the preparation for the 2012 external audit was yet another opportunity to strengthen governance and internal controls. An audit committee comprised of operations and programmes staff met regularly to ensure that policies and procedures were properly followed and the processes documented and shared with the external auditors.

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**Evaluation**

The Sudan Country Office maintained an up-to-date annual Integrated Management and Evaluation Plan (IMEP) to implement evaluations in key programme areas. The IMEP 2012 was closely monitored and updated every six months by respective programme sections and updated by the Social Policy, Planning, and Monitoring and Evaluation (SPPME) Section; however, it could not be fully implemented.

Eighteen studies, surveys and evaluations were planned for 2012. The recommendations of studies and evaluations were included in respective reports and the programme sections implement those recommendations. Nine were completed and three are ongoing and closely monitored for finalisation in the next three to six months. The delays were in part due to a shortage of staff, difficulty in getting suitable consultants, and time for negotiation with federal and state government. Five were postponed because of shortage of staff. One HIV survey was cancelled because the required data was obtained through surveys and investigations carried out by another agency, thus saving UNICEF time and money.

At least eight evaluations and assessments were carried out by UNICEF in Sudan in the last five years. The recommendations from these evaluations were used in the preparation of the new Country Programme Document and Country Programme Action Plan in 2012. These include the following: Midterm Evaluation of the EC/UNICEF WASH Project in the Three Areas; Evaluation of Community Radio Listening Groups; Health Programme Evaluation; Supplementary Feeding Programme Review in Greater Darfur; WASH Programme Evaluation; Nomadic Education Evaluation; Evaluation of Preparedness and Early Response; and Non-Food
Item Assessment.

The office is increasing its efforts to improve the evaluation function. All evaluation terms of reference are passed through a strict country office review and require technical clearance from the Regional Office. The SPPME Section provides continuous support in identifying evaluators, decisions in methodology, sample size and overall quality of the evaluation and report preparation and then in the management response and follow-up of recommendations.

The main challenge in the area of evaluation in Sudan continues to centre on the limited capacity at national and state levels. The programme sections conducted training to upgrade the skills. The SPPME Section also worked at the national level and in North Darfur to pilot a monitoring and evaluation system that would strengthen the overall capacity of the monitoring and evaluation function in the government. In addition, capacity on monitoring and evaluation increased among government partners through monitoring and evaluation training. Capacity building of over 1,100 village community leaders in nine states was carried out on participatory planning, implementation, monitoring and evaluation; training of trainers; training of facilitators for over 200 state government development staff and counterparts on training methods and technique, training assessment, implementation of training programmes and facilitation skills. Three training workshops were conducted in three states for 65 participants on DevInfo User and Administration Modules.

Effective Use of Information and Communication Technology

The Information Communication Technology (ICT) Section fully supported the Communication for Development, Education, Child Protection and Nutrition Sections by assessing, capturing and analysing data. In addition, the ICT Section supported students from the University of Khartoum to develop a Short Messaging System (SMS) monitoring systems to track and trace education supplies.

The ICT Section’s investment in the Cisco Unified Communication (UC) platform resulted in effective and efficient business communications. Services under the UC platform include Internet Protocol communications and Web-based conferencing. These services will be extended to field offices to reduce telephony costs and travel. The ICT 12 servers were integrated into three through ‘virtualization’ techniques thereby reducing maintenance and replacement costs, and increasing capacity. With the relocation of UNICEF’s Abeyi office to UN common premises, UNICEF’s VSAT was transferred and upgraded enabling the office to provide free Internet service and other ICT support to the WHO staff thus promoting the UN’s Delivery as One.

For increased efficiency, economy and effectiveness, the ITC section worked with the Regional ICT Advisor to improve the office Internet connection capacity and reduce costs by proposing a local Internet Service provider to connect field offices via fiber optic links. The ICT section updated its Business Continuity and Disaster Management plans ensuring that ICT equipment are secured in compliance with the Minimum Operating Security Standards (MOSS), and by maintaining its satellite phone contracts to ensure voice and data communication availability and contribute to the SCO’s Core Commitment for Children.

Remote access to the office core applications through the Cisco AnyConnect Secure Mobility Client was granted to authorized users. The introduction of the Inter-Notes profile allowed staff to access office email via the Internet. This resulted in increased customer satisfaction, improved efficiency and reduced connectivity costs and facilitated emergency-related operations. In addition, SCO introduced ‘Buy Your Own Device,’ allowing staff to have their mobile devices, such as Smart phones, configured for UNICEF email Lotus Notes. Access to the organization non-public ICT resources is controlled, monitored and granted on the basis of professional needs and level of responsibility.

In line with the ICT Infrastructure and Service Mapping modalities, secure connections and accesses were granted to staff through dedicated primary and secondary Wide Area Network (WAN) links consisting of Fiber Optic and VSAT systems. Furthermore, WANs were optimized through installation and configuration of dedicated hardware to increase data transfer speed and efficiency.

ICT staff regularly maintained communications systems including VHF and HF radio in line with MOSS...
requirements. ICT staff was also trained in Emergency Data Communication and VSAT systems to effectively respond to disasters and emergency operations. As part of the support to emergency operations, the Data Disaster Recovery Plan response was implemented in the field offices in South Kordofan and staff email accounts were successfully relocated to the Khartoum main office. However, the requirements imposed by the Infrastructure and Services Mapping of Field Office site means additional demands to provide more services. This will require additional training of ICT staff to effectively deliver services.

### Fundraising and Donor Relations

In 2012, the Sudan Country Office saw a 176 per cent increase of regular resources from US$ 3.7 to 10.2 million [1], while the support budget decreased by 2 per cent, from US$ 1.71 to US$ 1.67 million. The office continued to rely heavily on other resources for a total of US$ 57.5 million. The country office was able to raise US$ 69.4 million (84 per cent) of its planned US$ 82.3 million annual budget.[2]

UNICEF and other UN agencies are concerned about the level of humanitarian funding for Sudan. By the end of December, only 41 per cent of the humanitarian funding needs had been met and funding for the SCO continued to decrease. In 2012, total funding was reduced by 26 per cent from the previous year as a result of changes in the donor climate following the secession of South Sudan. Many donors have begun to reduce their commitments in Sudan, and some donors will likely phase out funding Sudan in the coming years. The country office has initiated cooperation, and already received substantial funding (US$ 20 million), from new donors like Qatar and is exploring the possibility of South-South Cooperation with South Africa. UNICEF has also increased its efforts to engage old and new donors locally. The cooperation with UNICEF offices in Brussels, Tokyo and with PARMO colleagues has been very helpful. The National Committees also continue to play an important role, and for the first time in several years, a donation was secured from the French Government for one million Euros.

Approximately 56 per cent of 2012 funding was related to humanitarian interventions and was allocated by donors on a six-month to one-year basis. Some donors have expressed interest to focus on recovery interventions and the office is making an effort to get donor support over a longer period. Funding from the Common Humanitarian Fund and the Central Emergency Response Fund was obtained.

As of end-December, 65 of the 67 reports due were sent on time. In line with the recommendations from the 2011 audit report, the office continued to work on improvements, e.g., the importance of good analysis and financial accuracy, and to discuss constraints and next steps. The ‘housekeeping meetings’ play an important role in improving the monitoring of implementation of funds to avoid unnecessary extensions of programme budget allotments.

[1] An additional US$ 6.5 million was allocated to Sudan Country Office by the Executive Director.


### Management of Financial and Other Assets

The SCO instituted rigorous procedures to manage and controls its operating costs thereby drastically reducing its 2012 operating expenses by approximately 20 per cent from US$ 6,860,000 in 2011 to roughly US$ 5,490,000 excluding inflation. This was achieved by restricting expenses for Operations sections in Khartoum and the field offices to the essential needs and subjecting them to careful scrutiny to ensure that only absolute necessary expenditures were considered. For instance, as part of this initiative, IT expenditures were submitted to the IT committee comprised of all Operations section heads for review. These austerity measures were necessary due to declining office resources. This permitted the SCO to instil discipline in the management of its financial assets.
The SCO as a matter of course monitors closely its budgets to ensure that it can cover essential operating needs and that the funds are effectively utilized before grant expiry dates. This tight budget management has yielded results and the Operations section was able to release US$ one million for reallocation to programmes.

The SCO carefully managed its cash receipts to ensure that they not exceed the established maximum monthly ceilings by regularly updating its cash needs and making necessary adjustments in the cash transfer requests. This exercise was facilitated by timely bank reconciliations, follow up on the outstanding items, and close collaboration between Finance and Programmes to optimize organizational resources.

### Supply Management

The procurement unit effectively provided support to all sections in obtaining supplies for programmes, the Government and other partners. Positive feedback from the Government and partners regarding purchases was received. The office assisted the Government in procuring 1.5 million vaccines for the yellow fever outbreak, and mosquito bed nets were procured on behalf of the Global Fund.

The procurement unit also supported the Education Section for the rehabilitation and construction of schools and the youth programme in the construction of youth centres. The unit obtained Local Procurement Authorisation (LPA) for the construction and rehabilitation of schools. Another LPA was secured for the purchase of locally produced ready-to-use therapeutic food (RUTF) for the Nutrition Section. The office worked closely with the factory and participated in its inspection.

Sourcing of strategic essential supplies was carried out through Copenhagen while commonly available supplies were procured locally. Long Term Arrangements (LTAs) were used for items frequently purchased, e.g., soap, chlorine, submersible pumps, and for logistics services such as transportation and air freight clearance. There were some challenges with payment of local LTAs due to high fluctuation and devaluation of the local currency, and some deliveries were delayed. Problems were quickly resolved by paying LTA suppliers in US dollars rather than local currency.

A UN Procurement Group was established and held monthly meetings. All members have access to LTAs of individual agencies and supplier information. Procurement also participated in the UN Joint Logistics Services with the WFP as the lead agency. Information on the size and location of warehouses was shared among the group. UNICEF transferred the lead of the non-food item common pipeline to UNHCR. UNICEF received 1,078 cartons of RUTF from USAID as in-kind assistance which was dispatched to the relevant field offices.

UNICEF's main warehouse is in Khartoum with stores in El-Fasher, El-Geneina, Kadugli, Kassala and Nyala. There are two government warehouses in Khartoum and El-Fasher for WASH supplies which are managed by the GoS with oversight from UNICEF. The monitoring of supplies is done during field visits and captured in the field visit reports. Supply and logistic issues are brought to the attention of the unit. A form was introduced to assess the procurement and logistics capacity of NGO partners during the establishment of the Partner Cooperation Agreement. Stock reports of the UNICEF stores were shared on a monthly basis with ageing reports of stocks. The programme staff is encouraged to conduct a monthly inventory spot check to facilitate good stock management.

In country transportation remains a challenge due to insecurity, especially in the Darfur region. The rainy season further complicated the transportation of supplies. The unit is looking into possibilities of pre-positioning stock before the rainy season.

UNICEF is working in partnership with UNOPS towards a supply chain analysis, specifically targeting state offices with the objective of optimizing the ordering, distribution and monitoring of supplies. Each state office was requested to establish a Supply Task Force to intensify monitoring from the ordering stage to the end-user verification level assessment.
Human Resources

UNICEF Sudan restructured its staffing to align its structure with new programme priorities, following the separation of Sudan and South Sudan. Staff positions were reduced from 281 to 241. The major impact was felt in the reduction of international staff and has the potential to affect programme delivery. However, the number of national professional staff increased, and temporary external expertise is being used to mitigate the overall impact. In addition, cost-effective alternatives, such as national UN Volunteers, are being engaged as the workload is disproportionate for the new staff structure. Staff support such as stress counselling, career development training, human resources policy orientation, and priority placements were put in place to assist staff to manage the changes.

Given the large size of the office, priority for staff learning and development was given to group training, cost-sharing, utilization of five per cent learning time, and e-learning. The office met some of its learning plan targets, in particular management training, as seven staff members were trained in the 2011 – 2012 management development programme and an additional four are selected for 2012-2013. One staff member was selected for the senior leadership development programme. Despite Sudan being in an emergency itself, it supported Syria, Libya, South Sudan, Ghana, Central African Republic and Jordan through support missions that were also part of staff capacity development. Following this year’s restructuring, a learning needs assessment is planned for early 2013 to identify staff strengths and weaknesses so that the office may readily achieve the 2013-2016 Country Programme. A training evaluation was introduced in 2012 and is expected to contribute to the learning needs assessment.

In order to create a culture fostering strong performance, the Human Resources Manager was trained as regional Trainer of Trainers on managing people for results. Training for supervisors and supervisees is scheduled for the first quarter 2013. Additionally, UNICEF Sudan actively participated and chaired the UN Human Resource work group that advised on staff welfare issues including local salaries affected by over 90 per cent local currency devaluation.

The Programme Budget Review resulted in 53 new positions and 14 upgraded positions, effective January 2013. Despite limited capacity for the large recruitment load, the office employed multiple strategies to achieve its recruitment targets advertising positions using generic job descriptions, fast track recruitment, and direct selection from the Division of Human Resources’ talent groups.

Concerning staff well-being, the volatile situation in the Kordofans and Darfur states remains a serious threat to staff security. Combined with restructuring and the down-sizing of staff numbers, this has had a negative impact on staff well-being, with high levels of stress experienced. The country office engaged counselling staff temporarily. Although this counselling resource was not considered adequate, it did assist staff in managing stress and anxiety. This was also complemented by human resource field missions, particularly to the Darfur states where a large number of affected staff are based.

The country participated in UN Cares activities and commemorated World Aids Day with other UN agencies.

Efficiency Gains and Cost Savings

The Sudan Country Office has significantly decreased both its staffing and operating costs through a significant downsizing exercise and by taking the following measures:

- Outsourcing of the security services which were, until July 2012, under Service Contracts administered by UNDP. As a result the SCO decreased its yearly expenditures from about US$ 2 million to US$ 360,000.

- Discontinuing the contractual arrangement with a private company for the management of the warehouse by taking full advantage of the new inventory management tools thereby saving over US$ 100,000.
Taking steps to transform the UNICEF house into office premises with the expected objective to achieve significant savings through the elimination of over US$ 660,000 in annual rent.

### Changes in AMP & CPMP

The 2012 Annual Management Plan was not significantly amended. Although it was formally approved very late in the year, its implementation started with the calendar year and focused on two priorities:

1. significantly decreasing operating costs to adapt to a new unfavourable funding situation; and
2. increase the oversight, technical assistance and guidance provided to zone offices by Khartoum.

The office made significant progress in gender parity among staff and increased the quality and frequency of its monitoring activities.

The office faced some critical constraints in 2012 as it was affected by a number of emergencies and serious security incidents including the shelling by SPLM-North of our office in Kadugli, the resumption of armed conflict in Darfur, South Kordofan and Blue Nile state. The office also met increasing difficulties in monitoring programmes due to on-going fighting and travel restrictions imposed by national and local authorities including rebel groups in South Kordofan and Blue Nile states. The office also functioned with vacancies in several key positions including that of the Representative. Two Ad Interim Representatives led the office from 15 January until May 2012, and the Deputy Representative acted as Officer-in-Charge from May until the end of January 2013. The office implemented a significant restructuring and reduction of staff that affected 24.56 per cent of its staff (69 colleagues) through abolishment, downgrades and upgrades. Despite these challenges, programme activities and the financial implementation rates of the office were high. As of January 2013 only 17 staff members (24.64 per cent) affected by the discontinuation or non-renewal of their contracts have not been placed.

UNICEF Sudan designed a new Country Programme Document and a Country Programme Action Plan, reduced its salary envelope from US$ 25 million to US$ 17.8 million a year and saved over US$ 1 million in operating expenses. The office also carried out a comprehensive gender review of its management and programmes, and provided ethics training to all staff in Khartoum and selected staff from zone offices.

The priorities for the Annual Management Plan (AMP) for 2013 will be to:

- have a finalised AMP by 15 February:
- finalise the office Supply Plan by 31 March;
- improve supply distribution to reduce stock age to the bare minimum;
- review standards for emergency buffer stocks;
- implement measures to improve supply monitoring including end-beneficiary utilisation monitoring;
- substantially reduce the number of vacancies and recruitment times;
- fully implement all external audit recommendations and launch HACT implementation with most NGOs and firmly advocate for implementation of HACT by government institutions;
- continue looking for additional operational cost efficiencies;
- adopt and initiate the implementation of an office wide programme and management gender action plan that covers key areas of management and of planning and programming;
- roll out the ethics and gender training to all state offices;
- review standards for the IMEP to incorporate all possible obstacles that might hinder its implementation (the number of implemented activities is therefore likely to be lower than in 2012);
- strengthen its participation in UNCT processes particularly the Communications Group, the Gender Working Group and the HIV/AIDS task force; and, review the composition and frequency of meetings of the Country Management Team and other statutory committees for greater efficiency and oversight of management and programmes.
Lessons Learned / Innovation

1 Reaching Children with Immunization in Hard to Reach Areas

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<td>Innovation Lab pilot project in Sudan: real-time monitoring education</td>
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<td>supplies and vaccinations through rapid SMS</td>
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<td>English</td>
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Abstract

Since conflicts erupted in South Kordofan (SK) and Blue Nile (BN) states in the aftermath of the secession of South Sudan in July 2011, almost no humanitarian assistance reached non-government held areas in ...
these two states. Humanitarian agencies, including UNICEF, faced security as well as a number of administrative impediments. The very few and only occasions where any assistance reached children were enabled by carefully planned, low key, technical partnership between UNICEF and the Ministry of Health, based on the trust built over the years and the common purpose to provide assistance to children. This example of lessons learned shares the experience of initiatives to reach children with vital immunization and health/nutrition services in 2012 – in hard to reach conflict areas, including non-government held areas, insecure areas and 'grey' or 'buffer' areas lying between the two parties, through flexible, low key and targeted strategies.

Innovation or Lesson Learned

UNICEF’s continued field presence, relationship with the line ministries, and continued dialogue/collaboration and advocacy with the ministries during difficult period on sensitive issues was positive and contributed to UNICEF’s ability to reach children in conflict areas.

We learned that it is best to focus on specific objectives, one at a time, and employing different strategies, when we saw that ‘big plan’ and high visibility negotiations were not working. It was also crucial that UNICEF respected the initiative and sense of field staff and to continue interventions where it was possible. The vaccination in non-government controlled areas was interrupted by reportedly high level interventions from the non-government side. UNICEF’s original target was 4,000 children and 1,700 were reached. While the Sudan Country Office managed to make significant achievements, high level advocacy will need to take place simultaneously with government and non-government actors to overcome resistance.

Potential Application

The main lesson is to explore different approaches/strategies and the need to consider different circumstances, potential partners and risks. The importance of gradual confidence building needs to be underlined, as this has allowed gradual expansion (geographic and programmatic) of different approaches.

Issue

Since the conflict erupted in the two states in 2011, humanitarian agencies, including UNICEF faced significant restrictions to deliver humanitarian assistance. Despite pressures from the international community and high profile efforts involving the UN, African Union and League of Arab States, almost no humanitarian assistance, including life-saving interventions such as vaccination reached these areas. The sentiment among humanitarian actors shifted from 1) a hardline approach of no access by international staff to all areas meant no assistance, 2) to insistence on a ‘unified front’ subject to agreement and high level negotiations, and 3) a more conciliatory approach, e.g., with more concessions from the UN as had been advocated and practiced by UNICEF since early 2012.

Strategy and Implementation

From the beginning, UNICEF maintained its position to deliver all possible assistance employing different strategies, unless some negative impact was anticipated or quality would be compromised. The interventions were kept low-profile, small scale and flexible based on location/ situations, and were initiated by field office staff who knew the situation and counterparts best, advocating strongly at field level and focusing on technical aspects.

UNICEF with the Ministry of Health identified groups of children not accessed since the beginning of the conflict. Analysing the reasons, the team devised different strategies:
- In the areas with a concentration of displaced or severely affected population (mostly insecure areas) mobile strategies were employed to deliver health (SK and BN) and nutrition (BN) services.
- In some non-government controlled areas, technical level contacts with former Ministry of Health staff residing in these areas, were allowed to deliver vaccines and immunization equipment using public transport. Former MOH staff trained vaccinators and organized polio campaigns.
- The team identified significant population in 'grey'. Advocating with local community leaders on the needs and security assurance, and utilizing its staff from those areas, the team planned three rounds of immunization for children not vaccinated since the beginning of the conflict.

Progress and Results

During 2012, 1,700 children under-five years were vaccinated against polio in non-government controlled
areas in SK. In the ‘grey’ areas of SK where all routine vaccinations had stopped since the beginning of the conflict, through a specially designed 3-round routine vaccination, 2,847 mostly under one year old children were vaccinated for the first time, 571 children received the second dose of vaccination, and 320 children completed their vaccination that was interrupted since the start of the conflict. In BN, 342 severely malnourished children were treated by mobile teams in seven locations including two of the most severely affected localities.

Such initiatives, while limited in scale, also contribute to building trust, demonstrating that both UNICEF as well as the MOH are willing to reach children, increasing future chances of success in planned scaling-up of geographical scope and humanitarian interventions.

**Next Steps**

Next steps include:
1. Non-government controlled areas - Negotiation for vaccination in non-GOS areas, in parallel with high level advocacy is on-going;
2. Grey areas (SK) – (a) Two follow-up rounds will be conducted to complete full vaccination of those reached with the first round; (b) additional areas/communities have been identified for vaccination; (c) Considering to use mobile teams to provide health/nutrition services, a strategy employed in some severely affected areas where fixed services do not exist.
3. Grey areas (BN) – expansion of geographical coverage for mobile nutrition services, adding 14 new locations.

Expansion will utilize similar strategies, but with increased and deliberate advocacy efforts at regional and global levels, as well as with donors.

**2 Simple Spatial Sampling Method (S3M) Pilot Survey in Gedaref State, Sudan**

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<tr>
<td>Susan Lillicrap</td>
<td>English</td>
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**Abstract**

The purpose of sharing the experience of conducting this survey is to show the level of results and amount of information that is possible to obtain for a reasonable budget – less than is currently paid for current SMART / demographic and health surveys for more information. The results obtained are mapped for small geographical ‘tiles’ over wide areas (suitable for national level surveys). This allows evidence-based, informed programme planning and provides a strong advocacy tool that clearly identifies inequities, pinpointing locations that are in need for the different indicators measured.

The Sudan Household Health Survey (SHHS) state level estimates for malnutrition mask variations within the state, and there is a need to obtain more detailed information at a sub-state and even a sub-locality level to inform Community Management of Acute Malnutrition (CMAM) expansion and enable evidenced-based efficient planning and targeting of interventions as well as for advocacy purposes.

**Innovation or Lesson Learned**

The major lesson learned was that this method of surveying (for nutrition and health surveys) is far more useful than the current cluster methodology that was used for the SHHS national survey. This is because more information is obtained (multiple point estimates can be obtained for every state while the SHHS produces just one point estimate per state) and clearly shows areas in need, for each indicator measured. The survey costs less to implement than an equivalent cluster methodology survey, both in terms of time (person days) and financial cost. Some lessons learned regarding analysis and presentation of results maps are documented in the survey report (such as including more information on results maps, e.g.
major roads and rivers).

### Potential Application

UNICEF Sudan plans to use this methodology at a national level to obtain detailed information for nutrition and basic health and WASH indicators across the country. The survey is currently being repeated in another state (Sennar), incorporating lessons learned from the Gedaref pilot. Results should be available by the end of January 2013.

### Issue

Sudan’s nutrition situation is characterised by chronically high levels of acute malnutrition, confirmed by the SHHS in 2010. The global acute malnutrition rate is above the international emergency threshold of 15%, with a national average of 16.4%. The proportion of severe acute malnutrition was high at 5.3%, approximately half a million children will need treatment during the course of a year. In addition, chronic malnutrition is high, and one in three children (approximately 2 million) is stunted.

### Strategy and Implementation

A simple spatial sampling methodology (S3M) survey was piloted and was the first time that anthropometric and other indicators (household food security, health and WASH) had been collected and analysed using this methodology. S3M had been trialled at a national level in Niger, collecting Infant and Young Child Feeding (IYCF) and coverage indicators.

The S3M uses area-based sampling which ensures equal representation from low and high populated areas (results post-weighted during analysis), and mapping of all results as a basic outcome. It pools data from three sampling points to obtain point estimates for each triangular ‘tile’ (geographical area, the size of which is determined during the survey planning and sampling stage). This allows sample sizes to be kept to a minimum and cost is reduced. The methodology uses the PROBIT approach to ensure accurate estimation of all indicators with small sample sizes.

The survey was led by UNICEF in collaboration with state and federal Ministry of Health and technical support from Valid International.

### Progress and Results

Results were obtained for the whole state, with point estimates at locality and sub-locality level. Results for all indicators were mapped, showing exactly which part of the state was worse off in relation to different indicators. Maps showing point estimates as well as categories for each indicator were produced (see Figure 1). All analysis was carried out by UNICEF and Valid International. The survey report has been widely disseminated with the result that there is interest in repeating a survey using this methodology at the national level. Working closely with state and federal Ministry of Health helped to enable the survey to be completed smoothly.

Figure 1: Map of prevalence of global acute malnutrition (measured by mid-upper arm circumference) in Gedaref state produced by the pilot S3M, July 2012.

### Next Steps

3 Innovation Lab pilot project in Sudan: real-time monitoring education supplies and vaccinations through rapid SMS

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<td>Ray Virgilio Torres (Deputy Representative and OIC)</td>
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Abstract
The project involves setting up two innovation lab pilots -- one to develop a system to monitor school kit distribution and the second to create a vaccination monitoring system. This project is implemented in partnership with the 2 largest Sudanese universities and is on-going since September 2012. The main objectives are to: (1) prototype software solutions for selected priorities at UNICEF Sudan Country Office; (2) use pilots as capacity-building mechanisms for innovation teams at universities and discussion tools on future innovation possibilities at UNICEF; (3) make recommendations on possibilities of establishing local innovation facilities.

The project is unique in that it pilots the innovation lab inside the university setting, collaborating with university students. It addresses sustainability of flow of innovators, a major advantage when the lab is entwined within a school system. For UNICEF Sudan CO, this approach is also appropriate due to high demand for innovations to reach children in hard to reach areas, given the country’s demographic characteristics, political situation, and humanitarian context.

Innovation or Lesson Learned
Students’ leadership and participation to new technology project gives the opportunity to establish innovative ways for an efficient and effective programme implementation.

It is an unique opportunity to bridge the gap between the academic and practical skills and knowledge. Students are effectively contributing to solve real life problems within the context of their own country.

Although the establishment of the lab within the university addresses the key issues, the main challenge remains the sustainability of the project. To address the challenge the 2 universities are discussing the possibility of establishing technology for development curriculum within the universities.

Potential Application
The original application of the pilot was to create real-time monitoring systems for monitoring and distribution of education kits and for monitoring vaccinations through rapid SMS. The use of these software systems could be easily applied, with minor changes, to other areas of work within other sections in UNICEF. Particularly those related to real time monitoring of UNICEF support in hard to reach areas. Potentially, the application could be extended to other partners, including NGO and government counterparts, and in other country settings both within and outside of the region.

Issue
Achieving the MDGs in Sudan within the context of limited access to the most marginalized population and resources, requires the use of innovative and cost effective approaches and strategies enabling children in all circumstances to access quality basic services. The use of new technology of information demonstrates value and utility for the CO to reach the targeted population and monitor its interventions. This pilot is expected to add to our understanding on using new technologies, innovative partnerships, and increasing appropriate information flow model between the CO and global Innovation Lab networks. If successful, the lab will improve programme delivery in an ever-changing global environment.

Strategy and Implementation
The six-month pilot is divided into the following steps:
Initiation: Establishing university support, recruiting team members, setting work space and identifying technical support possibilities to create the Innovation Structure.
Preparation: Creating team roles and responsibilities, building capacity of members in areas of work, and connecting local teams with other innovation labs to produce the System Requirements and Design documents.
Innovation Development: Development phase of two mobile phone-based prototypes for selected innovations including software development processes.
Validation and Evaluation: Testing and validation of software to meet requirements and stakeholder expectations and a pilot evaluation resulting in the Application Software and Documentation and Recommendations.
The pilot stage of implementation thus far has been characterised by: 1) extensive advocacy and a feeling of project ownership among the student community and level of engagement indicating that T4D/innovations/open source courses can be incorporated into the curriculum, feeding into innovation sustainability within Sudan; 2) wide participation of female students (90 per cent of teams’ memberships); 3) several seminars, meetings, and discussions attended by UNICEF staff, Ministries of Health and Education, and other university staff and students, which facilitated discussion of system requirements for monitoring school supplies and vaccinations; 4) Regular monitoring of team learning and progress through mechanisms such as coaching sessions with UNICEF project officers and regular reporting to UNICEF and stakeholders.

**Progress and Results**

Roles among the two innovation teams have been split into different areas relating to software development, project management, knowledge management and team work. Progress in the pilot project can be categorised primarily into development of innovation systems and partnership creation.

In terms of innovation, students have learned RapidSMS and associated technologies needed for the development of the project and have consulted with stakeholders, including UNICEF CO and global level and government counterparts, to collect and analyse system requirements.

In regards to partnership, the pilot has already set the stage to create links with two top universities in Sudan in addition to improving the current communication channels with the Ministry of Education and the Ministry of Health.

While the project is still under implementation, some results already indicate the possible creation of innovation structures at two top local universities. Students were provided with the opportunity to enhance their skills and knowledge in cutting edge technologies. In addition, the pilot is even now laying the foundation for more use of T4D and real-time monitoring systems to enhance UNICEF and partners’ response through monitoring, reporting, and service delivery to ensure that vulnerable groups are being reached more effectively and efficiently.

**Next Steps**

The innovation pilot stage is currently at month four of a six month phase. The next steps will be to test the sending and receiving of messages through the system, to finish the interfaces, and following the completion of the systems, they will be tested in the field. This process will provide more feedback and input into finalising the product and ensuring its functionality. Once the software systems are complete, training and workshop sessions will be held with UNICEF and ministry staff to ensure they have the proper knowledge on system use.
Footnotes 1 through 17 and Acronyms

[1] Localised Ministry of Health and NGO surveys with results available end Oct 2012
2 Annual inflation rate in October 2012
3 Multiple barriers included social norms (such as preference for open defecation and stopping of breastfeeding during pregnancy), limited programme integration, lack of national legislation (e.g. food fortification laws), limited resources for nutrition services (including lack of multi-year donor funding and lack of government commitment for nutrition), poor programme coverage, and male dominated decision making from household up to national levels.
5 Sudan Household Health Survey, 2010.
7 Darfur IDPs Groundwater Resources, 2009.
8 Sudan Household Health Survey, 2010.
9 2011 Millennium Development Goals, MENA Region.
10 National Health Sector Strategic Plan, 2012-2016.
11 NHSSP 2012-2016, 9.8 per cent of public expenditure in 2011.
12 Sudan Fifth population census, 2008.
15UNAIDS
16 3.57 per cent for males having sex with men (MSM) and 2.2 per cent for females having sex with women (FSW).
17 2011 statistics

ACRONYMS

ART Antiretroviral Therapy
BN Blue Nile
CAP Community Action Plan
CBO Community-Based Organization
CMAM Community Management of Acute Malnutrition
CPA Comprehensive Peace Agreement
DFID Department for International Development
ESR Education Sector Report
FCPU Family and Child Protection Unit
HACT Harmonized Approach to Cash Transfer
iBES interim Basic Education Strategy
IMEP Integrated Management and Evaluation Plan
INGO International Non-Governmental Organization
LPA Local Procurement Authorisation
MOE Ministry of Education
MOH Ministry of Health
MoRES Monitoring of Results for Equity Systems
MOYS Ministry of Youth and Sports
NGO Non-Governmental Organization
ODF Open Defecation Free
PARMO Public-sector Alliances and Resource Mobilization Office
PMTCT Prevention of Mother-to-Child Transmission
RUTF Ready to eat Therapeutic Food
S3M Simple Spatial Sampling Methodology
SAM Severe Acute Malnutrition
SCO Sudan Country Office
SHHS Sudan Household Health Survey
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<tr>
<th>Acronym</th>
<th>Description</th>
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<td>South Kordofan</td>
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<tr>
<td>SPPME</td>
<td>Social Policy, Planning and Monitoring and Evaluation</td>
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<td>UN</td>
<td>United Nations</td>
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