United Nations Children’s Fund

Executive Board

Second regular session 2017
12-15 September 2017

Item 8 (a) of the provisional agenda*

Draft country programme document**

Sudan

Summary

The draft country programme document (CPD) for Sudan is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $47,125,000 from regular resources, subject to the availability of funds, and $193,925,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2021.


** In accordance with Executive Board decision 2014/1, CPDs are now considered and approved in one session, on a no-objection basis. This CPD, along with the costed evaluation plan, is being presented to the Executive Board for review from 19 June to 7 July 2017. The final CPD will be posted to the Executive Board web page in English six weeks ahead of the 2017 second regular session and in the other designated languages four weeks ahead of the session, in accordance with established practice.
Programme rationale

1. The country programme has been developed during a transformational period for the Republic of the Sudan, as the country transitions through significant geopolitical and socioeconomic changes. The January 2017 decision by the Government of the United States to ease sanctions imposed in 1997 is considered a positive step towards improving humanitarian access and helping to create a solid platform for positive dialogue and sustainable development for the country. Furthermore, the National Dialogue recently concluded with recommendations to establish a fair and legal political system, based on new constitutional, political and community foundations, to be agreed upon by the Sudanese people. These developments, combined with the current ceasefire efforts in Darfur and other conflict-prone regions, could bring the positive change needed for the further expansion of development work as well as foreign direct investment and economic growth and help to sustain peace in Sudan, moving the country from a humanitarian to development context. This evolving context presents opportunities for Sudan to advance towards the Sustainable Development Goals.

2. With the national strategic development plan (2017-2020) and the poverty-reduction strategy paper under preparation and expected to be finalized at the end of 2017, the long-term vision set out in the 25 Year National Strategy (2007-2031) continues to be the national framework outlining national priorities to promote the equitable distribution of resources and effective partnerships for sustainable development.

3. Sudan faces humanitarian difficulties triggered by armed and intertribal conflicts, as well as climatic conditions and development challenges. Children are affected by floods, droughts, epidemics and critical levels of food insecurity and malnutrition. Six years after the secession of South Sudan in 2011, the situation in Abyei remains unresolved, and there is ongoing conflict in Blue Nile, South Kordofan, and parts of Darfur. In 2016, about 97,000 people were displaced from the Jabal Marra area of Darfur. The 1.1 million internally displaced children in Sudan continue to lack opportunities to thrive and reach their full potential. In addition to the displaced, the ongoing conflict in South Sudan and the famine declared in February 2017 in neighbouring countries have led to an estimated influx of 379,692 refugees to Sudan, 85 per cent of whom are women and children. The country also continues to be a host, origin and transit country for refugees and migrants, including unaccompanied and separated children.

4. In the last decade, Sudan has attained lower-middle-income status, in spite of the negative economic impact of nearly two decades of economic sanctions and the loss of oil revenue following the secession of South Sudan. This status, however, masks the disparities in child-specific social indicators between states. Sudan ranked 165 out of 188 countries and territories in the 2016 human development index. Some 46.5 per cent of the population lives in poverty, with the rural areas most affected.

5. Climate change is a threat to Sudan, where desert and semi-desert areas occupy over 60 per cent of the country. The country has the highest rate of deforestation (2.4 per cent) among developing countries, while ground-water depletion is a major concern. Rainfall, most

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2 Ibid.
recently due to El Niño, is becoming increasingly erratic and has severely affected some regions. It is predicted that dry spells will increase in frequency and length, triggering climate hazards and increasing food insecurity, competition over resources and internal migration. Children will bear the biggest brunt of climate change, which could reverse the gains made in child survival and development, especially for the poorest and most vulnerable.

6. Nearly 51 per cent of the country’s population of 39.5 million are below the age of 18 years. Spurred by high population growth, of 2.4 per cent, Sudan is experiencing a demographic shift towards a youth-based population and a concomitant rapid urbanization, with over a third of the population now living in urban areas. Rural-urban migration is being driven in part by conflict, drought and desertification, as well as the search for better economic opportunities and access to basic services. It is important that the youth bulge be adequately reflected in government policies and programming in order to harness the potential for inclusive economic growth.

7. Despite the progress of Sudan in child survival and health outcomes, the agenda for ensuring the well-being of young children and their mothers remains unfulfilled. The significant reduction in under-five mortality, from 128 (1990) to 70 (2014) per 1,000 live births, contrasts with the inferior progress in neonatal mortality, which fell only from 40 (1990) to 30 (2014) per 1,000 live births. This trend is related to the high maternal mortality rate, at 216 per 100,000 live births (2010) with most deaths due to delivery by unskilled birth attendants at home and the lack of comprehensive emergency obstetric care. The estimated HIV prevalence rate is 0.3 per cent among adults aged 15 to 49 years, with an estimated 5,600 new infections annually. The limited availability of services is a concern: only 4 per cent of pregnant women living with HIV receive antiretroviral medicines to prevent mother-to-child transmission.

8. While some progress has been realized in the past four years, the rates of malnutrition have not improved for the past 30 years: global acute malnutrition has remained largely unchanged at 15.8 (1987) and 16.3 (2014) per cent. Stunting continues to show an upward trend from 32 per cent in 1987 to 38 per cent in 2014, while the levels of acute malnutrition remain above the World Health Organization (WHO) emergency threshold in 11 out of the 18 states. Some key drivers for malnutrition are poor water and sanitation conditions, high disease prevalence and negative social norms and feeding practices. On average, only 15.1 per cent of children aged 6 to 23 months receive a minimum acceptable diet, with stark disparities ranging from 0.3 per cent in Kassala to 49.8 per cent in Northern State. High child malnutrition is a key development challenge for Sudan: malnourished children are at risk of lifelong physical and cognitive impairment, resulting in poor educational outcomes, and girls run the risk of giving birth to low-birth-weight children, thereby perpetuating a vicious intergenerational cycle.

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7 Ibid.
9 Ibid.
10 Sudan Household Health Survey, 2010.
13 Sudan Emergency and Recovery Information and Surveillance System (SERISS) survey, 1987
14 Sudan multiple indicator cluster survey (MICS), 2014.
16 Sudan MICS, 2014.
17 Ibid.
9. Nearly one-third of households practise open defecation. Access to sanitation, at 32.9 per cent in 2014 (multiple indicator cluster survey (MICS) 2014), has improved little over the last decade. Some 68 per cent of households have access to an improved drinking-water source, with significant geographic disparities: only one-third of households in Red Sea, White Nile and Gedarif states have access to improved water sources. Around two-thirds of existing schools do not have improved sanitation facilities and a quarter of them do not have improved drinking water facilities, which negatively impacts children’s attendance and enrolment, particularly for girls. The high prevalence of poor hygiene practices, including open defecation, inadequate treatment and storage of drinking water, and suboptimal hygiene practices, contribute to the high incidence of diarrhoeal diseases and malnutrition among children.

10. Around 3.1 million children aged 5 to 13 years are out of school, of whom 52 per cent are girls. These children are living mainly in conflict-affected or rural areas, as well as among nomadic populations or in poor families. This is in spite of the positive gains made in the education sector: The net attendance rate increased from 68.4 per cent in 2006 to 76.4 per cent in 2014, while the Gender Parity Index in primary school improved from 0.94 in 2010 to 0.98 in 2014. There is a gap of more than 10 percentage points in primary-school completion rates between boys (84.8 per cent) and girls (74.3 per cent). Attendance in early childhood education programmes among children aged 36 to 59 months is 22 per cent, with a wide disparity between urban (45 per cent) and rural (14 per cent) populations. Key barriers to education continue to be out-of-pocket expenses, long distances to schools, a lack of qualified teachers, limited community participation in school management, insufficient government allocation and social norms.

11. According to the MICS 2014, 64 per cent of children aged 1 to 14 years experienced various forms of violent discipline. Female Genital Mutilation/Cutting (FGM/C) prevalence in Sudan is 87 per cent among women aged 15 to 49 years old and 31 per cent among girls aged 0 to 14 years (MICS 2014) and the FGM/C secondary analysis (Central Bureau of Statistics and the National Council on Child Welfare). The Government of Sudan recently took steps towards including FGM/C as an article in the Criminal Act to support its ongoing campaign – the Saleema Initiative - to promote the social status of the uncut girl. Marriage before the age of 18 years occurred among 38 per cent of women aged 20 to 49, while 12 per cent were married before the age of 15 years. Action plans on the protection of children in armed conflict were signed in 2016, one with the Government and one with the Sudan People’s Liberation Movement-North.

12. The country’s pro-poor spending increased from 4.6 per cent of the gross domestic product (GDP) in 2012 to 5.4 per cent in 2014 and from 32 per cent of the public expenditure to over 45 per cent during the same period. In spite of this increase, the quality of such spending has been poor, with the budget allocated predominantly on recurrent costs. For example, although government expenditure on basic education has been increasing nominally, 94 per cent has been for recurrent costs. Sudan spends just 1.3 per cent of GDP

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18 National School Health Strategy 2017-2020, final draft.
19 Sudan MICS 2014.
20 Ibid.
21 Ibid.
22 Sudan MICS, 2014.
on education (2016) and 1.8 per cent on health (2014). Since 2016, the Government has invested $10.8 million to support the scaling-up of treatment of acute malnutrition. The launch of the Sudan Nutrition Investment Case and the National Reproductive, Neonatal, Maternal and Child Health Strategy in 2016 offer important opportunities for strengthening national investment in the social sectors.

13. The country programme draws on key lessons learned from the current cycle (2013-2017), including those informed by the midterm and gender reviews, the evaluations of the field-office function and UNICEF humanitarian action in North Darfur and nationwide household surveys and studies.

14. In line with these lessons, UNICEF will strengthen its decentralized programme-delivery capacity and focus. Geographical targeting will be guided by a set of multidimensional child-deprivation indicators and subnational risk assessments and mappings. UNICEF will continue to strengthen the linkages between humanitarian, resilience and development programming, building upon its comparative advantage of being one of the few agencies that engages in programming across all these spheres. Durable solutions to protracted displacement and strengthened linkages between the United National Development Assistance Framework (UNDAF) and the newly developed multi-year humanitarian strategy will be promoted.

Programme priorities and partnerships

15. The overall goal of the country programme 2018-2021 is to contribute to national efforts to enable all children and adolescents in Sudan, especially those in the most vulnerable situations, to have their rights progressively fulfilled and to develop to their full potential in an inclusive and protective environment.

16. The country programme has five components: (a) child survival and development; (b) education and learning; (c) child protection; (d) policy, evidence and social protection; and (e) programme effectiveness.

17. In line with the draft UNICEF Strategic Plan 2018-2021 and the policies and strategies of the Government of Sudan, the country programme of cooperation is aimed at achieving equitable outcomes for the poorest, most-in-need and hardest-to-reach children. In line with the Sustainable Development Goals, this will be achieved through addressing humanitarian needs while building the resilience of families and communities against future shocks and linking with sustainable development interventions. UNICEF will respond to emerging humanitarian situations in accordance to the Core Commitments for Children in Humanitarian Action.

18. Strategic emphasis will be given to strengthening policies and plans at the national and subnational levels that enhance social inclusion, build organizational capacities to deliver equity-based and resilient social services and promote positive and healthy behaviours and attitudes of individuals and communities, including children. A conflict-sensitive programming approach will be used, considering both the large number of localities hosting displaced or refugee populations and host communities and the occurrence of inter-tribal conflict. Risk-informed programming will also be a key cross-cutting approach to maximize

24 Education finance study, 2017.
the UNICEF contribution to effective preparedness and response to hazards and natural disasters.

19. The programme was developed in close collaboration with the Government to ensure alignment with the priorities defined in the National Strategic Development Plan 2017-2020. It will contribute to all five outcomes of the UNDAF 2018-2021, particularly the social services outcome, as well as the Multi-Year Humanitarian Strategy 2017-2019 and the Integrated Strategic Framework for the Darfur.

20. Emergency preparedness and response, disaster risk reduction and climate-change adaptation will be mainstreamed into the programme outputs.

Child survival and development

21. This component comprises one outcome for nutrition and health and one for water, sanitation and hygiene (WASH), aiming to promote reinforcing services and interventions to reduce child mortality and morbidity, particularly child malnutrition.

22. The health and nutrition outcome will contribute to the increased use of high-impact quality nutrition and health services in partnership with the Ministry of Health and in collaboration with United Nations agencies, particularly the World Health Organization (WHO), United Nations Population Fund (UNFPA) and World Food Programme (WFP).

23. UNICEF will increasingly focus its support on states and localities with higher levels of inequities in child mortality and stunting, through strengthening the planning, integration and delivery of quality health, nutrition and WASH services, including the provision of essential commodities and service delivery. A specific emphasis will be on reducing neonatal mortality and stunting and the strengthening of capacities to expand immunization. UNICEF will also support the development and delivery of nutrition and health services for adolescents, including through intersectoral approaches.

24. The quality of community-based management of acute malnutrition (CMAM) service delivery will be improved through the provision of WASH services, and the referral of caregivers to counselling on infant and young child feeding, hygiene and early child stimulation practices and birth registration. UNICEF will also support the integration of CMAM into the health system.

25. UNICEF will strengthen the promotion of key family care practices and behaviours, and increase access to and the use of services. Social-protection mechanisms linked to improving access to nutritious foods and uptake of key services will be explored.

26. The WASH outcome will contribute to increasing the access of children and their families to equitable and sustainable basic services for all, with a priority on sanitation and the elimination of open defecation. UNICEF will also focus on ensuring WASH availability in schools and nutrition and health institutions.

27. UNICEF will work in close collaboration with the Ministry of Water Resources, Irrigation and Electricity for water supply interventions; Ministry of Health for sanitation and hygiene interventions in communities/health institutions, Ministry of Education for WASH in schools and Ministry of Environment for Climate Change related issues.

28. Programming strategies will focus on scaling up access to basic sanitation facilities and eradicating open defecation and increasing water safety and hygiene promotion. Scaling up sanitation will be accomplished through the promotion of knowledge and practices, while
ensuring the availability of facilities. The institutional capacity development of government systems will be supported to enhance water safety. Research-informed social and behavioural communication approaches targeting children and their families, will form the basis for action to improve hygiene practices, with a particular focus on handwashing with soap at critical times.

29. UNICEF will also continue supporting the provision of lifesaving WASH services for children and their families affected by emergencies. In doing so, UNICEF will pursue the humanitarian-development continuum through resilience-strengthening approaches.

**Education and learning**

30. The education and learning component will contribute to improving equitable access to quality basic education with improved learning outcomes for children, in collaboration with the Federal and state ministries of Education and all relevant directorates, the Global Partnership for Education, the local Education Partner Group and United Nations agencies, particularly UNESCO. UNICEF will support the capacity development of the education sector at the subnational and national levels to legislate, plan, coordinate and budget for equitable and inclusive education opportunities in UNICEF-targeted states and localities.

31. The component will focus on getting children into school and keeping them there, particularly girls, children living with disabilities and conflict-affected, nomadic and the poorest children in the UNICEF targeted states and localities. An intersectoral approach will be promoted for implementing the national policy for early childhood development to ensure the delivery of an integrated package of services for enhancing early stimulation, school readiness and better learning outcomes for children.

32. Access to education will be scaled-up to reach out-of-school, nomadic and displaced children, including those in humanitarian situations. Strengthened partnership with NGOs will be key to improving access for hard-to-reach children. Accelerated learning modalities and non-formal education will be supported to provide learning opportunities to children and adolescents who have missed out on education opportunities. The e-learning innovation piloted during the previous country programme will be scaled up to reach children in remote areas without schools or who are living in difficult circumstances. For adolescents, formal and non-formal technical and vocational training will also be supported.

33. The quality of education delivery will be improved through the strengthening of teachers’ capacity and the curriculum, the piloting of early-grade reading, the scaling-up of school improvement planning and monitoring and the expansion of WASH in schools. Life-skills and citizenship education will be supported to ensure a transformative and integrated vision for quality education.

**Child protection**

34. This component will prioritize the ongoing child-protection system reform through the development of the capacities of the social-welfare and justice systems and the strengthening of community mechanisms to ensure the access of every child to integrated child-protection services. UNICEF will increase its focus on building institutional capacity at the subnational level, in particular the states and localities identified with the most-in-need populations, through training, development of referral mechanisms, and support for the recruitment of additional social workers. UNICEF will focus advocacy and capacity-building around legal reform and the enforcement of existing legislation and plans, child-friendly budgeting and
effective coordination to create multisector planning mechanisms and strengthen the Child Protection Management Information System.

35. UNICEF will strengthen the prevention of and responses to violence against and abuse, exploitation and neglect of children, including promoting intersectoral approaches, particularly with health and education. The programme will focus on prevention and response to the separation of children from their families and deinstitutionalization, including for children on the move (migrant, refugee and displaced children); improving access to justice and diversion; and promoting positive changes regarding social norms related to harmful practices, including FGM/C and child marriage.

36. To ensure the multisectoral nature of the child protection responses, UNICEF will continue working in collaboration with the National Council for Child Welfare and its state-level councils and in partnership with the Ministries of Social Security and Welfare, Justice, Interior, Defence, Education, Health, and the Disarmament and Demobilization and Reintegration Commission, along with United Nations agencies and non-governmental partners to jointly achieve the results.

Policy, evidence and social protection

36. This component will be focused on supporting the development and implementation of policies and strategies that address the structural causes of child multidimensional poverty and inequities. UNICEF will support the strengthening of government capacity at the national and subnational levels to develop sound evidence-based and equity-focused policies and plans, including local decentralization strategies, and the strengthening of data collection to inform policy development and programming.

37. In coordination with the Central Statistics Bureau, UNICEF will continue to monitor the situation of children, adolescents and women through MICS.

38. UNICEF will collaborate with global, regional and national partners, including academia to undertake advocacy to increase investments in children and to guide national reforms and frameworks to mobilize action, stimulate dialogue and build accountability around policies affecting children and their families.

39. In partnership with other United Nations agencies and the World Bank, UNICEF will promote a more comprehensive and child-centred social protection system aimed at reducing child poverty and enhance family’s resilience, including targeted cash transfer mechanisms.

Programme effectiveness

40. This component will ensure that the programme is effectively managed, coordinated, monitored and evaluated, centrally and in field offices, for the efficient delivery of results. It will serve to develop synergies and foster intersectoral programme implementation.

41. Communication for social and behavioural change will be coordinated across all programmes to increase knowledge and skills that improve child health, nutrition, sanitation and hygiene and early learning, and reduce violence against children. The use of communication technology and innovative approaches for accelerating access to the skills development of service providers and supervision and monitoring, including for rural and remote communities, will be expanded. External communication will raise awareness of the situation of children throughout the media and civil society.
42. The component will provide cross-sectoral support for the mainstreaming of gender-responsive programming and accountability to affected populations, and ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions across sectors. Operational support and field presence will be critical components to deliver effective results for children.

Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources\textsuperscript{25}</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child survival and development</td>
<td>17 908</td>
<td>89 205</td>
<td>107 113</td>
</tr>
<tr>
<td>Education and learning</td>
<td>3 770</td>
<td>38 785</td>
<td>42 555</td>
</tr>
<tr>
<td>Child protection</td>
<td>4 241</td>
<td>25 210</td>
<td>29 451</td>
</tr>
<tr>
<td>Policy, evidence and social protection</td>
<td>2 356</td>
<td>9 695</td>
<td>12 051</td>
</tr>
<tr>
<td>Programme effectiveness</td>
<td>18 850</td>
<td>31 030</td>
<td>49 880</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47 125</strong></td>
<td><strong>193 925</strong></td>
<td><strong>241 050</strong></td>
</tr>
</tbody>
</table>

Programme and risk management

43. The country programme of cooperation will be coordinated by the Ministry of International Cooperation, as mandated by the Government of Sudan. The Sudan UNDAF 2018-2021, to which the country programme contributes, will be governed through interagency and governmental structures, with oversight by the Programme Management Team, reporting to the Government-United Nations UNDAF Steering Committee and the United Nations country team. The humanitarian component of the programme will be coordinated with the Humanitarian Aid Commission through the Humanitarian Strategy 2017-2019.

44. Sudan continues to represent a complex programme environment in which economic conditions, as well as conflicts and hazards, contribute to determining how successfully and equitably an integrated humanitarian, resilience and development agenda can be advanced. Children in Sudan face significant challenges that threaten their survival, development and protection, and therefore divesting from key sectors or states is not an option. The ability to implement the programme relies upon key assumptions, including the implementation of the government directives and procedures on humanitarian access, amended in December 2016, which will affect programme delivery by UNICEF and partners. UNICEF will remain committed to exploring and expanding strategic partnerships for programme implementation, while reinforcing national systems and institutional capacities. The varying institutional capacity of national actors will require UNICEF to continue to support social-service delivery.

\textsuperscript{25} “Other resources” refers exclusively to non-emergency funds. Other resources-emergency funds are expected during the course of the country programme.
45. The results of the country programme are based on the assumption that sufficient resources will be available for implementation. The declining aid to Sudan due to changes in donor policies and priorities is a major risk. Diversification of the current donor relationships, with a focus on evidence-based advocacy and emphasis on value for money, as well as leveraging the know-how, societal links and resources of private-sector and other partners through strengthened partnerships, will safeguard against decreasing resources.

46. In addition to the development of emergency preparedness plans at the national, sectoral and state levels, UNICEF Sudan will continue to invest in conflict analysis and the strengthening of risk-informed programming to mitigate risks related to tribal conflicts and disasters.

47. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization’s programme and operations policies and procedures.

**Monitoring and evaluation**

48. The four-year integrated monitoring and evaluation plan, complemented by a costed evaluation plan (CEP), will define all priority monitoring, research and evaluation activities for the country programme. Field-level monitoring will focus on quality assurance and gathering feedback from stakeholders, including people in vulnerable situations, in order to adapt and improve programming. Six evaluations are outlined in the CEP. UNICEF will increase its capacity to undertake results and implementation monitoring, particularly in the field.

49. In cooperation with line ministries, other United Nations agencies and civil society, UNICEF will monitor the status of key bottlenecks and barriers in order to support an enabling environment, access to and demand for quality social services through the strengthening of existing national and subnational data collection, monitoring and information management systems. UNICEF will continue to support the CBS in conducting household surveys and the line ministries in the strengthening of administrative data-collection systems and sector-management information systems.

50. Programme performance monitoring will be undertaken through regular field monitoring and quarterly partner reporting as well as third party monitoring in hard-to-reach areas. Progress towards country programme results will be monitored through research, surveys and evaluations. Accountability for the affected populations will be strengthened through regular consultations and the use of innovative technological platforms to ensure that their voices and feedback are captured.

51. Midyear, annual, midterm and gender programme review with partners will be used to measure progress made and inform strategic programme decisions. In cooperation with the Ministry of International cooperation, UNICEF will continue to support the strengthening of the capacity of the Government in results based management to improve the delivering of results for children.
Annex

Results and resources framework

Sudan – UNICEF country programme of cooperation, 2018-2021

<table>
<thead>
<tr>
<th>Convention on the Rights of the Child:</th>
<th>articles 2, 4, 6, 7, 9, 10, 12, 13, 19, 20, 22, 24, 26, 28 and 29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable Development Goals:</td>
<td>1-6, 10 and 16</td>
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<tr>
<td>National priorities:</td>
<td></td>
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<tr>
<td>Twenty-Five Year National Strategy 2007-2030: capacity-building and community development; Social services</td>
<td></td>
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<tr>
<td>Draft National Five Year Strategic Plan 2017-2021 (in development)</td>
<td></td>
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<tr>
<td>Reproductive, Maternal, Neonatal and Child Health Strategic Plan 2016-2020</td>
<td></td>
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<tr>
<td>Outcome indicators measuring change that includes UNICEF contribution:</td>
<td></td>
</tr>
<tr>
<td>3.1 Under-five mortality rate</td>
<td></td>
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<tr>
<td>3.2 Prevalence of stunting among children under 5 years of age</td>
<td></td>
</tr>
<tr>
<td>3.3 Maternal mortality ratio</td>
<td></td>
</tr>
<tr>
<td>3.7 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age group</td>
<td></td>
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<tr>
<td>3.8 Gross enrolment rate</td>
<td></td>
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<tr>
<td>3.9 Proportion of the population using basic drinking-water service</td>
<td></td>
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<tr>
<td>3.10 Proportion of the population having access to basic sanitation</td>
<td></td>
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<tr>
<td>3.11 Percentage of the population affected by shocks who receive adequate minimum emergency assistance</td>
<td></td>
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<tr>
<td>3.12 Percentage of the population reporting adequate benefits from services received</td>
<td></td>
</tr>
<tr>
<td>Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:¹</td>
<td>1-5</td>
</tr>
</tbody>
</table>

¹ The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
</table>
| By 2021, more children under the age of 5 years and women of reproductive age utilize high-impact, quality health and nutrition services. | Children < 1 year receiving measles-containing vaccine  
B: 60% (2014)  
T: 80% (first dose)  
Live births attended by skilled health personnel  
B: 77.5%  
T: 90%  
Number of children (6-59 months) affected by severe acute malnutrition admitted into treatment  
B: 224,118 (2016)  
T: 250,000 (annual)  
Percentage of children (0-5 months) who are exclusively breastfed  
B: 55.4% (national) (2014)  
T: 760%                                                                 | Multiple indicator cluster survey (MICS), coverage survey  
MICS, Health Management Information System (HMIS)  
Community-based management of acute malnutrition database  
Simple spatial sampling method survey, MICS                                                                 | 1. Government at national and subnational levels have strengthened capacities and develop evidence-based and equity/multisector-focused policies, plans and budgets to improve health and nutrition services.  
2. Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services.  
3. More severely malnourished children receive quality treatment with integrated water, sanitation and hygiene (WASH), infant and young child feeding services.  
4. Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.                                                                 | Ministry of Health, (MoH), World Health Organization (WHO), World Food Programme (WFP), United Nations Population Fund (UNFPA), Global Fund, Gavi, the Vaccine Alliance | 12 535  
62 444  
74 979 |
| By 2021, more children and their families are living in an open-defecation-free environment, using improved drinking-water sources and adopting improved hygiene practices. | Proportion of population having access to a basic sanitation  
B: 33% (2014)  
T: 41%  
Proportion of population using basic drinking water service                                                                 | MICS, Sudan national household surveys  
MICS and Sudan national household surveys                                                                 | 1. More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.  
2. More children and their families in targeted vulnerable communities have equitable and access to basic sanitation facilities and adopt adequate hygiene practices.                                                                 | MoH, Ministry of Water Resources, Irrigation and Electricity Ministry of Education (MoE), United Nations Office for Project Services, WHO, African Development Bank | 5 373  
26 761  
32 134 |
<table>
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</table>
| By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments. | B: 68% (2014) 
T: 76%  
Percentage of UNICEF targeted population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation 
T: 100%  
Gross enrolment ratio  
B (2015):  
1 year pre-primary (age 5) – 47.5% (Girls: 46.4%, Boys: 48.6%)  
Primary (6-14 years) – 70.2% (Girls: 68%, Boys: 72.3%)  
Secondary – 40.9% (Girls: 42.6%, Boys: 39.3%)  
T: TBD*  
Percentage of students able to read with comprehension on the grade-3 learning assessment  
B (2015): 60%  
T: TBD*  
Primary education completion rate | Monthly monitoring system | sustainable access to improved drinking water facilities.  
3. WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services. |                                                                                   | Federal and state Ministries of Education, United Nations Educational, Scientific and Cultural Organization, World Bank | 3 770 38 785 42 555                                                                                     |
<table>
<thead>
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<td>B (2015): 79.3% (Boys: 84.8%; Girls: 74.3%)</td>
<td>Number of out-of-school children accessing formal or non-formal education with direct support from UNICEF</td>
<td>Monthly monitoring system</td>
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<td>T: TBD*</td>
<td>B (2016): 276,091 (48.1% girls) T (2021): 1,000,000 (50 per cent girls)</td>
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<td>By 2021, more children are protected from violence, abuse and exploitation and benefit from improved response and prevention systems.</td>
<td>Number of children who have experienced grave violations B: 916 (2016) T: 458 (2021) - 50% decrease</td>
<td>Report of the Secretary-General on children and armed conflict</td>
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<td>Children in detention per 100,000 child population B (2016): 238 T (2021): 150</td>
<td>Child Protection Management Information System (CPMIS), Ministry of Justice database</td>
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<td>Percentage of girls (0-14 years) undergoing female genital mutilation/cutting (FGM/C) B: 31.5% (2014) T: 25.5%</td>
<td>MICS</td>
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| Percentage of UNICEF-targeted children in humanitarian situations | Child protection management Information | | | | 1. Strengthened and more effective child protection legislation, policies and budget are integrated across sectors. 2. Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate referral mechanisms in place. 3. More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage. National and states Council of child welfare, Disarmament, Demobilization and Reintegration Commission line ministries, WHO, UNFPA, African Union-United Nations Hybrid Operation in Darfur, UNDP, Office of the United Nations High Commissioner for Refugees 4 241 25 210 29 451
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<td><strong>Receiving psychosocial support</strong>&lt;br&gt;T: 100%</td>
<td><strong>System, family and child protection unit database, Ministry of Social Welfare database</strong></td>
<td><strong>Implementing partners’ reports, cash transfer database, programme reviews</strong></td>
<td><strong>1. National and subnational government partners have strengthened capacities for evidence-informed child-centred policy formulation, planning and budgeting.</strong>&lt;br&gt;<strong>2. National and subnational government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and</strong></td>
<td>Central Bureau of Statistics, Federal Governance Chamber, line ministries, Ministry of Finance, Zakat Fund, UNDP, World Bank</td>
<td><strong>RR</strong> 2 356 9 695 <strong>Total 12 051</strong></td>
</tr>
<tr>
<td><strong>By 2021, disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social-protection system.</strong>&lt;br&gt;B: 500,000 (2016) T: 1,000,000</td>
<td><strong>Number of children covered by social-protection systems</strong> &lt;br&gt;B: No T: Yes</td>
<td><strong>MICS, survey reports</strong></td>
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<td><strong>Existence of two new Government-approved national surveys with reliable and disaggregated data on the situation of children</strong>&lt;br&gt;B: No T: Yes</td>
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<td>T: Education: 5% increase Health: 15% (Abuja target) Sanitation: &gt;0.05% of GDP Social welfare: &gt;0.5 %</td>
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<td>The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards within the priorities for affected populations in achieving results for children.</td>
<td>Percentage of management and programme priority indicators meeting scorecard benchmarks T: 100%</td>
<td>Insight 1. UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes.</td>
<td>Ministry of International Cooperation 18 850 31 030 49 880</td>
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<td>Percentage of funds received as other resources against 2018-2021 country programme planned amount T: 100%</td>
<td>Insight 2. UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues.</td>
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<td>Insight 3. Strategies to address cross-cutting issues related to child rights are developed and applied.</td>
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<td>Total resources</td>
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* Targets are being developed in the Education Sector Strategic Plan 2018-2022.