Executive Summary

Sudan Country Programme continues to operate within a protracted and highly complex humanitarian situation. The Country Office - CO supported five emergency response operations during the course of 2013. UNICEF continues to be Cluster Lead agency for WASH, Nutrition, Education and co-cluster lead for Child Protection. This has been critical in ensuring a timely and children focused response which lead to establishing Child Friendly Spaces that reached 73,355 children.

UNICEF ensured provision/sustenance of access to improved drinking water for 420,000 people. Through advocacy, technical and financial assistance, the education programme enabled approximately 336,618 children to access equitable quality education and 17 States have developed draft five-year Education Sector Strategic plans that will be finalized in 2014 and will contribute to the development of consolidated National Education Strategic Plan.

Sudan maintained its polio-free status for the fifth year. More than seven million under- five children were targeted with polio vaccination reaching 95 per cent coverage during Polio NIDS. Despite concerted and high level advocacy led by UNICEF and negotiations between Government and SPLM-N, about 165,000 children in Blue Nile and South Kordofan states have still remained unvaccinated for over two years due to conflict.

In 2013, there was an increase in data availability in Sudan. The two MICS surveys conducted in 2006 and 2010 provided data at the national, urban-rural and State levels. UNICEF supported the S3M multi-indicator survey which collected information at locality levels on nutrition as well as health, WASH and food security.

The number of children treated for severe acute malnutrition this year has increased to 90,000[1], compared to 79,000 in 2012, however this remains below the 40 per cent CPAP target and work to increase coverage needs renewed effort. Six UN agencies signed MOU to improve integration of activities to combat stunting. Collaboration with WFP has been strengthened to improve coordination of treatment programs and a joint program on resilience.

Key challenges remain in the operating environment in Sudan, where displacement and population movements occur continuously, compounded by limited access to conflict areas making it extremely difficult to fully understand the situation of children in those areas and ensure their access to services. Limited presence of partners following the expulsion of key INGOs impacts heavily on service delivery.

Partnership with the European Union was further strengthened with additional investment of approximately Euro seven million for improving access, promoting Child Friendly School, strengthening teacher training, and establishing functional Education Management Information System (EMIS), with focus on the marginalized children in Darfur and Eastern States. Strategic partnership was established with JICA, enabling the in-service training of 1963 village midwifes in 12 States with a potential of supporting nearly 20,000 pregnant women and new born infants every day.

Partnership with the government at national and state levels enabled a shift towards focus on sanitation and accelerating WASH policy approval process. Federal and states MoHs will lead and set up a high level body to coordinate sanitation.

[1] Data to end of Sept 2013, less than 20 per cent of total SAM burden in the country

Country Situation as Affecting Children & Women

The 2013 Human Development Report ranked Sudan 171st out of 187 countries as per Human Development Index (HDI), compared to 147th position out of 177 countries in 2007. This shows a significant backslide in HDI for Sudan in last five years. The general economic and macroeconomic situation deteriorated sharply since the separation of South Sudan in 2011. Inflation rates rose from 20 per cent in 2011 to 47.9 per cent in
April 2013. ([http://www.tradingeconomics.com/sudan/inflation-cpi](http://www.tradingeconomics.com/sudan/inflation-cpi)). The total accumulated loan of the country stands at $43 billion (Ministry of Finance and National Economy). Most of the government spending traditionally goes to the military, police and security and very little to social spending. The 2013 budget allocated SDG 555 million for health and education sectors, while SDG 8.6 billion was allocated for security and SDG 1.5 billion for what is known as "sovereign sectors" which includes presidency, council of ministers, foreign ministry, justice ministry, defense ministry and federal affairs ministry (Finance Minister’s 2013 budget speech). During the last three years, the Government has been implementing austerity measures to keep fiscal gaps as small as possible. Yet, the fiscal deficit in 2013 budget amounts to $2.23 billion (Ministry of Finance and National Economy). The Government has reduced subsidy on fuel in mid-2012 and again in September 2013. The latest reduction of subsidy resulted in doubling of fuel prices causing a series of protests in the capital and several States.

The nutrition situation in Sudan remains critical with an estimated 553,350 children suffering from life-threatening severe acute malnutrition every year[2]. A national survey has been conducted during this year to map where these children are, so that interventions can accurately be targeted to the villages that are most in need. The survey collected information for 64 indicators across the Health, WASH and Nutrition sections. Despite heavy rains and floods in some parts of the country during this year, the 2013/14 harvest is expected to be 30 per cent below average due to poor distribution and late on-set of rains as well as pest outbreaks, especially in the major agricultural areas[3]. Food prices are projected to increase further following lifting of fuel subsidies and this will be compounded by the continually rising inflation mentioned above. The Darfur region and Border States remain high risk for malnutrition due to on-going conflict and displacement. Eastern Sudan is a major area of concern due to the poor social indicators there, including extremely high levels of stunting (up to 82 per cent of children under five years in Senkat locality in Red Sea State) and low levels of exclusive breast feeding (46 per cent in Red Sea). A bottleneck analysis carried out to investigate high levels of anaemia showed that social norms (such as anaemia during pregnancy is considered normal in most communities), limited program integration, lack of national legislation (e.g. food fortification laws) among others. These will form priorities for programming in 2014.

The Federal Ministry of Health developed and launched the Sudan National Acceleration Plan for Maternal and Child Health 2013 –2015 in September 2013. The actions outlined in the "A promise renewed" are incorporated into the plan with clearly defined outcomes for women and children. It has been used as the basis for the FMOH biennium plan and GOS- UNICEF RWP 2014-15. However, owing to restricted access arising from the protracted conflicts in South Kordofan and Blue Nile, the situation of over 650,000 children remains largely unclear. National immunization campaigns in the last two years has not reached over 165,000 children with polio and all nine months to 15 years with measles in these two states.

A bottleneck analysis using UNICEF WASH Bottleneck Analysis Tool and MoRES framework revealed major bottlenecks in the enabling factors (at national, state, locality and community levels) for equitable and sustainable service delivery, the main ones being lack of policy; weak coordination, leadership and management; low level of government funding for WASH exacerbated by declining donor interest; poor service management; and little focus on social norms to change open defecation practices at scale. The population with the greatest water and sanitation needs live in the conflict affected areas of Darfur and Kordofan and in the neglected eastern part of Sudan.

A study on out-of-school children conducted in 2013 estimated that more than 2.8 million school age children in Sudan are out of school. Besides widespread poverty and limited access to school, increased tribal conflict and fighting between armed movements and Government forces in 2013, have worsened the security environment in several States resulting in increased displacement, affecting over 55,000 newly displaced primary school-aged children. In addition, severe flooding across the country affected over 140,000 primary school-aged children, damaged 202 schools resulting in the closure of schools for over three weeks. Furthermore, due to lifting of fuel subsidy by the government, the country witnessed several days of demonstrations and schools were kept closed for three weeks. The implementation of education activities was also affected by increased prices of construction materials which caused delays in implementation.

UNICEF supported a gender analysis of adolescents and young people in two states, Kassala and West Darfur
in 2013. The analysis indicated that the majority of adolescents and young people in the States, education, technology, vocational training, employment opportunities and other services such as health care remain out of reach due to the persistent conflict in Darfur, high poverty levels, and lack of information and knowledge.

UNICEF is undertaking a project to support the improvement of the environment of children with disabilities in Sudan. This includes support to a hippotherapy programme (horse riding therapy) in Khartoum to raise awareness and provide a key service to children with disabilities, as well as undertaking a partnership with OVC/USRATUNA and the National Council for Persons with Disabilities to develop of a Sudan-specific training curriculum for Community Based Rehabilitation (CBR) which will be rolled out in 2014.


**Country Programme Analytical Overview**

2013, marked the first year of the current four-year Country Programme and recognising the difficulties that the Country Office experienced in 2012 with frequent changes in leadership, a period in which the Country Programme Document – CPD was developed, the office has started a process of strategic reflections as a lead up to the MTR planned in the third half of 2014. This is aimed at reviewing key strategies for a more effective and efficient programme delivery and ensuring impact on more children in Sudan. This year, there has been significant effort made to increase programmatic focus in Eastern Sudan, with new initiatives in addressing resilience of the community and increased understanding of the socio-cultural environment.

2013 saw a shift in strategy in some sections: - WASH shifted strategic focus towards “upstream” enabling environments for accelerating delivery of equitable and sustainable WASH services with a national sector bottleneck analysis. A strategic review of the humanitarian component and advocacy with Governors, Federal/State Ministers and locality commissioners are resulting in concrete actions for repositioning the sector, addressing the main bottlenecks, activating strategic plans and establishing leadership, coordination and action plans for accelerated service delivery especially for sanitation.

An Acceleration Plan for Maternal and Child was launched as part of the Country’s commitment to ‘A Promised Renewed’. Interventions with a focus on equity remain relevant and good progress has been made, however, to accelerate efforts to achieve the MDGS, more emphasis on community case management and care of the new-born is necessary. The introduction of the decentralized health system approach in 2013 will assist in undertaking realistic bottleneck analysis and plans to increase access to health services will be based on real time data. An EPI coverage survey will be undertaken in 2014 to identify the children who are being missed.

This year saw a large shift in strategic focus with the reduction of stunting as the main focus for Nutrition. This will be achieved through multi-sectoral integration and high-level policy formulation as well as the continued expansion for services of treatment of severe acute malnutrition (SAM). Work has started on formulation of a National Nutrition Council that will include all relevant Ministries and be chaired by the Vice President of Sudan. A national plan is underway to ensure that Sudan will join the Scale Up Nutrition movement (SUN) early in 2014.

The education programme enabled 316,783 (46 per cent girls) emergency affected pre-school and school aged children resume schooling and 44,821 (48.3 per cent girls) out of school children to enrol in schools and access equitable quality education through Basic and ALPs. With UNICEF support, 17 States have developed draft five-year Education Sector Strategic plans that will contribute to the development of consolidated National Education Strategic Plan. UNICEF supported the strengthening of education sub-sector strategies on children with disabilities, nomadic children, girls, as well as a strategy on school construction to mainstream CFS standards in school construction in Sudan. UNICEF has also supported the review of the National Teacher Education Framework.
Humanitarian Assistance
The protracted humanitarian situation in Sudan remains highly complex. The CO supported 5 emergency response operations during 2013; providing assistance through WASH, Health, Nutrition, Child Protection and Education interventions. UNICEF continues to be Cluster Lead agency for WASH, Nutrition, Education and co-cluster lead for Child Protection. This has been critical in ensuring a timely and children focused response to the immediate psychosocial needs of children by supporting the government and partners in establishing Child Friendly Spaces that reached 73,355 children. UNICEF, in collaboration with the Ministry of Education and partners, has ensured that over 252,000 vulnerable girls and boys had access to lifesaving education in emergency interventions through provision of emergency teaching and learning supplies and the provision of temporary learning spaces. 1.6 million people provided with sustained access to water source supply and sanitary means of excreta disposal where supported throughout the year.

However, the intensity of on-going conflicts poses significant challenges in programme delivery in many places and sometimes makes it difficult to reach the affected communities. Access to affected populations also continues to be a major challenge. Hundreds of children remain unreached in South Kordofan and Blue Niles States.

Effective Advocacy
 Mostly met benchmarks

UNICEF lobbied and provided financial and technical support to the National Centre for Curriculum development and ensured Mine Risk Education is formally integrated in the school curriculum at federal level and is being rolled out in priority States. Whereas mine risk education efforts previously focused on the deployment of emergency teams to address short-term risks, there is increasing recognition that communities in Sudan are living with long-term risk. UNICEF worked with the National Mine Action Centre and other partners to support more sustainable forms of risk education.

After many years of sustained advocacy undertaken jointly with the National Council for Child Welfare, the Ministry of Finance issued a decree confirming free birth registration for all children up to one year of age.

In Education, through effective advocacy by UNICEF and partners, the Federal Ministry of Education (MoE) adopted the National Strategy for the Education of Children with Disabilities; nomadic education, and is updating a National Girls’ Education Strategy. UNICEF also supported the development of the National School Construction Strategy to mainstream CFS standards in school construction which will be finalized in 2014.

In partnership with WHO and UNFPA, UNICEF successfully advocated with the Federal Ministry of Health to develop the MCH Acceleration Plan for Sudan aimed at accelerating efforts towards the achievement of MDGs. UNICEF supported the development of the Maternal and Child Health Policy which is in line with this Plan. Technical assistance was provided to the National AIDS Control programme to develop the National Strategy for the Elimination of Mother to Child Transmission of HIV/AIDS.

In WASH, engagement at federal, state and locality levels enabled an accelerated WASH policy process and the MoH at federal level and in several states has designated the lead institution for sanitation with establishment of a high level coordination body; underway at the federal level and already in place in South and West Darfur states, while the Governor of Blue Nile state also on boarded. The activation of the strategic plan of ten states (the five Darfur states; South and North Kordofan, Blue Nile, Gezira and Kassala) represents a clear policy step towards nation-wide and state-wide WASH programmes.

In Nutrition, a major achievement during 2013 was the publication and endorsement of the Nutrition Policy Brief which will pave the way for re-orientating the Government and UN towards the goal of reduction of stunting, highlighting the importance of multi-sectoral action for prevention of malnutrition. The brief led to
an early agreement that stunting will be considered as a criterion for eligibility of social safety net services and an expanded maternal and child health (MCH) package to include food supplementation for pregnant and lactating women and children under five. UNICEF continued to advocate for the access of populations affected by conflict and not within government control. UNICEF was able to support state Ministries of Health in implementing nutrition activities in these areas such as mobile clinics in Blue Nile and the Jebel Mara area of Darfur.

### Capacity Development

**Mostly met benchmarks**

Training on S3M (simple spatial sampling methodology) survey for 615 Ministry of Health staff on data collection and survey implementation and 15 other staff on S3M planning, sampling, implementation, and data analysis was instituted for a successful implementation of the survey – preliminary results are available. The scale up of CMAM implementation was strengthened through the conduct of training at state and national levels to enhancing skills in conducting coverage assessments to determine bottlenecks to malnutrition treatment.

Capacity building of 50 senior officials from the Federal Ministry of Health and from two states on the decentralized Health Systems strengthening approach (MORES/DIVA) resulted in a LQAS survey plan and selection of 11 interventions for further bottleneck analysis in four states. In-service training was supported for 963 village midwives and 2,000 Reproductive Health on newborn lifesaving, 749 health care providers in PMTCT, 102 health workers received refresher training in emergency preparedness and response.

Technical and managerial capacity of 360 governmental agencies and NGO personnel were strengthened in the areas of Community Approaches to Total Sanitation, database management, WASH emergencies, and Cluster Coordination, Hygiene Promotion, and Groundwater Monitoring. In IDP Camps in Darfur, 11 water schemes were handed over to the communities under the community-based management of WASH services.

Training of 120 school inspectors and managers, 320 headmasters, 768 teachers, and 800 PTAs on application of CFS standards at school level was instrumental in improving the quality of CFS’s standards. A total of 2,650 school children in 53 Child Clubs gained knowledge and skills on promotion of girls’ participation, schools health, hygiene, peaceful co-existence, life-skills, and environmental stewardship in schools. 78 Federal Ministry of Education officials and 132 school headmasters received training on management of EMIS in schools including those in IDP camps.

The Child Protection programme developed a six-point plan with the National Mechanism to build capacity of the Family and Child Protection Units (FCPU) in all states. It is currently establishing a “standard model” of FCPU service delivery. UNICEF also supported the launch of the Minimum Standards for Child Protection in Humanitarian Action in a participatory manner and Sudan is the first country globally to adopt the standards. Capacity building is ongoing to integrate these Standards into humanitarian programmes. With UNICEF support, the Arabic version of the Facilitators’ Handbook on Working with Community-Based Child Protection Committees and Networks was rolled out filling a critical gap.

Capacity building of the government ministries on results based management was initiated with one state-level and one federal level training on M&E for child-related programmes attended by 70 persons. Training conducted for 70 persons drawn from federal level Sectoral Ministries and UN agencies on DevInfo 7 and UNDAFInfo.

Ministry of Youth and Sports was supported to train 125 service providers and adolescent and youth groups/organizations on principles of adolescent and youth programing and gender mainstreaming resulting in grassroots plans for integrated programing and gender equity.
Communication for Development

Mostly met benchmarks

The strategy for the Alshuffa’a Alsoghar Communication Initiative which seeks to promote positive child care and nurturing practices especially from the first 1000 days of life to age five years was developed and endorsed by key partners. This included a strategy for the participatory engagement of Grandmothers as agents of change at the household and community levels. A national Steering Committee to guide implementation of the Initiative was established under the management of the Health Promotion Division of the Federal Ministry of Health (FMoH) and technical leadership of UNICEF. An illustrated Sudan Arabic version of Facts for Life 4th Edition has been developed and validated to guide participatory community engagement and provide frontline community health promoters with accurate information on the key family practices.

35 primary health staff of the FMoH enhanced capacity to develop quality communication materials and messages through a three-day Messages and Materials Development Workshop facilitated by UNICEF. A Needs Assessment Study to assess the capacity of EPI Social Mobilization Officers has also been designed to guide development of a capacity development programme.

Communication and Social Mobilisation efforts for programme section priorities including campaigns such as the Back to School Enrolment Campaign, Global Hand washing Day, Supplementary Immunization Activities and Introduction of PCV were enhanced through the development and implementation of strategic communication plans, messages and materials. To ensure effectiveness of these campaigns media orientation workshops were organized with C4D Section guidance, including an orientation workshop for about 30 media practitioners on the introduction of the Pneumococcal Vaccine (PCV) and how to prevent rumours through reporting and coverage of immunization as well as development of a Crisis Communication Plan for Measles.

A state by state mapping survey of all CSOs working in behaviour and social change communication especially in promoting household and community practices that impact child survival, development and protection is underway. Mechanisms for coordination of behaviour and social change interventions were strengthened through establishment of a National BSCC Technical Working Group in collaboration with the EPI Division of the Federal MoH and a UNCT HIV Communication Task force co-chaired by C4D. The C4D team was strengthened with the engagement of national UNVs as C4D officers in all six UNICEF zonal offices and Khartoum.

A major challenge for C4D during the reporting period was building a strong team from a totally new crop of staff with no institutional memory of the Country Programme. Engagement with Community Radios needs to be reactivated.

The ongoing mass-media campaign “Sufara Saleema” has reached potentially 80 per cent of the intended audiences. Community dialogue programme reached at least 550 new communities generating over 140 public declaration of FGM abandonment. Academic study on behavioural attitudes on FGM/C has been completed and a base line survey in Gazera state is underway. A rapid assessment on the use of Saleema word, knowledge of Saleema colours and ground messages in 6 new states has been finalized and measures on the use of word Saleema have been included among the indicators of MICS planned for 2014.

Service Delivery

Mostly met benchmarks

UNICEF’s direct support to child protection in humanitarian situations resulted in 43,684 children accessing psychosocial support (23,180 boys, 20,504 girls); 1,112 separated children (683 boys, 429 girls) reunified; 450 children from fighting forces (389 boys, 61 girls) and 11,398 other vulnerable children being reintegrated. Fifteen Family and Child Protection Units initiated and supported by UNICEF provided services to 7,180 children in contact with law (5,217 boys, 1,963 girls) in 2013, including 4,043 victims of violence,
2,754 children offenders and 392 witnesses.

UNICEF provided supplies, training, technical support and monitoring to Ministry of Health and NGO partners resulting in; expansion of CMAM services to 600 centres (100 new ), 90,000 children with SAM treated; increase of 10,000; vitamin A supplementation coverage of over 95 per cent for under-five children. UNICEF facilitated on-site joint monitoring visits, monthly statistics reports and reactivated the routine system for micro-nutrient supplementation for pregnant and lactating women. UNICEF procured vaccines and supported social mobilization for routine and supplementary immunization targeting 1,327,317 infants and 7,082,782 under- five children. Over 80 per cent coverage achieved for Pentavalent and measles; Rotavirus (75 per cent), PCV (75per cent) measles 2 (55 per cent). No polio cases reported. Supplementary measles and Meningitis A vaccine immunization reached 15 million children (9 months -15 years) and 23.3 million people (1-29 years) respectively. Capacity building support resulted in; increased health facilities providing IMCI services (2198 to 2556,) - 1,963 VMWs providing improved care for 3000 pregnant women and 47,000 neonates; increased HIV testing for pregnant women (37,000 to 64,000). Essential drugs and supplies were provided reaching over 2 million IDPs and contained Yellow fever outbreak in south and west Kordofan by vaccinating 100,000 people.

UNICEF’s technical and financial support to door to door mobilization, construction/ rehabilitation of classrooms, gender-sensitive WASH facilities and distribution of school supplies which resulted in enrolment of 44,821 previously out of school nomadic and rural children in basic schools and Alternative Learning Programs (ALP). 254,793 emergency-affected school-aged children received adequate teaching and learning materials. 36,600 children are learning in improved school environments due to construction of 64 classrooms and 32 offices based on CFS construction standards and rehabilitation of 22 schools and temporary learning spaces.

UNICEF supported the development of mechanisms for community-based management and established systems for sustainable delivery of services to hubs of urban/IDP camps resulting in an additional 420,000 people (Target = 350,000) in 319 rural communities gaining access to improved drinking water sources and 200,000 people (target: 350,000) to improved sanitation facilities with 64 communities (target: 100) becoming open defecation free. 62,400 school children and staff from 156 schools (target: 150) gained access to improved drinking water sources and latrines. Critical life-saving WASH services provided to 2,010,000 people in conflict and flood affected areas.

Youth friendly services in adolescent and youth centres including in-door and out-doors sports and cultural drama UNICEF supported. These are centres s for life skills development and community awareness points on various social issues managed by Youth and Adolescent.

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### Strategic Partnerships

**Fully met benchmarks**

UNICEF is a lead Agency in a new collaborative partnership with WHO, UNFPA and DFID to support abandonment of Female Genital Mutilation/Cutting. DFID has contributed close to US$ 19 million over a five year partnership to support this work. Agencies will coordinate and collaborate on a technical level to promote legislative action; collect data and evidence on the social norms that sustain the practice; strengthen policies and coordination mechanisms amongst a variety of role players; strengthen community initiatives for collective abandonment; and to achieve a shift in social norms through the use of evidence-based behavioural change communications.

Partnerships were established with War Child Holland, Ahfad University for Women, and the Ministry of Education National Council for Adult Literacy to undertake an e-learning project reaching out-of-school children with ALP math curriculum. The project is at the software development stage and will be rolled out in 2014. Collaboration with Global Partnership for Education (GPE) was further strengthened. UNICEF has played a role of Coordination Agency and acted as a communication link between the government, the World Bank Mission, GPE Secretariat, GPE Project Implementation Unit. UNICEF also continued to lead the Education
Sector Group and coordinated humanitarian sector response among over 35 education partners. Strategic partnership with UNESCO International Institute of Education Planning has also been strengthened through the collaboration to support the federal and state governments to develop sector strategic plans.

First steps were taken towards formalizing relationships with University of Khartoum and Sudan University of Science and Technology in relation to running innovation labs focused on relevant, fit-for-purpose innovations for children. UNICEF jointly with the Ministry of Youth and Child Development Foundation (LNGO) is supporting about 14,000 adolescent and youth life skills development in centres and in out-reaches. Likewise, UNICEF in partnership with Plan International is supporting vocational training and entrepreneurship development for 600 vulnerable young men and women.

Two important nutrition MOUs have been signed during this year, firstly a 6 UN agencies agreement designed to streamline the UN’s interventions with regard to the treatment and prevention of malnutrition and as a result of this agreement, UNICEF is working closely with WFP and FAO to develop a resilience program in the East of Sudan. UNICEF also forged a strong partnership with the Japan International Cooperation Agency (JICA) for the implementation of the Village Midwives In-Service Training in Sudan leading to 1,963 village midwives being trained in the 12 States for improved maternal and newborn care. The training and monitoring was jointly conducted by GOS with UNICEF Sudan as a partner of JICA.

Partnership and coordination with Drinking Water and Sanitation Unit (of Ministry of Water Resources and Electricity), Federal Ministry of Health, State Ministries of Urban/Physical Planning and of Health, State Water Corporations and Localities continued to be strengthened, providing the main stay for the WASH programme. UNICEF provided leadership in strategic review of humanitarian component of coordination and in resuscitating overall sector coordination at national and state levels.

**Knowledge Management**

*Mostly met benchmarks*

At the beginning of 2013, a new Knowledge Management (KM) function was established within UNICEF with a dedicated staff to systematically establish a “one stop centre for knowledge on children” in UNICEF Sudan. Progress has been made beginning with a needs assessment, establishing a knowledge baseline, and identifying gaps for setting the priorities and ensuring demand-driven and needs-based approach to KM. A Knowledge Management Bank has been established to improve the process of storing, organizing and accessing existing knowledge and serves as an institutional memory to enhance organizational knowledge sharing.

The “Sudan Team Site” is a new and innovative share point platform developed by UNICEF NY and was adopted by the CO to improve knowledge sharing, management, collaboration and easy access among all staff across Sudan Country Office and Zonal Offices. Several concrete products from the KM bank include: National Fact sheet, Basic key indicators developed, updated and shared on a regular basis serving as a tool for programme planning and monitoring, and a field visit monitoring and tracking tool to improve monitoring mechanism and to ensure field trip recommendations are implemented. Also, an IMEP tracking sheet was developed to track and monitor IMEP implementation status and the office response to recommendations emerging from studies, surveys and evaluations conducted.

During 2013 a national S3M survey has been conducted using spatial sampling and a sample size designed to give indicator estimates for small areas (areas of approximately 180km²). Results will be mapped for every state and will clearly show the areas of highest need within states and within localities, showing where the most disadvantaged women and children are located in order to target services to them. In-country capacity within the Ministry of Health has been developed to conduct and analyse these surveys and work is now underway to write and publish reports for every state that will inform detailed situation analysis. A national CMAM evaluation has also been conducted this year and results will link existing National guidelines to global recommendations and policy.
The huge gap between bed net distribution and coverage - (69 per cent ) bed net distribution and 15 per cent of children under five and 16 per cent of pregnant women sleep under bed nets) necessitates a planned KAP survey in 6 states to generate evidence on the barriers to use of bed nets to inform programming. the survey will be finalised in 2014.

Support to EMIS annual school based census was a major knowledge management initiative UNICEF supported in 2013. School census questionnaires were administered by State ministries and data entry has started in 15 of 17 States. Data entry remains a challenge for most of the states and the Federal MoE personnel have been visiting the states to assess the situation and provide technical support.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

Despite the enactment of the 2010 Child Act aligning Sudanese legislation with the Convention on the Rights of the Child, the Committee for the Rights of the Child had expressed concerned at the lack of consistency in Sudanese legislation and practice with regard to the definition of the child. Under the lead of Judiciary, UNICEF supported the organisation of four High Court Discussion Forums in different Supreme Court jurisdictions to resolve this and other controversial issues related to the implementation of the Child Act. The forum resulted in a new consensus of the Sudan Judiciary on (i) promotion of children rights as per the Child Act and the Convention on the Rights of the Child; (ii) precedence of the definition of the Child as any person under the age of 18 as stated by the Child Act 2010 by reference to the attainment of puberty in line with existing Criminal law based upon conceptions of *sharia*.

Through advocacy, sector leadership, financial, and technical support, the education programme promoted children’s rights to equitable access to basic education services with particular focus on improving access for the out of school, Internally Displaced Persons (IDPs), Refugees, nomadic children, rural girls, and children with disabilities. The Federal Ministry of Education has adopted a number of key policies and strategies that include inclusive education strategy with particular emphasis on children with disabilities; girls’ education strategy; and nomadic education.

As a result of increased lobbying and the development of the Nutrition Policy Brief, the Government of Sudan is increasing their commitment to tackle under-nutrition in all its forms. There is the Breast Milk Substitute Code that will be included as an article inside the Child Act currently under discussion; there is also a draft law for increased maternity leave to protect exclusive breast feeding under discussion. There is no national law for Salt Iodisation yet although this has already been in draft for some years.

Collaboration and strategic partnerships facilitated access to high impact child survival interventions for all children. Immunization services reached over 7 million children under the age of five years except for 165,000 children living in conflict areas of South Kordofan and Blue Nile states. Mobile Health clinics were employed to reach out to children in IDP camps and hard to reach areas. Community health promoters and village midwives were engaged to provide services to hard to reach communities.

Critical analysis of WASH sector data revealed wide disparities in access to services between states, settlement types and wealth quintiles and enabled effective advocacy with duty bearers resulting in several states and localities establishing mechanisms for scaling up sanitation. Actions to remove bottlenecks constraining the realisation of the rights of children to water and sanitation were identified. More communities were empowered to develop action plans which enabled them eliminate open defecation practice through the Community Approaches to Total Sanitation.

Despite the noted achievements in this area, institutionalising the principles and standards of human rights will generally remain work in progress in Sudan.
Gender Equality

Mostly met benchmarks

The Sudan Country Office (SCO) was part of the global UNICEF Gender Review which was designed to carry out bottlenecks analysis in gender mainstreaming. The key outputs of the review for Sudan were: to integrate gender specific indicators to all programs with partners; ensure all proposals, donor reports are gender sensitive and addressing gender equality in Sudan.

UNICEF Sudan also supported gender analysis for adolescent and youth programming in two states. The study identified that women are particularly disadvantaged in regards to access to technology, vocational training, employment opportunities and other services such as health care. As result of the study, 300 (40 per cent women) government officials, religious leaders, social workers and youth organizations participated in capacity building workshops that discussed these findings.

316,783 (46 per cent girls) in emergency affected areas resumed schooling and 44,821 (48.3 per cent girls) OoSC gained access to education. With UNICEF support, the FMoE adopted a national girls’ education strategy designed to address gender-based disparities and inequities. UNICEF supported the construction of 23 gender-sensitive water and sanitation facilities to help 1352 (48 per cent girls) children in basic education and ALP.

As part of the Reproductive Health activities, 2,288 Midwives and Health Visitors were trained on maternal and newborn life-saving skills in 12 States. UNICEF also supported provision of Reproductive Health essential supplies and community social mobilization which contributed to the expansion of the Antenatal Care services to 45 per cent of pregnant women and the attendance of more than 85 per cent of births by skilled (trained) personnel. This is expected to avert the deaths of approximately 3000 pregnant women during pregnancy and child birth, and 47,000 children in the first 28 days of life.

In 2013, School girls’ enrolment was effectively promoted by providing 62,400 boys and girls in 156 schools with separate WASH facilities. Around 1,500 community women and girls were empowered to take lead role in managing WASH facilities and hygiene promotion.

UNICEF supported the Born Saleema initiative which was successfully scaled up to nine new health facilities in six States with over 400 health care providers trained on FGM/C counselling using the Saleema Initiative approach. 200,000 girls are potentially uncut thanks to the 140 public declaration using Saleema Initiative approach registered. The Director General of Police issued a decree to establish Gender Desk within FCPU, which will be piloted in Khartoum in 2014.

Environmental Sustainability

Mostly met benchmarks

The main climatic and environmental issues related to WASH causing risks and vulnerability to children include depletion of ground water levels due to over pumping to meet the water needs of IDPs; water contamination caused by open defecation, improper solid waste disposal, poor hygiene practices and flooding; use of local materials to construct latrines. In cooperation with UNEP and WASH Sector partners UNICEF is monitoring ground water levels in vulnerable locations in Darfur. UNICEF is promoting CATS to scale up sanitation, woodless technology for latrine construction and environmental marker for HWP. Sudan is part of the Sahel belt and prone to the recurrent droughts that affect the region. In addition many communities are at risk of annual flooding, especially those living close to the Nile and seasonal rives and wadis. To respond to these environmental issues, UNICEF in partnership with WFP and FAO, has developed a proposal for a resilience program in the East of Sudan which is particularly badly affected by the changing climatic conditions. The program will focus on activities that increase community resilience.
Environmental sustainability is also addressed through the collaborations with the MOH to ensure that environmental friendly procedures are followed in disposing of medical waste and expired medical products. UNICEF also promoted the use of environmentally-friendlier materials such as soil stabilized/concrete stabilized blocks in construction and rehabilitation of 19 schools and 5 youth centres. UNICEF supported the conduct of a thorough environmental impact assessment prior to commencing the constructions of the youth centres. Through the adolescent and youth program, UNICEF is also promoting the initiative of one-tree-one-youth.

South-South and Triangular Cooperation

The Child Protection Section facilitated cross-country visit of Puntland (Somalia) National Religious Leaders forum delegation of senior members of the government and religious scholars to Sudan in September 2013. The purpose was to study the Sudan experience in tackling FGM/C practices. The institutionalisation of FGM’s campaign in Sudan, the unique approach developed by the Saleema Initiative and the commitment expresses by prominent religious leaders such as the Sudanese Sheikh al Karrori inspired the delegation to issue an official religious fatwa for banning all forms of FGM/C in Puntland.

With UNICEF support, the Police Training Department joined a regional network related to the Integration of the Core Competencies on Children’s Rights in the Training of Police and Gendarmerie. The network is composed of 15 countries from the Middle East. A National Action Plan had been developed and currently under approval.

In Education, UNICEF supported the FMoE officials to exchange experiences and share knowledge with other countries in MENA and Africa during two international conferences in 2013. The Federal Minister attended a conference in Ethiopia where she met and exchanged experience with the ministers of African countries participating in the Global Partnerships for Education fund on policies and strategies for evidence-based monitoring and tracking of results. As member of MENA countries, a team of Ministry of Education officials participated in a conference on learning assessment to exchanges experiences and learn from other MENA countries what challenges and opportunities can be gained as it is preparing its own national learning assessment. In 2014 the Ministry plans to invite partners from Yemen and Mauritania to Sudan for South to South collaboration and exchange of knowledge.

The Media and External Relations (MER) section, through the RCO, commented on a paper issued by UNDP Regional Bureau for Arab States/Regional Center in Cairo and the UN Office for South-South Cooperation on a new initiative on South-South and Triangular Cooperation for Development in the Arab States Region. It is not clear where this may be going. In any case, UNICEF noted the following positives; Ministry of Finance is in the lead; BRICs are billed as key countries of SS cooperation, based on good past experience; and there is an insistence on FDI with impact on communities. So far, collaboration seems to have focused more on gap-filling and less on building up systems and sectors, but there is an appetite for the latter - e.g. with India for policy work. It is unclear how coordination would eventually work. Certain key sectors were mentioned only in passing: energy sector and renewable energy, mining sector, environment, and economic empowerment of youth.

The WASH section adapted a number of good practices with promising results from Rwanda, Ethiopia, Zambia and Ghana for scaling up elimination of open defecation and facilitated Government partners from Somalia to join their counterparts in Sudan in a 5-day workshop on sector analysis using the UNICEF WASH Bottleneck Analysis Tool.
Narrative Analysis by Programme Component Results and Intermediate Results

Sudan - 4020

PC 1 - Child rights and disparity reduction

**On-track**

**PCR 4020/A0/06/002 1.2:** Access to WASH services will be expanded to reach an additional 1.4 million people

**Progress:** The achievement on population with access to improved water facilities is 120 per cent while that for sanitation is 57 per cent of the respective targets. The success in water supply has been essentially due to introduction of solar pumps in Blue Nile and South Kordofan with funding from the Netherlands government. The shortfall in sanitation target is mainly due to scaled up implementation of CATs has yet to take root in many states.

This PCR focuses on two components namely, WASH Sector Strategic Support (SSS), which prioritises creating enabling environments especially strategic/absorbive capacity to attract investments and catalyse and leverage WASH programmes at scale; and WASH Services Scaling Up (WSU), which supports establishing systems resulting in sustainable WASH service delivery and WASH related behaviour change. Main aim of these two components over the next four years is to put Sudan back on the track towards the achieving the national and international targets. Key achievements made during the Year are: accelerating approval of sector policy, development of coordination mechanisms, establishing clear institutional leadership for sanitation and activating the national and state level strategic plans. Besides detailed bottleneck analysis of the sector was carried out and gender review of the sector to define clearer framework for equitable and sustainable delivery of services has been initiated.

At national level, the Ministry of Health is now recognised as the lead institution for sanitation within the WASH sector. The MoH is now leading a process for establishing a high level body to coordinate sanitation and to define the framework for the implementation of sanitation at scale. At state level, several states have taken steps to establish high level bodies to coordinate sanitation under the leadership of the state ministry of health in cooperation with Urban/Physical Planning Ministry. In South Darfur state the establishment of the high council on sanitation under the governor's office, the declaration of 2014 as the state’s year of sanitation and the launching of an action plan by 6 out of 21 localities for the elimination of open defecation are clear examples to other states. The main constraints to the programme continue to be low government funding, donors’ lack of interest in funding development work in Sudan, continued limitations on access to communities by the authorities, the weak sector leadership especially at national level and in several states and the continued challenge on emergencies (conflict and flooding) which draw much attention away from development programmes.

**On-track**

**IR 4020/A0/06/002/001** By 2016, the WASH sector capacity is enhanced and appropriate technological options are available to support a substantial increasing WASH public investment and scaling up WASH coverage for the poorest and underserved populations in Sudan.

**Progress:** WASH Sector Strategic Support IR has supported the enhancement of WASH sector enabling environments especially strategic and absorbive capacity to attract increased investments in the delivery of WASH services.

- Rural WASH subsector main enabling environment factors and bottlenecks at national, state, Mahalia (Locality) and community levels were analysed, identified and activities for their removal defined. The analysis was conducted by international, national and state WASH experts representing federal and state government, UNICEF, NGOs and UNEP using the WASH Bottlenecks Analysis Tool. The outcome of the analysis is currently being utilized to advocate with the senior government and donors at all levels for systemic sector performance improvement.

- UNICEF has supported a large capacity building programme to bridge the sector capacity gaps. 701 (427 males, 274 females) governmental, NGOs and UN and sector partners (target: 150) capacity was strengthened in monitoring and evaluation, CATS, Information Management and other technical and managerial aspects of WASH. The achievements have exceeded 2013 target because of the good programme funding.

- Despite the programme advocacy and follow-up efforts, government funding for the joint Government of Sudan/UNICEF WASH programme was not up to the expectations. Only USD 2.7 million was disbursed by the government to the programme which is 13 per cent (target: 38 per cent) of UNICEF contribution of USD 20.5 million. An excellent government contribution was made by Red Sea, Kassala and Gedaref States governments (USD 837,000) that exceeded UNICEF dispersed fund (USD 755,000) for the same states. More advocacy and follow-up is required with the senior government officials for more effective financial contribution to the programme and the sector.

- National WASH Policy was reviewed and finalized at sectoral level in coordination between Ministry of Water resources and Electricity and Ministry of Health. It will go for final revision by the legal ministerial experts prior to its submission to the cabinet for approval. This will provide a clear vision and guidance for taking forward sector wide processes.

**On-track**

**IR 4020/A0/06/002/002** By 2016, families living in rural and peri-urban communities with high rates of malnutrition, AWD/cholera and other water-related diseases have improved and sustained access to cost effective, gender sensitive and environment friendly WASH services and practice proper hygiene behaviour

**Progress:** A significant progress was made in the achievement of targets for this IR. Through implementation by national, state and locality level government agencies and NGOs, the delivery of water and sanitation services and raising awareness on improved hygiene practices was greatly enhanced in beneficiary communities. In terms of water supply, about 420,000 people (around 82,000 men, 86,000 women, 123,000 boys and 129,000 girls) have gained access to improved drinking water from new and rehabilitated water sources. Among the notable achievements, in Blue Nile and South Kordofan States, implementation of WASH package with solar powered water pumps were introduced. It is anticipated that this will help increase per capita consumption of improved drinking water and reduce the cost and burden of community-based management of operation and maintenance of water supplies.
Good progress has been made in the application of the CATS. 140 communities were triggered and detailed Community Action Plans (CAP) for eradicating open defecation prepared out of which 64 communities have achieved sanitation coverage of above 90 per cent and been declared ODF with approximately 200,000 people having access to improved sanitation facilities. 62,400 school children and staff from 156 schools have gained access to improved WASH facilities provided separately for boys and girls and 61 school clubs were established for WASH promotion. Gender-segregated WASH facilities have been built and utilized in 32 health-facilities. The collaborative, intersectoral work between the WASH/education/health sectors was emphasised. Agreement has been reached that FMoH shall be the lead-institution for sanitation. Sanitation Task force is currently working on establishing National Sanitation Council. Second Darfur state has taken a step further in establishing State level Sanitation-council with Governor’s decree. Preparation to carry out nationwide KAP survey and development of a joint framework for HHWS & HHWTS is in the final stage. World Water Day (WWD) and Global Hand washing Day (GHD) were celebrated with high level participation.

IR 4020/A0/06/002/003 Staff Costs and entitlements for PCR 1.2: Access to WASH services will be expanded to reach an additional 1.4 million people ,

**On-track**

**PCR 4020/A0/06/003 1.3: Disadvantaged children benefit from interventions to reduce stunting**

**Progress:** This year there has been a large shift in strategic focus with the reduction of stunting as the main goal of UNICEF. This will be achieved through multi-sectoral integration and high-level policy formulation as well as the continued expansion for services of treatment of severe acute malnutrition (SAM). Progress towards this over the year has included the signing of a multi-agency MOU designed to streamline the UN’s interventions with regard to the treatment and prevention of malnutrition and the endorsement of the Nutrition Policy Brief that will inform National multi-sectoral nutrition strategy. Work has started to formulate a National Nutrition Council that will include all relevant Ministries, civil society, UN and donor agencies, the technical research group and the private sector and be chaired by the Vice President of Sudan. A national plan is underway to ensure that Sudan will join the Scale Up Nutrition movement (SUN) early in 2014. In addition a simple spatial sample (S3M) survey has been carried out in all states in Sudan that will be able to map prevalence of malnutrition and other indicators at sub-locality level. This will ensure that children most in need are targeted with interventions.

[1] Any anticipated challenges ?

**On-track**

**IR 4020/A0/06/003/001 By 2014, government systems have the capacity to design multi-sectoral strategies that address and monitor under nutrition, and then plan nutrition interventions that identify and reach the most disadvantaged girls and boys**

**Progress:** During 2013 a Nutrition Policy Brief has been published which will pave the way for re-orientating the government and the UN towards the goal of reduction of stunting, highlighting the importance of multi-sectoral action for prevention of malnutrition. The Policy Brief has succeeded in raising the profile of malnutrition high up in the Government agenda and priorities. This has led to early agreement that stunting will be considered as a criteria for eligibility of social safety net services and an expanded maternal and child health (MCH) package to include food supplementation for pregnant and lactating women and children under 5. The Policy Brief is the foundation for the National Nutrition Strategy that is now being drawn up. A National Nutrition Council, made up of Government, civil society, UN and donor agencies, Technical Research Group and the private sector is under the process of endorsement and is expected to start functioning in early 2014. A 6-UN agency MOU designed to streamline the UN’s interventions with regard to the treatment and prevention of malnutrition has been signed. As a result of this agreement, UNICEF is working closely with WFP and FAO to develop a resilience program in the East of Sudan. The National S3M (simple spatial sampling) survey was completed and data collected in all 18 states, results are due to be endorsed on 5 January 2014. Results for every indicator are available at locality and sub-locality level, identifying the most disadvantaged areas. The CMAM database has continued to function for 13 states and will be disaggregated to the new West Kordofan state in 2014. In total more than 100,000 children (approximately 50 per cent girls and 50 per cent boys) with severe acute malnutrition have been treated to end October 2013, an increase of 13,000 children over the same time period in 2012.

**On-track**

**IR 4020/A0/06/003/002 By 2015, the most disadvantaged children, especially boys and girls living in poverty, benefit from improved coverage of preventative nutrition services**

**Progress:** A multi-party (UN and Government) MOU has been signed for salt iodisation and a plan of action for operationalizing the MOU is now under development. The National Food Fortification law has been approved by the Ministry of Justice and will be approved by the Ministers Cabinet as part of the Child Health Act in early 2014, together with the breast milk substitute Code and maternity protection.

Routine supplementation of Fefol and Vitamin A for pregnant and post-partum women has been more systematic in the second half of the year and an increased coverage is expected when data is available from Ministry of Health. Vitamin A supplementation was carried out once this year due to logistical constraints and timing of child health days. Vitamin A supplies for the second round campaign were damaged in a fire at UNICEF warehouse and tested as unstable and therefore not fit for use. The second round NIDS (national immunisation days) campaign was delayed and the Federal Ministry of Health dis-allowed Vitamin A to be included due to the risk of Vitamin A toxicity as the 1st round 2014 is due to be carried out in less than 6 months’ time. Another round of supplementation is due in the first quarter 2014 together with the NIDS.

**IR 4020/A0/06/003/003 Staff costs and entitlements for PCR 1.3: Disadvantaged children benefit from interventions to reduce stunting**
Two intermediate results contribute to this Programme Component:

1. Building national capacity to implement child protection systems;
2. Addressing social norms harmful to children – and especially girls.

2010 Sudan Household Survey established baselines for key indicators; measurement of progress towards outcomes will take place when results from the next Survey are available.

Important progress was made in 2013 towards establishing baselines in four key areas:

(i) **Mapping and assessment of child protection system.** This assessment is now underway to identify services, service providers and legal/regulatory frameworks that are or need to be in place to prevent and respond to violence and unnecessary separation from family, providing the Federal and State Ministries of Social Welfare with an understanding of what critical components of a child protection system need to be in place at State level, and what are the existing gaps; how child protection services are actually implemented, and how they may be strengthened, and what the key bottlenecks are in the system.

(ii) **Developing standard model of Family and Child Protection Units.** Through the National Mechanism, UNICEF is currently supporting the implementation of these specialised Police Units throughout the country. In order to do so, there must be agreement on what constitutes a “standard model”; and how much such a model would cost to establish and operate. It will serve as a reference point for their establishment, and will be used to assess gaps that can be addressed through the National Mechanism.

(iii) **Assessment of birth registration as part of civil registration system** (as part of an interagency effort with important contributions of the World Health Organisation). UNICEF’s strategic intervention into strengthening this system is still under discussion.

(iv) **Developing M&E framework for Saleema campaign.** The objective is to measure impact in re-shaping the popular discourse on FGM/C. Identification of international expertise is underway to research changes at two levels: (a) National-level changes in popular discourse that can be attributed to the Saleema initiative; (b) Effectiveness of Saleema approaches in supporting face-to-face communication around FGM/C. Already, after one year of implementation of Saleema social marketing, a rapid assessment undertaken by the Khartoum State Council for Child Welfare demonstrated an increase from 4 per cent to 19 per cent in the use of the word Saleema to describe an uncut girl, from 1 per cent to 22 per cent in the knowledge of Saleema colours and from 9 per cent to 37 per cent of knowledge of the Saleema ground message.

By 2015, national capacity is strengthened to roll out the basic components of a child protection system in all states is strengthened

**Legal reform and enforcement of the Child Act:** 778 justice for children professionals and 3,000 civil society leaders were oriented on the Child Act 2010. High Court discussions were organised in 3 Jurisdictions with more than 100 judges from High and Appeal Courts and resulted in a consensus of the Judiciary on the primacy of the Child Act. Probation regulations were launched in 3 Child Courts and 24 Social workers were appointed as Probation officers.

**Uniform implementation of justice for children services:** Through Family and Child Protection Units (FCPU), a total of 11,970 legal, psychosocial and medical services were provided to 11,548 (M: 8,096; F: 3,498) children in contact with law in the first ten months of 2013, including 5,612 victims, 565 witnesses and 5,371 offenders. FCPU referred 890 children to social welfare services. Public awareness broadcasts on different justice for children topics reached an estimated of 1,700,000 persons.

**Children in need of care and protection:** (i) a national steering committee had been establishment to support mapping of social welfare system (ii) 150 professionals were trained to better address children living and working in the street (CLWIS). An assessment of CLWIS had been completed in North Darfur State and (iii) 25 orientation sessions were conducted the protection of abandoned babies, reaching 1,040 persons; 25 single mothers were supported and reunified with their families; a Civil Registry office was established in Maygoma Orphanage (iv) 150 headmasters, teachers, and parents were trained in preventing violence against children in schools.

**Birth registration:** Direct support were provided to Civil registry offices Eastern States and in South Darfur that resulted in registration of 201,208 births. In Kassala, Ministry of Health-Statistics office trained 48 health cadres, resulting in a completion of 3,000 court declarations. In South Darfur, 184 vaccinators and 44 vaccination officers were trained.
Progress:

**Scale up of Saleema:** The programme was scaled up in six new states in 2013 (Kassala, Gedaref, Northern, South Darfur, North Darfur and West Darfur) including the training of over 450 health care providers in FGM/C counselling skills to assist parents visiting the nine new Born Saleema health care facilities.

**Collective action:** The community dialogue programme reached at least 550 new communities generating over 140 public declaration of FGM abandonment.

**Evidence Generation:** To improve knowledge on the social dynamics of FGM/C, an academic study in five villages on behavioural attitude on FGM/C has been completed and a baseline survey in 140 villages in Gezira state is underway; a rapid assessment on the use of Saleema word and knowledge of SALEEMA colours and ground message in 6 new states has been finalized; and the selection of a research firm to develop a M&E framework for a five year Saleema strategy has been initiated. Measures on the use of the word Saleema have been included among the indicators of next SHHS-3, planned for February 2014.

A joint five year programme between UNICEF, UNFPA and WHO has been approved to implement "A change in the making: supporting national efforts to reach a critical mass in abandoning female genital mutilation/cutting in Sudan".

**Child marriage:** The Early/Child Marriage Knowledge, Attitudes and Practices Study officially launched by the National Council for Children Welfare as first step towards the drafting of an Action Plan to address early/child marriage

**IR 4020/A0/06/005/003 Staff Costs and entitlements for PCR 1.5:** The basic components of a national child protection system are functioning in all States

- **On-track**

**PCR 4020/A0/06/006 1.6:** Adolescents especially those out of school, benefit from a strengthened policy environment and from institutional capacity building of government and CSOs to deliver programmes

**Progress:**

UNICEF supported the development of adolescent and youth centre management guidelines in Kassala State. This will be adapted to the needs of other states and benefit about 4 million adolescents.

UNICEF supported gender analysis study in Kassala and West Darfur. The study was disseminated, among 300 government officials, religious leaders, social workers and youth organizations in seven rounds. The participants drew action plans to disseminate findings and recommendations of the study towards promoting gender equality. The study finding will help to mainstream gender across programmes planning, implementation and monitoring.

192 adolescent and youth (30 per cent females) trained and participated in *Open Air Dramas*. This was followed by social dialogues. About 31,000 community members sensitized on social issues: early marriage, girls' education, drug, HIV/AIDS and gender equality.

A technical committee on adolescent and school health policy established and reviewed the 2010 Child Act, Health Policy, Reproductive Health Policy, Population policy and Child Friendly School Guidelines. Though the dialogue took long time, recently, it is agreed to have school health operational guideline. Selection criteria of youth organizations for capacity development prepared with the participation of youth organizations and MOYS. TOR for the same finalized and consultancy service advertised. This is expected to develop internal capacity building mechanism that will enable 12 youth organizations to improve their performance. The process will also inform MOYS about capacity gaps of youth organizations and take actions as appropriate.

The constructions of five adolescent and youth friendly centers finalized in Kassala and West Darfur expected to enable about 15,000 adolescents and youth to get access to Adolescent Cultural, Art and Sport Activities (ACASA) for activity based life skills development.

About 700 service providers (40 per cent females) from 4 states (175 from each) trained on principles of working with youth and this has improved capacity to plan youth programs.

About 40 ALP teachers trained, 61,820 textbooks distributed, 3,262 learning kits provided to ALP centres through MOE. Using government standards, eighty ALP classrooms are under construction/renovation in WD. More supplies are under procurement. About 3,000 (50 per cent) out of school adolescents are getting access to basic education and life skills and 600 (50 per cent females) of them are getting vocational training and employability skills in government vocational centres. The number of out of school girls is higher than the number of boys. Girls' education is identified to be one of advocacy issue at local level.

Generally, the PCR is on track. Good progress has been made in terms of adolescent and youth centres and services as well as ALP and vocational training. There is a need to focus on the support for institutional capacity building, policy, and strategy and guidelines development in 2014/15.

- **On-track**
IR 4020/A0/06/006/001 By 2014, the Government, in consultation with young people, develops and endorses evidence-based and functional policies and strategies that address the priorities of adolescent girls and boys

**Progress:**

UNICEF supported the development of adolescent and youth centre management guidelines in Kassala State. This guideline is expected to be adapted to the needs of all other states and benefit about 4 million adolescents.

UNICEF supported gender analysis study in Kassala and West Darfur. The analysis indicated that young women are rarely included in decision-making processes. They have less access to and control over their time and income. Their roles are restricted to household level. Female adolescents in Sudan endure discriminatory practices such as FGM/C, early marriage, and gender-based violence. The study also indicated that there is big gender gap among young men and women in education, technology, vocational training, employment opportunities and other services such as health care. The study was disseminated, among 300 government officials, religious leaders, social workers and youth organizations in seven rounds. The participants drew action plans to disseminate findings and recommendations of the study towards promoting gender equality. Moreover, the study helped to mainstream gender across our planning, implementation and monitoring.

A technical committee on adolescent and school health policy established under the leadership of MOH. The committee reviewed the 2010 Child Act, Health Policy, Reproductive Health Policy, population policy, Child Friendly School Guidelines, etc. The committee pointed out that these documents have addressed adolescent and school health issues and no need of reinventing the wheel. Though the dialogue took long time, recently, it is agreed to have school health operational guidelines.

Selection criteria of youth organizations for capacity development prepared with the participation of youth organizations and MOYS. TOR for the capacity development finalized and consultancy service advertised. This is expected to develop internal capacity building mechanism that will enable 12 youth organizations to improve their performance, and effectively and efficiently attain their intended objectives and respond to emerging challenges.

- On-track

IR 4020/A0/06/006/002 By 2015, adolescent girls and boys, especially those out of school, in the targeted states have increased access to quality adolescent friendly spaces and services

**Progress:**

The constructions of five adolescent and youth friendly centres were finalized in Kassala and West Darfur. This has enabled about 3,000 young people (50 per cent females) to get access to Adolescent Cultural, Art and Sport Activities (ACASA) for life skills development.

Under the leadership of MOYS, about 700 service providers (40 per cent females) from 4 states (175 from each state) trained on principles of working with young people and this has improved capacity to plan youth programs.

- On-track

IR 4020/A0/06/006/003 By 2015, out of school adolescents, especially girls, in targeted states have increased access to life skills, entrepreneurship preparation and referrals to vocational skills training as part of the Alternative Learning Programme

**Progress:**

About 40 ALP teachers trained, 61,820 textbooks distributed, 3,262 learning kits provided to ALP centres. Eighty ALP classrooms are under construction/renovation in WD. More supplies are under procurement. About 3,000 (50 per cent females) out of school adolescents are getting the opportunity for basic education and life skills and 600 (50 per cent females) of them are on the way to get vocational training and employability skills in Kassala and WD.

IR 4020/A0/06/006/004 Staff Costs and entitlements for PCR 1.6: Adolescents especially those out of school, benefit from a strengthened policy environment and from institutional capacity building of government and CSOs to deliver programmes

- On-track

PCR 4020/A0/06/601 1.1: Children benefit from scaled up and sustained high impact child survival, maternal health and HIV/AIDS interventions with a focus on equity

**Progress:**

Significant progress was made through achievements in five intermediate results ensuring that i) the health system is strengthened with increased government expenditure on health & evidence-based policies, ii) routine and supplementary immunization services are enhanced nationwide to increase immunization coverage, (iii) children and women have increased access to primary health care services that include integrated management of childhood illnesses (IMCI) services and malaria control and preventative services (iv) women and children in under-served and needy areas have improved access to maternal and newborn health services and (v) new
paediatric HIV infections are eliminated. Major achievements included the development and launch of the National MCH acceleration plan that includes key actions from the "A promise Renewed" and adaptation of the decentralized health systems approach which will ensure that coverage with key child survival interventions takes place at the lowest locality level. No cases of polio were reported despite being surrounded by polio cases in Kenya, Ethiopia and Somalia; routine immunization achieved high vaccination coverage of over 80 per cent with pentavalent vaccine and measles 1, although coverage for measles second dose, Rotavirus and PCV were below 80 per cent. National Polio immunization days targeted 7,082,782 under-five children and 6,728,642 (95 percent) were vaccinated while 15 million children under the age of 15 years were reached with measles catch up vaccination. Antenatal care attendance increased from 74 per cent to 85 per cent and the proportion of women attended to by trained birth attendance increased from 41 per cent - 45 per cent. The number of health facilities offering IMCI services increased from 2198 to 2556 and the community component of IMCI was implemented in 113 out of 184 localities with at least one model community. 5,800,000 LLINS were distributed (2.3 million in Darfur states) reaching 11,600,000 individuals and more than 4,500 PHC facilities (90 per cent ) provided free antimalarial drugs for uncomplicated cases with special focus on IDPS in Darfur. One process indicator was added during the mid-year review and two were modified. Facilitating factors included strong commitment of the Government of Sudan and other stakeholders towards the reduction of child and maternal mortality as well as a better coordination between PHC programmes to some extend and a willingness and push towards integration of programs. Early preparedness for rainy seasons including preposition of supplies at state level was another facilitating factor and the availability of technical and financial support from the National level. Some critical constraints included high staff turnover of technical staff in federal and states Ministries of Health, inaccessibility of certain areas due to insecurity, weak locality health system, weak HMIS and inadequacies in the available routine data, frequent stock outs of drugs and lab commodities coupled with reluctance of Health care providers to follow national guidelines and delay in liquidations that leads to delay in fund release and timely

**On-track**

**IR 4020/A0/06/601/001** By 2014, the health system is strengthened with increased government expenditure on health & evidence-based policies

**Progress:** UNICEF contributed to the review and finalization of the National Health Sector Strategic Plan (2012-2016) and the National Strategic Plan for HIV/AIDS (2014-2016). In collaboration with other Agencies, UNICEF participated in the Dubai high level meeting in February 2013, which resulted in the Dubai declaration on saving lives of women and children. Subsequently the country developed and launched the National MCH acceleration plan for accelerating progress towards the achievement of MDGs 4 & 5. UNICEF provided technical assistance in the development of the MCH policy and the policy and plan for the elimination of mother to child transmission of HIV. Over 50 senior health officials were oriented on the Decentralized Health systems strengthening (DHSS) approach (MoRES/DIVA) which will be used to collect real time data for decentralized monitoring and increasing programme coverage as outlined in the MCH acceleration plan. The Liverpool school of Tropical Medicine has been contracted to collect baseline data for selected interventions using LQAS in 4 states of Red Sea, Gedarif, Kassala and Sinnar in January 2014.

**On-track**

**IR 4020/A0/06/601/002** By 2015, routine and supplementary immunization services are enhanced nationwide to increase immunization coverage.

**Progress:**

The Expanded Programme on Immunization (EPI) targets approximately 1,327,317 infants with nine vaccines namely BCG, Oral polio vaccine (OPV), Pentavalent (DTP/Hep B/Hib), Rotavirus, and measles. It also targets 743,143 (50 per cent) pregnant women with Tetanus Toxoid. The annualized coverage is based on calculations from coverage at the end of November 2013 and will increase by the end of the year following acceleration campaigns conducted in Darfur states. The annualized coverage as of November; Penta - 89 per cent, Measles 1-84 per cent, Measles 2-66 per cent, Rotavirus (two doses) - 77 per cent. Coverage for the newly introduced PCV vaccine (1st dose was) 73 per cent. Tetanus Toxoid coverage remains low(50 per cent). The good cold chain functionality at all levels stands above 80 per cent. Sudan implemented two National Immunization Days (NIDs) targeting 7,082,782 under-five children and 6,728,642 (95 per cent) children under five received the polio vaccine. Sub-National Immunization Days (SNIDs) were conducted in June targeting 8 states and 3,239,849 (104 per cent) children were covered. Coverage for NIDs conducted in December is not finalized. The country continues to report no cases of polio. The second phase of the Meningitis A campaign targeted 14,903,088 people (age 6 months to 6 years) in 8 states with the aim of reaching the hard to reach children in inaccessible areas.

**On-track**

**IR 4020/A0/06/601/003** By 2015, children and women have increased access to primary health care services that include integrated management of childhood illnesses (IMCI) services and malaria control and preventative services.

**Progress:** UNICEF facilitated the distribution of 5,800,000 LLINS (2.3 million in Darfur states) reaching 11,600,000 individuals. Pregnant women and under-five children constitute about 31 per cent of the total beneficiaries. In collaboration with UNDP/Global Fund, the tracking system for LLINS was finalized. More than 4,500 PHC facilities (90 per cent) continue to provide free antimalarial drugs for uncomplicated cases countrywide with special focus on IDPS in Darfur. To improve the quality of case management for malaria, UNICEF contributed to capacity building of health care workers in 17 states on the malaria protocol, malariology, and RDT, microscopy and information system. Ten thousand doses (10,000 doses) of injectable quinine, 100,000 ACTs treatments, 50,000 RDT kits and 50 microscopes were procured to support malaria case treatment. To improve the utilization of LLINS in Sudan, a scale-up project has started in 2013 in five states (Blue Nile, White Nile, South Darfur, West Darfur and North Kordofan) in collaboration with C4D section, FMOH and Sudan Women Union using women groups at community level.
With technical and financial support from UNICEF and other partners, the number of PHC facilities providing IMCI services increased from 2198 to 2556. The community component of IMCI was implemented in 113 out of 184 localities in at least one model community. UNICEF continued to support pre-service training through training of 48 trainers from various states and of medical schools on IMCI (100 per cent. Medical schools provide IMCI pre-service training). IMCI supplies were procured and released to the national program for the northern and central states. These included 80 IMCI drug kits, 178 IMCI equipment kits, 100 ORS Cart., 100,000 zinc tablets and 2000 ARI tablets.

**On-track**

**IR 4020/A0/06/601/004 By 2015, women and children in under-served and needy areas have improved access to maternal and newborn health services.**

**Progress:**

The Reproductive Health program strived to ensure that women in under-served and needy areas have improved access to maternal and newborn health services. During this reporting period 85 per cent of births were assisted by trained personnel and 61 per cent pregnant women received 4 ANC visits. With support from the Japan International Corporation Agency (JICA), in-service training was successfully conducted for 1963 VMWs in 12 States bringing the total number of Village Midwives trained to about 5,000. Village midwives play a critical role in providing safe delivery to pregnant women and care of the newborn in the communities. Pre-service training was supported for 100 VMWs in South and East Darfur. In addition, over 2,000 Reproductive Health (RH) service providers were equipped with life-saving knowledge and skills on maternal and newborn care. UNICEF facilitated joint monitoring visits to 12 states to ensure that the quality of care is being maintained. Targeted communities were reached with information about reproductive health interventions and the importance of accessing and utilizing services to prevent unnecessary deaths of mothers and newborns. To facilitate effective programme delivery, 53 Obstetrics surgical kits, 212 Midwifery kits and 1665 Village Midwifery kits were procured and distributed to health facilities.

**On-track**

**IR 4020/A0/06/601/005 By 2016, new paediatric HIV infections are eliminated**

**Progress:** With the overall goal of eliminating new paediatric HIV infections are HIV/AIDS activities focused on promoting and addressing comprehensive Prevention Mother to Child Transmission (PMTCT) of HIV services among communities. Efforts were made to ensure that more health care providers routinely offered HIV testing to women who come for antenatal care services in addition to addressing the antiretroviral treatment needs of HIV positive pregnant women. During 2013, the number of health facilities that provide PMTCT interventions as an integral part of Reproductive Health services increased from 118 in 2012 to 255. A total of 749 health care providers at these facilities were equipped with knowledge and skills on PMTCT service delivery (Basic training) while 1,066 received on job training. More than 64,000 pregnant women tested for HIV compared to 37,000 in 2012. Eighty one (81) infants received ART prophylaxis in first 6 weeks of life compared to 32 in 2012. Coverage of services, however, remains very low at less than 10 per cent and the tracing of the HIV positive mothers remains a real challenge due to the weak reporting and referral system in the country.

**On-track**

**IR 4020/A0/06/601/006 By 2015, vulnerable infants and girls and boys under-5 children benefit from improved family care**

**Progress:** The C4D Section supported Communication and Social Mobilisation efforts for programme section priorities including a number of immunization campaigns for Polio, Measles and introduction of PCV. To ensure effectiveness of the immunization campaigns, media orientation workshops were organised with C4D Section guidance, including an orientation workshop for about 30 media practitioners on the introduction of the Pneumococcal Vaccine (PCV) and on how to prevent rumours through reporting and coverage of immunization.

The team further focused efforts on advocacy with the Federal Ministry of Health to address the issues of communication and social mobilisation for immunization campaigns. This resulted in the development of a Communication Plan template to guide the health team plan communication for such activities. The team also supported development of a draft Crisis Communication Plan for Meningitis to address the issue of rumours and misconceptions that often resulted in refusal to have eligible children vaccinated.

To also address the glaring gaps of government and NGO implementing partners, an illustrated Sudanese Arabic version of Facts for Life 4th Edition has been developed. The Sudan Facts for Life has been validated by the Federal Ministry of Health and other key partners and pretested. It will guide participatory community engagement and provide frontline community health promoters with accurate information on the key family practices. These staff will be trained in Interpersonal Communication to facilitate community dialogue on these practices. Ultimately households, children in schools and community radio staff will also benefit from the publication.

A mini KAP survey to guide communication efforts to increase the uptake and consistent use of treated bed-nets was also conducted in target states.

The C4D function also enhanced campaigns such as the Back to School Enrolment Campaign, Global Handwashing Day etc. through the development and implementation of strategic communication plans, messages and materials. All produced materials were pretested in the field and revised for production.

**IR 4020/A0/06/601/007 Staff costs and entitlements for PCR 1.1: Children benefit from scaled up and sustained high impact child survival, maternal health and HIV/AIDS interventions with a focus on equity,**
**Progress:**

Though the gross enrolment rate has decreased from the baseline of 73.2 per cent in 2010 to 69 per cent in 2011 (due to under-reporting; no official EMIS data available yet for 2012), significant progress has been towards creating enabling environment to improve access and equity of the education system. UNICEF is supporting MoE to strengthen EMIS at national and state level FMoE developed and adopted a number of equity-based strategies that promotes access of marginalized children to quality basic education. Through various training and capacity building interventions, more than 12,000 teachers, members of PTAs, headmasters, and school inspectors and managers have increased knowledge and skills on the application of CFS standards at school level. GPE, EU and World Bank is supporting on the mobilisation of resources for the education sector. EU is supporting basic education quality in a number of states including EMIS support.

**On-track**

**PCR 4020/A0/06/604 1.4:** 80 per cent of school-aged children (including out-of-school, IDPs, refugees, nomadic children, rural girls, disabled children) have access to quality basic education

**Progress:**

By 2014, the education sector will have a functional EMIS and sound evidence-based education plans at state level.

**IR 4020/A0/06/604/001**

By 2014, children aged 6-13 years old have access to basic education and alternative learning program opportunities in selected areas.

**Progress:**

With UNICEF support, significant progress has been made towards developing a functional EMIS and sound evidence-based education sector plans at national and state levels. All 17 States have developed draft five-year Education Sector Strategic Plans, which will be finalized in 2014 and will contribute to the development of a consolidated National Education Sector Strategy. 78 federal and state level Ministry of Education officials and 132 school headmasters have increased capacity to manage the Education Management Information System (EMIS), resulting in the completion of EMIS school data collection and start of data entry in 13 out of 17 States. The Federal Ministry of Education (FMoE) developed and adopted a number of equity-focused strategies and frameworks for increasing access of marginalized children to quality basic education that include national strategies for education of nomadic children and education of children with disabilities, as well as a review of national teacher education framework and national school construction standards based on Child Friendly School (CFS) standards, which are to be finalized in 2014. The main challenges faced is the inadequate capacity of the SMOE and lack of reliable information/data hindering progress.

**On-track**

**IR 4020/A0/06/604/002**

By 2014, children aged 6-13 years old have access to basic education and alternative learning program opportunities in selected areas.

**Progress:**

The expected results of all planned activities under this IR have either being achieved or are on track. For example, 44,821 previously out-of-school children (48.3 per cent girls) have been enrolled and are learning in basic education and ALP classes exceeding the target by more than 7,000 children and adequate teaching and learning materials for all enrolled students have been procured and distributed. Seventy percent of the targeted ALP facilitators have been trained. Construction of thirteen school units out of the 15 planned have started with 6 units completed and 7 units ongoing while only the construction of the two remaining units will commence early January 2014. The social mobilization for the enrolment campaign has been successfully carried out in 10 States and resulted in exceeding the planned target by 7,000 children over enrolled. The enrolment campaign was fully supported by C4D section. 10,800 school children (52 per cent girls) in 76 Child Clubs received knowledge and skills development on the promotion of girls’ participation, school health, hygiene, peaceful co-existence, life-skills, and environmental stewardship in schools. 180 members of 26 mothers’ and girls’ groups have increased awareness on the benefits of girls’ education and participation in school governance.

**On-track**

**IR 4020/A0/06/604/003**

By 2014, CFS standards for environment friendly school design and construction, community participation and pre/in service teachers’ training have been mainstreamed into the education system to improve quality of education within an inter-sectoral holistic framework

**Progress:**

Through various training and capacity building activities using CFS module, 10,768 teachers, 800 PTAs, 320 headmasters, and 120 school inspectors and managers have increased knowledge and skills on the application of CFS standards at school level. 80 Early Childhood Development (ECD) trainers in Blue Nile have the increased capacity of delivering effective ECD services to pre-school children.

36,600 children (48 per cent girls) are learning in improved school environments through the construction of 32 school units (each with 2 classrooms and an office) with gender-sensitive water and sanitation facilities based on CFS construction standards.

**IR 4020/A0/06/604/004**

Staff Costs and entitlements for PCR 1.4: 80 per cent of school-aged children (including out-of-school, IDPs, refugees, nomadic children, rural girls, disabled children) have access to quality basic education.

**PC 2 - Transition from early recovery and emergency to sustainable development**

**On-track**

**PCR 4020/A0/06/007 2.1:** Children in emergency situations are reached with timely and effective life saving health, WASH, and nutrition interventions as per UNICEF’s Core Commitments for Children (CCC) in humanitarian action (HNW)
Progress: UNICEF continued to support the government towards meeting the Core Commitments for Children in Emergencies efficiently through well-coordinated humanitarian actions. The national capacity for disease outbreak response has been strengthened through several trainings (Rapid Response Teams (RRT), training of trainers and refresher trainings. To prepare for the flood season, UNICEF prepositioned supplies in flood prone states in northern and central Sudan. An outbreak of yellow fever in South Kordofan and West Kordofan was successfully contained. High coverage was attained (101 per cent) from with response vaccination targeting 100,000 people.

Targets for provision improved drinking water and sanitation facilities, was meet by 100.5 per cent. Operations, maintenance and water chlorination services were provided to 2,010,000 conflict, flood and WASH related epidemic affected people. This represents considerable achievement in the face of the challenges especially the limited strategic capacity, continue bottlenecks of limited access to emergency affected communities, ongoing conflict in Darfur and the 3 areas and limited number and quality of implementing partners. Progress was made in establishing community-based management of operation and maintenance of WASH facilities. In Darfur, WASH facilities were handed over to 11 conflict affected communities for managing operation and maintenance with support of the localities, states and UNICEF and sector partners.

An increase in the number of children reached with life-saving treatment for severe acute malnutrition SAM has been seen in 2013. More than 100,000 children (approximately 50 per cent girls and 50 per cent boys) with severe acute malnutrition have been treated, an increase of 13,000 children in 2012. The community management of acute malnutrition has continued to expand with an additional 83 centres offering treatment for SAM opening. UNICEF has maintained the core supply pipeline of therapeutic foods and implemented CMAM programs through partners both government’s, national & international NGOs. New emergencies, mainly new displacement due to conflict and floods, have been responded to across the Darfur region as well as in the border states of South Kordofan and Blue Nile and approximately 50,000 children have received emergency food rations. Results from the Sudan S3M survey will ensure services are accurately addressing children most in need.

On-track

IR 4020/A0/06/007/005 By 2015, government and key humanitarian partners respond in a timely manner to health emergencies

Progress:

UNICEF continued to strengthen the national capacity for disease outbreak response through training of Rapid Response Teams (RRT) and Training of Trainers in all states and refresher trainings in 6 states. Two officers from the Epidemiology department were facilitated to attend an international workshop on cholera management in Bangladesh. To prepare for the flood season, UNICEF prepositioned supplies in flood prone states in northern and central Sudan including 264 PHC kits, 150 ORS Cart, 530 Boxes of Ringer Lactate, 70 Packets of Doxycycline tabs and 41,123 Long Lasting Insecticide-treated Nets.

An outbreak of yellow fever in South Kordofan (Kadugli and Reif Alshargi localities) and West Kordofan (Lagawa and Keilak localities) was successfully contained. High coverage was attained (101 per cent) from with response vaccination targeting 100,000 people. UNICEF continued to support community mobilization activities particularly following reported Yellow fever, meningitis, Scabies and Hepatitis E outbreaks.

States MOH received medical supplies to fill gaps in Darfur, Blue Nile and South Kordofan- South Kordofan; Medical kits for 14 health facilities in Al Abassiya, Abu Jubeih, Gadeer, Rashad and Dalami localities; North and West Darfur- medical kits run PHC clinics in Jabal Amir, Nertiti, Um-Dukhun localities following conflict. In Blue Nile Support to mobile clinics in 14 conflicts affected communities in Kurruck and Geissan localities.

On-track

IR 4020/A0/06/007/006 By 2016, families of IDPs, returnees and host communities affected by emergencies and/or natural and man-made disasters have increased access to sustainable gender sensitive and environment friendly water supply and sanitation services and practice proper water, sanitation and hygiene behaviour and environment friendly water supply and sanitation services.

Progress: This IR enabled delivery of WASH related CCC for children in emergencies efficiently through well-coordinated WASH humanitarian action. The emergency response provided lifesaving WASH services for 2.01 million (target: 2 million) people (394,000 males, 410,000 females, 591,000 boys and 615,000 girls).

Interventions helped to sustain and increase access to lifesaving WASH services for new IDPs in Darfur, the three areas and flood affected locations elsewhere in Sudan. With timely Core pipeline, CHF and CERF funding, WES and NGO partners implemented the response including; establishment of new water and sanitation facilities, rehabilitation of water sources and latrines, operation and maintenance of motorized water systems, chlorination of water and hygiene promotion. As a result, no outbreak of WASH related diseases such as AWD were reported in programme areas.

UNICEF’s WASH supported responses for returnees and host communities reached over 100 per cent of the 100,000 targeted communities and populations. This was achieved through the use of Community participatory approaches such as CATS and through empowering communities and local government authorities by training and supporting them to establish, rehabilitate, maintain and generally manage operations and maintenance of WASH facilities. This enabled the handover of operations and management of another 11 motorized water systems in Darfur to communities and local authorities.

The emergency programme also promoted hygiene among emergency affected communities. The programme targeted hand washing as a key hygiene practice and behaviour change that helped to reduce risks of outbreak of communicable diseases such as AWD. This was achieved through mobilizing communities, hygiene campaigns, posters, creating awareness of the benefits of washing hands and the risks associated with not washing hands. Soap was distributed to the newly affected to promote hand washing. A KAP survey is yet to be done to measure the changes achieved in hand washing and other hygiene practices and behaviour.

On-track
By 2015, timely required nutrition treatment and prevention interventions reach women, girls and boys living in emergency situations, and coverage of good quality of treatment of severely acute malnutrition is increased.

Progress: UNICEF has continued to respond to emergencies across the Darfur region as well as in Blue Nile, South and North Kordofan. Most emergencies are conflict related, however some in August and September were flood related, particularly in Blue Nile. UNICEF nutrition teams have participated in a total 29 rapid assessments to areas with new displacement during the year.

The number of children treated for severe acute malnutrition has continued to rise and at the end of October was 103,517 (approximately 50 per cent girls and 50 per cent boys). This is 15,888 children more than during the same time in 2012. To the end of October an additional 83 CMAM (community management of acute malnutrition) centres have been opened and this number is expected to rise in the last quarter of the year. CMAM has been expanded to one new state during this year (Sennar) where there are now 10 functioning CMAM centres. Programs implemented by partners in nine out of 13 states are meeting international SPHERE standards for the performance indicators, the four that are not meeting are North and South Kordofan, Blue Nile and Gedaref states. The Kordofan states and Blue Nile are affected by insecurity, and work has progressed this year to address the high defaulter rates especially in Blue Nile through the use of mobile clinics. More coverage assessments will be carried out next year to help improve coverage of existing CMAM centres.

A National CMAM evaluation has been carried out in 2013, major recommendations are to focus more on program coverage and quality of services as well as community mobilization. It was also recommended to give more attention to in-patient care for SAM to improve quality.

UNICEF leads the nutrition cluster, has recruited a dedicated cluster coordinator in 2013 and is continuing to work with national and international NGOs wherever possible.

**On-track**

**IR 4020/A0/06/007/007** By 2015, timely required nutrition treatment and prevention interventions reach women, girls and boys living in emergency situations, and coverage of good quality of treatment of severely acute malnutrition is increased.

**Progress: UNICEF has continued to respond to emergencies across the Darfur region as well as in Blue Nile, South and North Kordofan. Most emergencies are conflict related, however some in August and September were flood related, particularly in Blue Nile. UNICEF nutrition teams have participated in a total 29 rapid assessments to areas with new displacement during the year.**

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**On-track**

**IR 4020/A0/06/007/008** Emergency Response and Preparedness: An effective and efficient emergency preparedness and response at national, state and community levels functioning.

**Progress:**

Sector leads developed contingency planning in collaboration with the inter cluster working group. UNICEF has updated the pre-positioning of supplies allowing responding to 100,000 population affected by an emergency. During 2013, UNICEF has responded to a large number of emergencies. By the end of 2013, Sudan was home to more than half a million new displaced people. Violent conflict has increased significantly in Darfur. At the beginning of 2013, the Jebel Amir crisis led to an estimated 100,000 displaced. UNICEF's emergency response was delayed due to denial of access. 30,000 people were displaced in January in the Nertiti area following the increase in fighting between SAF and SLA/AW. Over 200,000 people have been displaced in South and East Darfur through an increase in conflict and inter-tribal tensions. In the Kordofan fighting and displacement has spilled over into North Kordofan and a further 90,000 people have been displaced. The government is making access to these populations difficult and have encouraged the displaced to move to family in nearby cities such as El Obied, Sennar and Khartoum. The conflict that erupted in South Sudan in mid-December led to 10,000 refugees and returnees crossing to Sudan by end 2013. In addition to all the violence and conflicts, 320,000 people were affected by floods in mid 2013. UNICEF has worked with government and NGO partners to respond to emergencies in all these locations and provided support for child protection, education, health, nutrition, WASH. The UNICEF has provided leadership in the four key sectors of child protection, education, nutrition, and WASH. Sector leads worked throughout 2013 in carrying out assessments, identify needs and provide emergency response to the affected populations. Access and government policies continue to be a challenge in preventing the early delivery of assistance to these needy populations on many occasions.

**IR 4020/A0/06/007/009** PCR 2.1: Children in emergency situations are reached with timely and effective life saving health, WASH, and nutrition interventions as per UNICEF's Core Commitments for Children (CCC) in humanitarian action (HNW)

**IR 4020/A0/06/007/010 2.1:** Children in emergency situations are reached with timely and effective life saving health, WASH, and nutrition interventions as per UNICEF's Core Commitments for Children (CCC) in humanitarian action (HNW)

**IR 4020/A0/06/007/011** PCR 2.1: Children in emergency situations are reached with timely and effective life saving health, WASH, and nutrition interventions as per UNICEF's Core Commitments for Children (CCC) in humanitarian action (HNW)

**On-track**

**PC 4020/A0/06/008 2.2:** Children in situations of natural disaster, armed conflict and IDPs receive quality basic education

**Progress:**

Recent increases in tribal conflict and fighting between armed movements and Government forces have worsened the security environment for humanitarian actors in several areas of Sudan resulting in escalated levels of displacement within Sudan, including over 55,000 primary school aged children having become newly displaced. In addition, a record-breaking flood season across the country caused heavy rains and floods affecting over 140,000 primary school-aged children, damaging or destroying 202 schools, and resulting in closure of schools for over 3 weeks. Moreover, due to the lifting of the fuel subsidy by the government, the country witnessed several days of large demonstrations that also caused the closure of schools for two weeks.

Despite these challenges, with UNICEF support, Cluster Coordination mechanism and implementation of humanitarian work plans have
been strengthened; education response to flood emergency has been effective and FMoE has, first time, participated in the coordination and emergencies response. Over 254,793 emergency-affected school-aged children gained access to quality basic education through the construction and rehabilitation 253 temporary learning spaces and provision of adequate teaching and learning materials. 750 teachers and 584 PTA members have increased knowledge and skills on the importance of education during emergencies and participatory school management. Overall, PC Results are on track.

**On-track**

**IR 4020/A0/06/008/001 By 2015, children living in displaced or returnee families, seasonal nomadic communities, and natural disaster or emergency-affected areas have access to life-saving education opportunities in line with Core Commitments for Children (CCC) and are enrolled in school.**

**Progress:** In regards to this IR some progress have been made as the education section has responded and provided support to to children affected by various emergencies in Khartoum, Blue Nile, South Kordofan, North, East, South and West Darfur in the past six months. Over 254,793 emergency-affected school-aged children gained access to quality basic education through the construction and rehabilitation 253 temporary learning spaces and provision of adequate teaching and learning materials. 750 teachers and 584 PTA members have increased knowledge and skills on the importance of education during emergencies and participatory school management.

**IR 4020/A0/06/008/002 PCR 2.2: Children in situations of natural disaster, armed conflict and IDPs receive quality basic education**

**On-track**

**PCR 4020/A0/06/801 2.3: Children in situations of natural disaster, armed conflict and IDPs receive adequate family-based care and are protected from violence, abuse and exploitation**

**Progress:** Under coordination of National Council for Child Welfare, dialogue is progressing on United Nations support to strengthen Government efforts to protect children in armed conflict, notably towards an Action Plan with the Government of Sudan, and towards and new programme of cooperation with the Sudanese Armed Forces. The National Task Force was not operational over the reporting period, and lack of regular meetings with the Resident Coordinator and UNAMID leadership constituted a major constraint in effective advocacy and follow-up on relevant Security Council Resolutions. Nevertheless, UNICEF supported a joint visit from the Office of the Special Representative on Children and Armed Conflict and UNICEF headquarters staff to review the status of parties listed for recruitment and use.

Child protection working groups co-chaired by SCCW and UNICEF coordinate child protection responses in emergencies in seven States. UNICEF with partners (Ministries of Social Welfare, and NGOs such as Kalma Youth Committee, SSO, Plan Sudan, Kabkabiya Small holders Charitable Society, Auttash for Peace and Development Organization, Saraf Omra Women Development Association, Terre des Hommes, and others…) mounted child protection interventions in major new displacements in South Darfur, East Darfur and North Darfur, although access restrictions hindered timely response and monitoring of interventions. UNICEF supported the launch of the inter-agency minimum standards for child protections in humanitarian situations were launched with Sudan being the first country to launch this handbook.

A participatory self-assessment demonstrated that UNICEF is fully meeting child protection benchmarks of five of eight of its core commitments for children in humanitarian action. Weaknesses were identified in (i) Response to GBV, due to the high sensitivity of the issue and limited capacity of UNICEF partners; (ii) Preventing and responding to child recruitment in line with best practice principles; UNICEF therefore focussed on supporting its partners to shift their programmes from targeted interventions to a more inclusive, community based approach; (iii) Expansion and strengthening of Community-based child protection networks as frontline responders for child protection; UNICEF focused on building consensus and common understanding among all the stakeholders on the structure, the function and roles of these Networks.

**On-track**

**IR 4020/A0/06/801/001 By 2015, government and local community capacities to promote and sustain girls’ and boys’ rights to protection from violence, exploitation and abuse are strengthened in humanitarian and post-conflict settings**

**Progress:**

Progress was achieved in meeting the eight child protection benchmarks for core commitments to children.

1. **Reintegration of conflict affected children.** As a result of direct delivery to children in humanitarian situations, 11,848 children - of whom 450 were children formerly associated with armed groups – accessed reintegration services.

2. **Monitoring and reporting.** UNICEF with UNAMID and the Resident Coordinators Office provided regular reporting to the Security Council Working Group on Children and Armed Conflict.

3. **Gender Based Violence:** Progress was made in establishing and strengthening inter-agency referral mechanisms to provide remedial services to girls and women exposed to sexual violence. UNICEF provided training to 150 staff of government and NGO partners on “Caring for survivors” of GBV.

4. **Psychosocial support.** 43,684 (23,180 boys, 20,504 girls) accessed psychosocial support through UNICEF supported Child Friendly Spaces, including in new Spaces established in contexts of recent displacement.
5. Family Tracing and Reunification: UNICEF supported training for 118 Social Workers and FTR networks on family tracing and reunification. UNICEF supported reunification of 1,112 (682 boys, 430 girls) separated children.

6. Community Based Child Protection Networks: The State Ministry of Social Welfare and NGOs partners with the support from UNICEF established some 200 CBCPN across the conflict affected communities in the Great Darfur and the 3 Protocol States.

7. Mine Risk Education. With the National Centre for Curriculum in Education, UNICEF supported the integration of risk education in school curriculum. 165,288 individuals (including 94,863 children: 54,364 boys, 40,499 girls) were reached through risk education in all affected States. UNICEF also supported the supply of 600,000 thematic school books to five affected States.

8. Coordination of Child Protection Partners: Child Protection Sub-Clusters have maintained a high level of productivity (both at national and state level) as shown by its regular meetings and joint initiatives.

IR 4020/A0/06/801/002 PCR 2.3: Children in situations of natural disaster, armed conflict and IDPs receive adequate family-based care and are protected from violence, abuse and exploitation.

### PC 3 - Social Policy, M&E and Communication

#### Constrained

**PCR 4020/A0/06/010 3.1:** The institutional capacity of the Government is strengthened in knowledge generation and management with emphasis on equity analysis at state and sub-state level.

**Progress:**

In order to achieve this PCR, SPPME section adopted three strategies;

1. Support government to build up knowledge on the situation of children and women in Sudan through the following:
   - (i) The Multiple Indicator Cluster Surveys (MICS) which targets actual data collection at state level in February 2014. This survey will provide updates on key social indicators & measure trend towards achieving MDGs
   - (ii) For better evidence-based planning to achieve equity, sub-State level data will be made available in each of the 18 States. With UNICEF support, five States have reached final stages of generating key social indicators data for state, Locality and sub-locality levels. Data in other 13 States will be collected throughout 2014. This exercise is coordinated by the Child Friendly Community Initiative (CFCI) and Central Bureau of Statistics (CBS) with participation of all line Ministries. This rich dataset will be used to prepare State Equity Profiles which will be an advocacy tool for equity-based programme planning and monitoring. Data collection is challenged by weak administrative structure at sub locality level, high operational cost & inaccessibility due to security issues in some states.
   - (iii) Build the capacity of 38 staff from CBS and other line Ministries on Multiple Overlapping Deprivation Analysis (MODA).

2. Build the capacity to access, utilise and disseminate information for advocacy purposes through;
   - (i) Support CBS to launch a web-based national indicator database "Sudan-info" (ii) Build the capacity of all federal level Sectoral Ministries and UN agencies on DevInfo 7 and Sudan-info (68 government staff & 11 UN staff) (iii) With the objective of building government capacity to develop National Social Protection Policy and Strategy, two workshop was conducted with participation of line ministries & academia. However, the process is moving slowly and the government needs to be proactive in order to make faster progress.
   - (iv) Supporting the "CFCI' in advocating delivery of services for the neediest communities. An independent Evaluation of CFCI, currently ongoing, is intended to improve the modality of the initiative and to explore possibility of situating it as an important strategy for rural development in Sudan.

3. Strengthen monitoring & evaluation systems through;
   - (i) supporting MoF to develop the UNDAF framework using DI Monitoring application
   - (ii) Training of 92 Government staff on RBM
   - (iii) Support Health & WASH sectors to roll out MoRES
   - (iv) Capacity building of UNICEF staff on MoRES, PMR and RB M&E.

The capacity of M&E remains weak in Sudan with the enabling environment as a significant bottleneck. Minimum fund allocation, poor capacity, lack of coordination forums and poor infrastructure are the main challenges.

#### On-track

**IR 4020/A0/06/010/001** By 2015, state and sub-state level data on key social indicators for evidence-based planning, monitoring and evaluation, and policy advocacy is generated, managed and utilized.

**Progress:**

The Social Policy, Planning, Monitoring and Evaluation (SPPME) Section works to support the government and UNICEF’s wide-ranging work in Sudan by providing critical knowledge about the situation of children and women. The process for next Multiple Indicator Cluster Surveys (MICS) has started targeting actual data collection in March 2014 and data will be made available for Sudan MDG reporting. The Central Bureau of Statistic is leading the exercise this round instead of the Ministry of Health MoH which lead in 2006 & 2010. This change has imposed some challenges on getting MoH full engagement. UNICEF in collaboration with WHO & UNFPA, is trying to liaise between the two institutions in order to have a fruitful exercise. Accessing some of the regions still remains a challenge due to security issues.

In order to make sub-state level data available in each of the 18 States, with UNICEF support, five States (Blue Nile, Casella, Gedarif, Red Sea and North Kordofan) Started in 2013. Two states (Kassla & Gadariif) reached the final stage to generate key social indicators data for State, Locality and village levels. Data includes social, sectoral and services which are being processed for tabulation.
Coordinated by the Child Friendly Community Initiative (CFCI) and Central Bureau of Statistics (CBS) in each State, the line Ministries participated in the process of development of the methodology, questionnaire and collection of data. The data in other non CFCI States will be collected throughout 2014. This rich dataset will be used to prepare State Equity Profiles which will be an advocacy tool for equity-based programme planning and monitoring. Although there are currently several systems to routinely collect sectoral data, there is no repository at state or national level. Systems remain fragmented with a lot of gaps. Dissemination of data for advocacy & evidence based planning is a major challenge. There is a need to mainstream systems and identify a national custodian to compile & disseminate the data. SPPME is currently exploring options within the existing system such as the National Information Center.

UNICEF has also built the capacity of Central Bureau of Statistics and other line Ministries through a training on Multiple Overlapping Deprivation Analysis (MODA) in April 2013. A discussion, facilitated by the RO, to establish a child desk within the CBS is ongoing.

**Constrained**

**IR 4020/AO/06/010/002** By 2014, an integrated (child-sensitive) social protection strategy for Sudan is established and investment cases and state equity profiles are produced as policy advocacy tools

**Progress:**

UNICEF has built capacity of the government and other partners on social protection with the objective of developing the National Social Protection Policy and Strategy. Several rounds of discussion between the Ministry of Welfare and Social Security MWSS and UNICEF were held to carve out the process for formulating the policy. Several high level meetings with the participation of UNICEF Regional Office facilitated the discussion. UNICEF has also discussed the subject with other UN agencies, World Bank and African Development Bank. It was agreed that the Ministry is going to form a Core Working Group to take the matter forward in a participatory manner. However, the process is moving very slowly and the MWSS showed some reluctance taking this issue further. Two workshops were held with the government sectors, academia and NGOs to push the issue forward. Another regional workshop was planned to take place in November. However, it was cancelled by the MWSS without clear justification. The lesson learned is the need to take phased approach to social protection policy. The government needs to be proactive in social policy area and identify areas of interest for focused implementation in future. The discussion to identify specific area(s) will be continued between the government and UNICEF in 2014. However, if the situation doesn't change, this IR might need to be revisited in the MTR. Meanwhile, the data being generated now on child-related services, i.e., education, health, nutrition, water and sanitation, and child protection, will be important inputs to the policy as well as other social policy interventions. State equity profiles will be generated based on that data in 2014. This will help to identify the pockets of deprivation, selection of the beneficiary groups and in social budgeting in terms of resource allocation for the disadvantaged.

**On-track**

**IR 4020/AO/06/010/003** By 2015, government capacity for evidence-based monitoring and evaluation of child-related programmes is strengthened in line with the UNDAF.

**Progress:**

Capacity building of the government ministries on Result-Based M&E started at state-level in NK State. A total of 35 participants from all sectoral ministries attended the training. The training was replicated at federal level for the Ministry of Finance (MoF) with participation of all sectoral ministries. This was followed by close follow up to support strengthening the MoF M&E system. For better monitoring of the UNDAF framework, 43 staff from FMOH & 11 from UN agencies received training on DI monitoring. The framework has been developed using this application & endorsed by the FMOH as a tool to monitor the UNDAF progress. The enabling environment remains a bottleneck in the M&E field in Sudan with poor fund allocation, lack of competent cadre & coordination forums and poor infrastructure. Under the leadership of the FMOF, a National M&E TWG was established. Continues support will be provided by UNICEF to strengthen its functions & mandate.

SPPME has also built the capacity of all federal level Sectoral Ministries and UN agencies on DevInfo 7 & Sudan Info as tools to disseminate evidences for decision makers. A total number of 81 staff has been trained. For better use of Dev-Info a workshop was conducted to assess utilization of DI application & identify challenges. The recommendations have been endorsed & considered for future planning. Technical supported provided to CBS to launch the web-based indicator database "Sudan-Info". Uploading of information from major surveys (SHHS2, S3M,...) is ongoing.

SPPME has also supported strengthening SCO M&E system. Several sessions on performance management (cube analysis) have been conducted. Technical support was provided to WASH & Health sections to roll out the MoRES. In addition that development of an innovative monitoring application called (iMonitor) is currently ongoing with consultation with HQ. The rolling Integrated Monitoring and Evaluation Plan (IMEP) for 2013-14 has been closely monitored & updated. A new Knowledge Management (KM) function has been established within SPPME in 2013 with a dedicated KM staff to systematically establish UNICEF Sudan as "one stop centre for knowledge on children". A KM bank has been established with all reference documents uploaded. The Sudan Team website has been launched.

**Constrained**

**IR 4020/AO/06/010/004** By 2015, a sustainable integrated community-based structure for rural development in Sudan is reinforced

**Progress:**

UNICEF has been supporting implementation of the Child-Friendly Community Initiative (CFCI) in 9 States since 1992 as a joint project...
between programmes & SPPME. While programmes ensure sectoral interventions in the most disadvantaged communities, SPPME facilitates stronger government collaboration to use the community-based structure. This is achieved by building capacity, leadership and monitoring of implementation. The initiative has played a major role in coordinating community development programmes that aim to address the causes and consequences of inequity. It has been the gate to other partners to reach the unreachable such as implementing the Darfur Community Peace & Stability Fund by UNDP. However, several challenges have been identified in the recent years such as weak monitoring systems, inability to fulfil graduation criteria, sustainability & weak inter-sectoral coordination. In order to explore the best approach to overcome these challenges, a two-day workshop, with participation of all CFCI coordinators & FPs from UNICEF zone offices, decided to conduct an independent evaluation before any further intensive work is undertaken. It was agreed that in 2013, capacity-building of established community committees in the 400 existing communities will continue but no new community will be established until the evaluation complete. The government sectoral Ministries and UNICEF sectoral programmes has been collaborating to continue providing services and infrastructure in these communities in 2013. The evaluation is on-going now with a lead international consultant and close collaboration with MoF & Higher Council for Decentralized Government. It is expected to be completed by the end of January 2014. The evaluation explores possibility of situating the initiative as an important strategy for rural development in Sudan. It will also provide recommendations to improve the functioning of the initiative in future.

IR 4020/A0/06/010/005 Staff Costs and entitlements for PCR 3.1: The institutional capacity of the Government is strengthened in knowledge generation and management with emphasis on equity analysis at state and sub-state level

On-track

PCR 4020/A0/06/011 3.2 :Partnerships with national & state media, civil society and donors are strengthened to advocate and promote child rights (MER / C4D )

Progress: For Media and External Relations, 2013 was characterized by high staff turnover. However, the year served to build a strategic platform covering the remainder of the country program and a full team will finally be in place by end of January 2014. Relations with national and state media were positive, and the relationship with the Ministry of Information was rekindled and will need continued priority attention during 2014, for practical issues such as photo permits and for capacity-building of state radio – ideally turning into support for actual community radio. Relationships with donors were positive throughout, and continued priority attention will be given to enhancing our contribution management as well as strategic outreach to diversify our funding base. A strengthened relationship with Germany and the Nordics was pursued through a mission of the Representative to MOFAs and NatComs in Germany and Denmark. The evidence-driven strategy for the Communication Initiative to promote EFPs (Alshuffa’s Alsoghar) was developed and endorsed by key partners. Furthermore a national Steering Committee comprised of key government and INGO partners and lead by the Health Promotion Division of the Federal Ministry of Health (FMoH) was established to guide implementation of the initiative. To insure delivery of equity-focused C4D interventions at scale a state by state mapping survey of CSOs working in BCC was conducted while a number of government and civil society actors participated in capacity building workshops to enhance their ability in application of relevant C4D skills.

On-track

IR 4020/A0/06/011/001 IR 3.2.1 - By 2015, national and state media programming is upgraded and the capacity of media professionals is strengthened to advocate for and promote child rights.

Progress:
The assessment of state radio stations suffered inordinate delay in completion due to illness in the family of the consultant. A decision on how to proceed toward completion and define next steps in UNICEF’s support toward state / community radio will be taken before end of January 2014, in consultation between Deputy Representative, Chief C4D and Chief MER.

On-track

IR 4020/A0/06/011/002 IR 3.2.2 - By 2015, partnerships with media, donors, and civil society actors lead to increased visibility of the situation and rights of children, women, and families within Sudan and leverage increased resources to complement state and federal government commitments supporting their rights

Progress: Much of the groundwork for stepping up strategic partner outreach has been laid during the second half of 2013. An RFP for a national media mapping went out in Q4 but has been put on the backburner for the time being due to the elevated cost of the only feasible technical bid received. Bids for an RFP for media discourse analysis will be analysed before end of January 2014. A critical overhaul was commissioned and completed for the UNICEF Sudan Website and will form the basis for a revamped look and use as primary repository of stories and information about children in Sudan. A framework strategy document for MER has been done covering 2014-2016. For donor and corporate outreach, the resource mobilization strategy document done in March 2013 was revisited and a kick-off meeting was held with the UN Global Compact and members in December 2013. Overall, the unit managed to keep a constant flow of proposals going to donors to keep the programs funded. Furthermore, Innovation was added to the MER portfolio as a new area to be developed and integrated into UNICEF Sudan’s country program.

On-track
**Progress:** The restructured Communication for Development section, led the development of evidence-driven C4D strategies and interventions and supported harmonisation of approaches and interventions for key result areas. The strategy for the Alshuffa’a Alsoghar Communication Initiative which seeks to promote positive child care and nurturing practices especially from the first 1000 days of life to age five years was developed and endorsed by key partners. This included a strategy for the participatory engagement of Grandmothers as agents of change at the household and community levels.

Strategic partnerships were established and actions taken to deliver equity-focused C4D interventions at scale. These actions included a state by state mapping survey of all CSOs working in behaviour and social change communication especially in promoting household and community practices that impact child survival, development and protection. The mapping survey provided the evidence for partnership engagement with some CSOs and government agencies, including a partnership with the Federal Ministry of Guidance and Awqaf (Endowment) office responsible for Religious Affairs.

The capacity of about 35 key primary health staff of the FMoH to develop quality communication materials and messages was enhanced through a three-day Messages and Materials Development Workshop facilitated by the C4D team. A Needs Assessment Study to assess the capacity of EPI Social Mobilisation Officers has also been designed to guide development of a capacity development programme.

UNICEF C4D, as a part of the flood emergency response facilitated a series of one-day orientation workshops (organized by UNICEF WASH, KSMOH/HPD and WES) to enhance the skills of 108 CBO volunteers in Community Mobilization and Communication Skills and to provide hygiene kits, chlorination tabs as well as disseminate key health promotion messages on safe drinking water, food hygiene, control of houseflies, personal hygiene, and disposal of solid and human waste during house to house visits.

Mechanisms for coordination of behaviour and social change interventions were strengthened through establishment of a National BSCC Technical Working Group in collaboration with the EPI Division of the Federal MoH and a UNCT HIV Communication Task force co-chaired by C4D. The C4D team was strengthened with the engagement of national UNVs as C4D officers in all six UNICEF zonal offices and Khartoum. This will enhance C4D technical support to meet the needs of specific communities in the different states.

A national Steering Committee to guide implementation of the Alshuffa’a Alsoghar Communication Initiative was also established under the management of the Health Promotion Division of the Federal Ministry of Health (FMoH) and technical leadership of UNICEF. Membership of the committee comprises relevant key divisions of the Ministry of Health, partner ministries such as Information and Communication, Guidance and Social Development, Youth as well as key INGO partners such as CRS, Goal and other national CSOs. The Steering Committee supported the development of review, validation and Sudanization of Facts for Life.

A major challenge was the limited national C4D technical capacity especially the absence of staff to develop, guide and deliver strategic interventions and initiatives at the state and community levels.

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<tr>
<th>IR 4020/A0/06/011/003 By 2014, the engagement and capacity of civil society actors to develop and implement integrated communication strategies that address social norms and promote positive behaviour change among boys and girls and their families is strengthened.</th>
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<td><strong>IR 4020/A0/06/011/004 Staff Costs and entitlements for PCR Media/Ex. Relation and Communication / Media/External Relation</strong></td>
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<td><strong>IR 4020/A0/06/011/005 Staff Costs and Entitlements for Media/Ex. Relation and Communication / Communication For Development</strong></td>
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<td><strong>PCR 4020/A0/06/800 PCR 4: Cross-sectoral programme support</strong></td>
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<td><strong>Progress:</strong> 2013 was a year of great adjustment for the Sudan Country Office (SCO) and its 6 field offices. It required realignment of business processes, system enhancements and training to continue to align staff skills with the new regulatory framework as well as to address the recommendations of the external audit carried out in December 2012, of which governance issues were prominent. Office key results and priorities were set out in the AMP early in the year and shared with all staff. This was followed by an all staff retreat in March 2013 which was a great opportunity for all staff to come together as one UNICEF Sudan team to reflect, discuss and agree on how to move the office's very ambitious agenda forward in the years to come, in the most efficient and effective way. Following a thorough analysis of programmatic and financial capacity assessments of implementing partners, a project risk mitigation strategy, endorsed by the PCARC committee, was developed and shared with staff. This has addressed weaknesses in office procedures relating to the preparation of PCAs and SSFAs. The inadequacy of work processes was identified as one of the root causes of control weaknesses. The review of all major work processes, a collective exercise coordinated by the Quality Assurance Officer, was undertaken in June 2013. Updated work processes and SOPs, endorsed by CMT, are now accessible by all staff in the common knowledge management folder. Clear work processes have helped the setting of clear accountabilities at all levels which has enhanced office governance. In a continuous effort to provide cost effective, reliable and secure ICT services, the Internet services have been upgraded across the country offices. The service was extended over the fibre optic link to cover satellite offices such as Zaleng and to serve as primary link in other locations. In parallel to “Phase I” of the ICT project, work is in progress to extend the telephony services from the main office in</td>
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Khartoum to zone offices. The office is in the process of extending the video conferencing services to cover other zone offices.

The CO is planning to undertake a contingency planning exercise during the first quarter of 2014 which will ensure the establishment of adequate emergency supply pre-positioning, partners mapping and staff mobilization plans. The Business Continuity Plan was updated during the year to include staff changes, system upgrades and security enhancements. A BCP briefing to all critical staff was conducted in August 2013 to reinforce understanding of their individual roles. A BCP was prepared for each of the 6 zone offices based on the security risk assessment of each area, to supplement the main country office BCP. The Risk Control Self Assessment (RCSA) report was updated and the office plans to conduct a review in 2014 as a lead up to the MTR.

**On-track**

**IR 4020/A0/06/800/001 Governance and Systems**

**Progress:** Office key results and priorities were set out in the AMP early in the year and shared with all staff. This was followed by an all staff retreat in March 2013 which was a great opportunity for all staff to come together as one UNICEF Sudan team to reflect, discuss and agree on how to move the office’s very ambitious agenda forward in the years to come, in the most efficient and effective way.

The office reviewed and streamlined the composition of 11 governance committees and 6 task forces with specific focus on accountability, empowerment, procedures, strategies, programme implementation, communications, security matters, management or performance. The CMT continued to act as the primary advisory body to the Representative and met a total of 11 times in 2013. The PCARC and the CRC held weekly meetings throughout the year. All the other committees met on a regular basis based on their approved Terms of Reference and a consolidated calendar of meetings, and the significant outcomes of these meetings were routinely fed into the CMT.

An Action Point Tracking system was introduced in March 2013 to monitor the status of implementation of recommendations made at various meetings, events and activities, and is shared with all staff on a weekly basis and monitored by the CMT.

Weekly conference call meetings for both programme and operations were held with all the field offices to enhance oversight of activities in field offices and for providing technical assistance and guidance by the Deputy Representative, Chief of Operations and the Chief Emergency and Field Coordination.

All audit recommendations were closed by the third quarter of 2013. A system was put in place to consolidate Management Indicators on monthly basis for review by the CMT. The indicators, reported by all sections, include HR management, Financial Management and Audit, DTC status, Funding and grant utilisation, Security and travel management, supply management, Field visits and Monitoring and Evaluation.

**On-track**

**IR 4020/A0/06/800/002 Financial Management**

**Progress:**

Bank reconciliations are closely monitored to ensure that they are completed and uploaded on time. The office has put in place guidelines to tighten its cash forecast procedures and set deadlines for payments to ensure that its banks balances are within the established thresholds.

Through accurate cash forecasting the SCO ensured that the monthly cash balance of threshold of $500,000 was not exceeded. Bank reconciliation were prepared timely and uploaded within NYHQ set deadlines, and outstanding items were followed up timely. Improved collaboration between the Finance unit and Programmes, facilitated by updated work processes, resulted in improved accounting. The office has taken efficient steps towards tightening the management of the DCTs and HACT implementation including finalizing the HACT Assurance Plans (that includes spot checks, programme visits and programme audits) for implementation effective January 2014, entering an LTA with an audit firm for conducting micro-assessments for partners who were not assessed in 2013, and developing tools for conducting spot checks. It is worth mentioning that micro-assessment has been conducted for 29 NGO Implementing Partners, and another round of micro-assessment is planned for 36 NGOs. It is also worth mentioning that no micro-assessment will be conducted for Government Implementing (for political sensitivity), and that high risk will be assumed for those IPs who have not been micro-assessed.

**On-track**

**IR 4020/A0/06/800/003 Human Capacity**

**Progress:**

The office has made significant progress in filling the vacancies despite the overall challenge in attracting qualified candidates. To date the vacancy rate is now reduced to 77 per cent taking into consideration five posts that have been frozen for a multiplicity of reasons including lack of access to particular areas or unavailability of local expertise.

The 2013 performance appraisal was 96 per cent complete and HR was taking appropriate action to reach the 100 per cent mark.

As of December this year the ratio of female to male was 27.4 per cent with significant variances based on geography, grade and appointment type. This ratio has not budged much as it was 27.4 per cent in 2012. This condition is constrained by deep rooted causes that may be cultural and historic. The office will work with the other UN agencies in Sudan to find the best ways to tackle this situation and has set an optimistic target of 30 per cent by the end of the
year.
Effective Governance Structure

2013 was a year of great adjustment for the Sudan Country Office (SCO) and its 6 field offices. It required realignment of business processes, system enhancements and training to continue to align staff skills with the new regulatory framework as well as to address the recommendations of the external audit carried out in December 2012, of which governance issues were prominent.

Office key results and priorities were set out in the AMP early in the year and shared with all staff. This was followed by an all staff retreat in March 2013 which was a great opportunity for all staff to come together as one UNICEF Sudan team to reflect, discuss and agree on how to move the office’s very ambitious agenda forward in the years to come, in the most efficient and effective way.

The office reviewed and streamlined the composition of 11 governance committees and 6 task forces with specific focus on accountability, empowerment, procedures, strategies, programme implementation, communications, security matters, management or performance. The CMT continued to act as the primary advisory body to the Representative and met a total of 11 times in 2013. The PCARC and the CRC held weekly meetings throughout the year. All the other committees met on a regular basis based on their approved Terms of Reference and a consolidated calendar of meetings, and the significant outcomes of these meetings were routinely fed into the CMT.

The Emergency Coordination Management Team (ECMT), which brought together the Chief of Emergency, the Security Advisor, the UNICEF Cluster Leads, and emergency focal points from each section, met regularly with the aim of strengthening the effectiveness and coordination of humanitarian action interventions. The group met on a bi-weekly basis to review the status of the emergency response preparedness of the office and to recommend actions required to address ongoing emergencies in various locations. This forum also serves for sharing relevant information regarding the security situation in the country, including analysing potential threats to areas where there is peace and stability.

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Weekly conference call meetings for both programme and operations were held with all the field offices to enhance oversight of activities in field offices and for providing technical assistance and guidance by the Deputy Representative, Chief of Operations and the Chief Emergency and Field Coordination.

All audit recommendations were closed by the third quarter of 2013. A system was put in place to consolidate Management Indicators on monthly basis for review by the CMT. The indicators, reported by all sections, include HR management, Financial Management and Audit, DTC status, Funding and grant utilisation, Security and travel management, supply management, Field visits and Monitoring and Evaluation.

Strategic Risk Management

Audit follow up is a standing CMT agenda item. During the year, the Audit committee was reconstituted and tasked with ensuring that sound controls are in place and outstanding audit recommendations are addressed timely and adequate action taken to prevent their recurrence. All audit recommendations were closed by the third quarter of the year.

Following a thorough analysis of programmatic and financial capacity assessments of implementing partners, a project risk mitigation strategy, endorsed by the PCARC committee, was developed and shared with staff. This has addressed weaknesses in office procedures relating to the preparation of PCAs and SSFAs.

The inadequacy of work processes was identified as one of the root causes of control weaknesses. The review of all major work processes, a collective exercise coordinated by the Quality Assurance Officer, was
undertaken in June 2013. Updated work processes and SOPs, endorsed by CMT, are now accessible by all staff in the common knowledge management folder. Clear work processes have helped the setting of clear accountabilities at all levels which has enhanced office governance.

Scheduled peer reviews of field office financial transactions were done as part of providing operational support to field offices. Areas of weaknesses were reported with recommendations to address them. The status of action to address recommendations was reviewed in monthly Operations meetings. The CO maintains a minimum level of readiness to respond to emergencies by having EPR mainstreamed in the various sections’ AWPs. The Emergency Coordination Management Team (ECMT) has been established and is the advisory body to the CMT for emergency preparation and response related issues and meeting bi-weekly.

The CO is planning to undertake a contingency planning exercise during the first quarter of 2014 which will ensure the establishment of adequate emergency supply pre-positioning, partners mapping and staff mobilization plans. The Business Continuity Plan was updated during the year to include staff changes, system upgrades and security enhancements. A BCP briefing to all critical staff was conducted in August 2013 to reinforce understanding of their individual roles. A BCP was prepared for each of the 6 zone offices based of the security risk assessment of each area, to supplement the main country office BCP. The Risk Control Self Assessment (RCSA) report was updated and the office plans to conduct a review in 2014 as a lead up to the MTR.

**Evaluation**

SCO Integrated Monitoring and Evaluation Plan (IMEP) is consolidated under the leadership of the SPPME section. The focus for 2013-2014 has been limited to priority key strategic activities to ensure quality implementation & full utilization of recommendations. The progress of all activities has been closely monitored & reported quarterly to the CMT. Out of four evaluations planned in 2013, two have reached their final stages and two are deferred to 2014. The ‘Evaluation of Child Friendly Community Initiative Project’ and the ‘evaluation of Community Management of Acute Malnutrition (CMAM) project’ are finalized & reports are expected early 2014. The ‘Baseline study and evaluation of teachers training programme in South Darfur’ has been postponed due to delay in accessing the fund from the donor. The ‘Evaluation of Integrated Young Child Feeding’ has also been rescheduled due to overwhelming engagement of UNICEF and government counterparts on the national S3M survey.

The SPPME Section provided continuous support in developing ToRs, identifying evaluators, reviewing methodology, ensuring overall quality of implementation, developing management response and follow-up of recommendations. The actions of the management response of the WASH evaluation, conducted in 2012 and rated as highly satisfactory, were all closed.

However, the capacity of evaluation in Sudan remains a challenge with inadequate competent national personnel and institutions. SPPME has been supporting the Ministry of Finance to activate the National Evaluation Association as a key player to provide technical support & capacity building on evaluation, but this remains work in progress.

**Effective Use of Information and Communication Technology**

In a continuous effort to provide cost effective, reliable and secure ICT services, the Internet services have been upgraded across the country offices. The service was extended over the fiber optic link to cover satellite offices such as Zalengi and to serve as primary link in other locations. In parallel to “Phase I” of the ICT project, work is in progress to extend the telephony services from the main office in Khartoum to zone offices. The office is in the process of extending the video conferencing services to cover other zone-offices.

With great support from the regional office, Microsoft Lync along with other training including Telecommunication was provided to build the team’s capacity. The team managed successfully to relocate two zone-offices including re-commissioning of VSAT systems, HF/VHF stations and servers. Kadugli office
Internet services were restored after the temporary shutdown of the office following a bombing incident. The work on upgrading servers is progressing well.

In line with the global direction, Regional office support, and in-house experience, the “LIGHT Office” modality was applied to re-home Nyala staff mail files to the main office in Khartoum and provide remote access support as was done for Kadugli, Kassala and Damazine offices. Notwithstanding, supporting these offices remotely to gain access network and other services remained challenging given the operations complexity and the peculiar context. While the Service Level Agreement (SLA) and Service Catalog were updated and signed to support this modality, there is a need to strengthen further the Operational Level Agreement (OLA) to secure reliable and stable power sources.

The management was kept abreast of the Technology for Development (T4D) opportunities including the “SMART Village” initiative of which Samsung provides innovative solutions for a rural village, such as a set of complete education system infrastructure, solar power solution, medical mobile centre for quick and accurate diagnostics, rural treatment of basic illnesses, and provision of basic lighting.

Training on telecommunication equipment including HF/VHF and BGAN to critical staff was provided. The business continuity and disaster recovery plans were updated. Additionally, the "Working From Home“ modality needs emerged to provide viable connectivity at home to critical staff as well as to support day to day business for more efficiency given the available services of Lotus Notes travellers, Black Berry, Video conference bridge and Audio conference facilities.

As scheduled, the global projects were carried out timely including the high availability (HA) for the main office in Khartoum. Nonetheless, we are working on innovative solution to ensure high availability at field offices level too.

The office had the opportunity to utilise the memoranda of understanding (MoUs) being signed between the organization and other sister agencies as part of UN coherence. Recently, the MoU has been signed with WFP to provide internet connection in one of our satellite offices in South Darfur; while the UNICEF ICT unit provided support with the Internet service to WHO in Abyie.

**Fund-raising and Donor Relations**

Whilst 2013 saw some success in maintaining fundraising, there have been a number of challenges to reaching targets. A total of $79 million was raised for all programmes, a 5 per cent increase compared with 2012. The office relied on around $10.3 million of RR funding. The support budget was 496,267 which compares with 856,435 in 2012 - a significant difference. The overall income for OR was $25 million (41 per cent of ceiling), with $41 million raised for humanitarian activities, covering 62 per cent of CAP/ HAR appeal. Increasingly, there is a strategic shift to develop more OR for programme and thus a growing need for more long term funding. Traditionally donors to Sudan have largely been focused on OR-E funding, and the CO has an important role to play in creating a dialogue and programmatic responses to encourage donor confidence in this approach. In 2013, the CO took a strategic step to begin attracting and developing relationships with donors to ensure future investment in OR funding mechanism.

For humanitarian activities, the CO continued to rely heavily on CERF funding of $12.4 million and CHF funding of $7.1 million. ECHO and OFDA have again continued to provide vital emergency funding to address needs across the country. Partnerships with both these key donors have been cultivated in 2013 to ensure continued support in 2014. The Government of Japan was a major contributor to ORE funding, allowing the CO to direct funding to sections with critical gaps. Major, long term proposals have been developed with DFID for nutrition resilience and WASH activities in 2013 that will provide an important platform for the CO to leverage increased resources for long term funding. In addition, in the final quarter, three new funding agreements were developed and signed with the European Commission for education and health projects.

In 2013 new donor relationships have been built with local Embassies to cultivate future income, particularly for long term programmes, including with an African country who is an emerging donor. Relationships with NatComs have continued to be developed, including the Swedish, US and Belgian committees. Of particular
note is a fundraising initiative conceived with the Belgian NatCom to mobilise high profile women to raise funds for the CO’s work to prevent FGM/C. The Representative’s visit to European donor capitals, including Germany, Denmark, and Belgium in November 2013 was also an important activity to help further develop existing and new donor relationships and resource leveraging opportunities.

The CO continues to play an important role in Sudan for donor who cannot access conflict areas, in providing insight into the situation of children. A number of donor visits have been facilitated in 2013 that have enabled donors to monitor their support of UNICEF’s programmes and often provide useful technical feedback to sections. In addition, key events such as the Deputy Executive Director’s visit in December have provided important opportunities to dialogue with donors on key issues affecting children and future priorities for support and collaboration.

Management of Financial and Other Assets

Regular monitoring of grant utilisation was stepped up. Funds utilisation reports were reviewed and discussed in weekly programme and senior management meetings. Budgets were monitored closely to ensure the office covered essential operating needs and that the grants were effectively utilized before the expiry dates of the grants. Grant management was further strengthened with Representative’s directive to all staff that all grant extensions should be submitted to PARMO 3 month prior to grant expiry date and the enforcement of the UNICEF revised policy on utilization of funds -service / supplies to be delivered within 12 months after expiry off grant.

Performance indicators showed a marked improvement over the previous year. Total RR spent stood at 93 per cent. 93 per cent PBAs used within the original duration of the PBA life, and 86 per cent of OR-E used within the original life of PBA as of end November 2013. Bank reconciliations were prepared and submitted by set deadlines and outstanding items cleared timely.

Through accurate cash forecasting the SCO ensured that the monthly cash balance of threshold of $500,000 was not exceeded. Bank reconciliation were prepared timely and uploaded within NYHQ set deadlines, and outstanding items were followed up timely. Improved collaboration between the Finance unit and Programmes, facilitated by updated work processes, resulted in improved accounting. The office has taken efficient steps towards tightening the management of the DCTs and HACT implementation including finalizing the HACT Assurance Plans (that includes spot checks, programme visits and programme audits) for implementation effective January 2014, entering an LTA with an audit firm for conducting micro-assessments for partners who were not assessed in 2013, and developing tools for conducting spot checks. It is worth mentioning that micro-assessment has been conducted for 29 NGO Implementing Partners, and another round of micro-assessment is planned for 36 NGOs. It is also worth mentioning that no micro-assessment will be conducted for Government Implementing (for political sensitivity), and that high risk will be assumed for those IPs who have not been micro-assessed.

The SCO continued to pursue cost effective options in the procurement of goods and services by utilising shared services with other UN agencies, including transportation of supplies, shared office space for some of the zone office out posts, and joint assessments of programme implementing partners, and the use of existing LTAs through the inter agency procurement group. As some of these initiatives were implemented in the last quarter of the year, significant financial benefits will only be realised next year.

Supply Management

The Supply & Logistics Unit assisted the government counterparts and other partners in the use of UNICEF’s Procurement Services amounting to $41.9 million, representing 65 per cent of the office’s procurement throughput for the year.
The Unit gave logistics support to Global Fund in the form of customs clearance and in-country transport for the quantity of 2.5 million bed nets with a value of 9.5 million USD. Bidding and contractual documents were produced for the Education sector for the construction of 64 class rooms in 31 schools at a total value of 1.2m USD. Further support was given to Youth Section for the construction of 4 youth centres at a total cost of 1.6m SDG.

A market survey is required to enable us define and reach the Suppliers that we need for procurement. The Supplier Data base/Vendor Master Record will be updated accordingly after the survey. Two Local Procurement Authorisations were obtained this year; one at a cumulative value of 123k USD for the construction of 2 schools in South Darfur and another at 911k USD for the construction of 17 education units and rehabilitation of 8 schools. Sourcing of strategic essential supplies was carried out through Copenhagen whilst commonly available supplies were procured locally.

A UN Common Procurement Group continues to function and all members have access to LTAs and supplier data base of individual agencies, resulting in shortened lead time for the procurement process. The group meets once every month however, much is required to maintain this frequency. The Unit also participates in the UN Joint Logistics Service where WFP is the Lead Agency.

The office has an MOU with WFP for the provision of transport services and another to be concluded with UNAMID for the provision of fuel to our Darfur offices. UNICEF’s main warehouse is in Khartoum with Stores in El-Fasher, EL-Geniena, Kadugli, Kassala and Nyala. A logistics assessment was done this year for 18 UNICEF Implementing partners and highlighted areas for capacity development for some of the partners. In-country transport continues to be a challenge due to insecurity, especially in the Darfurs. The rainy season further complicates the transportation of supplies. However, we intend to preposition stocks to deal with the problem.

The office is planning to conduct a supply chain assessment in 2014, and has consequently submitted Terms of Reference for this assessment to the Regional Logistics as well as to Supply Division to assist with the bidding process and the identification of potential candidates for this activity.

### Human Resources

After a major restructuring exercise in 2012, the Country Office has prioritised the need to motivate and re-energize a team of over 240 staff members to strengthen our commitment and accountability before embarking on a new 4-year country programme. An all staff retreat was held at the beginning of 2013. During the retreat, the Office Improvement Plan was discussed and four main areas were identified as crucial to be addressed: Work / Life Balance, Career / Professional Development, Transparency & Accountability, and Job Pride / Motivation. By end of June 2013, all recommendations regarding the four areas were implemented.

The frequent change in leadership at senior management levels in the previous year created a sense of instability and uncertainty in the Country Office, however this has been addressed this year with the appointment of a new management; Representative, Deputy Representative, Chief of Operations, Chief of Communication M&ER and Sr. Emergency Specialist. This has brought new dynamics among the team and boosted some positive changes such as punctuality, and engagement toward office priorities.

During the last quarter of the year, the office launched an exercise of major Process of Strategic Reflection in order to enhance the effectiveness and efficiency of the country programme and ensure that staff as a
whole retakes ownership of the country programme objectives and results. This is a participatory process that will feed into the Mid-Term Review scheduled to start in the third quarter of 2014.

As part of the response to the staff needs in terms of capacity development and wellbeing, HR section has started to re-engineer the Learning Strategy and Process. The Learning and Training Committee has started functioning well with a good understanding of policies, procedures, offices priorities and staff development needs. Training on Ethics and Gender, as well as team building exercise was conducted. Seven (7) staff enrolled in and completed the Leadership corporate trainings: LDP and DLC in 2013 and one staff participated the SLDP course.

In 2013 the office experienced challenges in operating conditions including visa delays/rejections, restricted access for international staff, and understaffed HR Unit, however, the CO completed the recruitment of more than 120 positions (after 2012 PBR). The CO has put in place a proactive work process to address the recruitment of positions foreseen to be vacant in 2013. The Office was also innovative to identify new capacities through UNVs (both national & international), JPOs, and Interns; SCO is currently recruiting NETI staff. This was an excellent initiative that introduced young and dynamic talent to the organization and cost effective. However, the challenges remain in terms of attracting high level staff to SCO, many candidates declined at the end of recruitment processes. Even for national posts, some GS & NO posts were found hard to recruit. The County Office is employing various strategies to address this.

### Efficiency Gains and Cost Savings

Through MOUs signed with sister UN agencies, the office continued to rationalise the use of resources through collaboration in:

- Use of common premises (eg in Abye and Ad Daein)
- Transportation services for programme supplies, especially in Darfur region.
- Capitalising on the use of other facilities owned by other agencies to gain from economies of scale (eg in vehicle maintenance workshops with WFP, Hescos bags for MOSS with WFP, fuel with UNAMID).

The office decided to close non-self-sustaining guest houses in Nyala and El-Fasher and improve facilities at the remaining viable ones.

### Changes in AMP & CPMP

A proposal for structural change involving five positions was submitted to PBR by mail poll towards the end of the year. The process was participatory, included inviting the views of the general staff populous and the staff association, prior to endorsement by the CMT.

The CMT management indicators were updated to include the monitoring of the management indicators in the AMP, as further action towards improving governance.

For next year the office will prioritise increasing the oversight, technical assistance and guidance provided to zone offices as well as improving the quality and frequency of field monitoring activities based on lessons learnt in 2013. The office will also revise the structure in line with the upcoming setting up of the Global Service Centres. Other priorities of the 2014 AMP will focus on:

- Having a finalised AMP by end of the first quarter.
- Finalising the office contingency plan (EPRP) and conducting the related training with the support of the Regional office Updating the Table of authority as the last recruitments in implementation of the PBR are finalised.
- Preparations for the 2014 internal audit
- Continue seeking additional operational cost efficiencies
- Full implementation of HACT
- Continue the implementation of the programme and management gender action plan
- Substantially reducing the number of open vacancies and recruitment times
Identifying key programme priorities and strategies for consolidation and scale up.
Completing the process of Strategic reflections and the Mid-term Review and new CPMP

Summary Notes and Acronyms

**ACRONYMS**

ALP: Alternative Learning Program
AWP: Annual Work Plan
BCP: Business Continuity Plan
CPAP: Country Program Action Plan
C4D: Communication For Development
CATS: Community Approach for Total Sanitation
CCC: Core Commitments for Children
CMAM: Community Management of Acute Malnutrition
CMT: Country Management Team
CPD: Country Program Document
CO: Country Office
CRC: Convention of the Rights of the Child
CEDAW: Convention to Eliminate all forms of Discrimination against Women
CFS: Child Friendly Schools
CERF: Central Emergency Response Fund
DFID: Department for International Development
DLC: Dynamic Leadership Certificate
ECMT: Emergency Coordination Management Team
ECHO: European Commission Humanitarian Office
EMIS: Education Management Information System
EPI: Expanded Program on Immunization
EPR: Emergency Preparedness and Response
FCPU: Family and Child Protection Units
FMOH: Federal Ministry of Health
FMOE: Federal Ministry of Education
FDI: Foreign Direct Investment
FGM/C: Female Genital Mutilation/Cutting
GAVI: Global Alliance for Vaccines Initiatives
GPE: Global Partnership for Education
HACT: Harmonized Approach Cash Transfer
HIV/AIDS: Human Immunity Virus Acquired Immunity Disease Syndrome
HWP: Humanitarian Work Plan
IDPs: Internally Displaced Persons
ICSD: International Consortium for Social Development
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>IRs</td>
<td>Intermediate Results</td>
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<tr>
<td>IMEP</td>
<td>Integrated Management and Evaluation Plan</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>KM</td>
<td>Knowledge Management</td>
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<td>KAP</td>
<td>Knowledge Attitudes and Practices</td>
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<td>LDP</td>
<td>Leadership Development Program</td>
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<td>LTA</td>
<td>Long Term Arrangement (in Supplies)</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MER</td>
<td>Media and External Relations - Section</td>
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<td>MENA</td>
<td>Middle East and North Africa - Region</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MoRes</td>
<td>Monitoring Results for Equity System</td>
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<td>MDGS</td>
<td>Millennium Development Goals</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>Ministry of Education</td>
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<td>National Council for Child Welfare</td>
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<td>Non Governmental Organization</td>
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<td>NYHQ</td>
<td>New York Head Quarter</td>
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<td>OFDA</td>
<td>Office of Foreign Disaster Assistance</td>
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<td>OLA</td>
<td>Operational Level Agreement</td>
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<tr>
<td>OR</td>
<td>Other Resources (funds from external sources)</td>
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<td>PCR</td>
<td>Program Component Results</td>
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<td>PCARC</td>
<td>Program Cooperation Agreement Review Committee</td>
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<td>PCV</td>
<td>Pneumococcal Vaccine</td>
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<td>RUTF</td>
<td>Ready to use Food</td>
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<td>RWP</td>
<td>Rolling Work Plan</td>
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<td>RAM</td>
<td>Results Assessments Matrix</td>
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<td>S3M</td>
<td>Simple Spatial Sampling Methodology</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SERF</td>
<td>Special Event Reserve Fund</td>
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<td>SLA</td>
<td>Service Level Agreement</td>
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<td>Scaling Up Nutrition</td>
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<td>SCO</td>
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<td>SS:Cooperation</td>
<td>South South Cooperation</td>
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<td>SHHS</td>
<td>Sudan Household Health Survey</td>
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<td>SSFAs</td>
<td>Small Scale Funding Agreements</td>
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### Document Centre

#### Evaluation

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<td>2013/001</td>
<td>SitAn</td>
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<tr>
<td>2. Sudan Case Study - Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting (FGM/C)</td>
<td>2013/008</td>
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## Lessons Learned

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<td>2 Innovation lab in Sudan</td>
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