## I. Progress on key indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (millions, under 18 years)</td>
<td>17.7</td>
<td>2006</td>
<td>16$^e$</td>
<td>2010</td>
</tr>
<tr>
<td>U5MR (per 1,000 live births)</td>
<td>112$^a$</td>
<td>2006</td>
<td>94$^e$</td>
<td>2010</td>
</tr>
<tr>
<td>Underweight (%, moderate and severe)</td>
<td>31</td>
<td>2006</td>
<td>32$^e$</td>
<td>2010</td>
</tr>
<tr>
<td>(%, urban/rural, poorest/richest)</td>
<td>24/35, 40/17</td>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>450$^b$</td>
<td>2005</td>
<td>74/69$^b$</td>
<td>2010</td>
</tr>
<tr>
<td>Primary school enrolment (% net, male/female)</td>
<td>56/52</td>
<td>2006</td>
<td>74/69</td>
<td>2010</td>
</tr>
<tr>
<td>Survival rate to last primary grade (%)*</td>
<td>90</td>
<td>2006</td>
<td>82$^e$</td>
<td>2010</td>
</tr>
<tr>
<td>Use of improved drinking water sources (%)</td>
<td>70$^d$</td>
<td>2004</td>
<td>61$^i$</td>
<td>2010</td>
</tr>
<tr>
<td>Use of improved sanitary facilities (%)</td>
<td>34</td>
<td>2004</td>
<td>27</td>
<td>2010</td>
</tr>
<tr>
<td>Adult HIV prevalence rate (%)</td>
<td>1.6</td>
<td>2005</td>
<td>1.6</td>
<td>2005</td>
</tr>
<tr>
<td>Child labour (% of children 5-14 years old)</td>
<td>13</td>
<td>2000</td>
<td>13</td>
<td>2000</td>
</tr>
<tr>
<td>Birth registration (% of live births)</td>
<td>90</td>
<td>2006</td>
<td>78</td>
<td>2006</td>
</tr>
<tr>
<td>(%, male/female, urban/rural, poorest/richest)</td>
<td>810</td>
<td>2006</td>
<td>1270</td>
<td>2010</td>
</tr>
<tr>
<td>GNI per capita (US$)</td>
<td>810</td>
<td>2006</td>
<td>1270</td>
<td>2010</td>
</tr>
<tr>
<td>One-year-olds immunized with DPT3 (%)</td>
<td>78</td>
<td>2006</td>
<td>61</td>
<td>2010</td>
</tr>
<tr>
<td>One-year-olds immunized against measles (%)</td>
<td>73$^e$</td>
<td>2006</td>
<td>70</td>
<td>2010</td>
</tr>
</tbody>
</table>

*Data refer to primary school children completing grade one who reach grade 5.

- b The figure is a 2005 estimate, developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths. Please see [http://www.childinfo.org/areas/maternalmortality/](http://www.childinfo.org/areas/maternalmortality/). MMR per 100,000 live births is 1,107 based on Sudan Household health Survey (SHHS) 2006.
- c Water and sanitation indicators based on SHHS 2006, are 56% and 31%, respectively.
- d DPT3 and Measles indicators based on SHHS 2006 are 53% and 66%, respectively.
- e Unofficial estimates from the United Nations Population Division.
- g This estimate refers to attendance for eight years of compulsory education (7-14 years), which includes both primary and lower secondary school. The age group differs from the ISCED standard.
- h This estimate is based on the standard definition of improved drinking water sources. Using the country’s definition, which includes water transported by tankers or carts from an improved source, the estimate increases to 81 per cent coverage.
- i Pre-separation estimate.
II. Progress on key MTSP indicators 2008 – 2012

Focus Area I – Young child survival and development
- Country programme conducted a gender analysis to identify gaps and challenges in family and community care practices;
- National legislation or regulatory provisions based on the international code of marketing of breast milk substitutes is in force.

Focus Area II – Basic education and gender equality
- Country has undertaken a gender audit of the education sector plan;
- Quality standards for primary education based on “child-friendly schools” or similar models has been adopted.

Focus Area IV – Child Protection from violence, exploitation and abuse
- Child protection in emergency preparedness and response is incorporated into national planning mechanism.

Focus Area V – Policy Advocacy and Partnerships for Child Rights
- Institutionalized mechanisms for the sustained involvement of children and young people in policy development, policy review and programme implementation has been established at the national level.
### UNICEF MTSP Focus Area

#### Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)

#### Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board and show the latest available value for each indicator, stating the years for the baseline and latest value)

#### Description of Results Achieved (a brief, precise description of aggregate achievements for each Key Result contained in column 1)

#### Constraints and facilitating factors (a brief and precise description for each Result description in column 4)


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**Focus Area 1: Young Child Survival and Development**

(1.1) Policies, systems and human resource capacity in place to ensure access of children and women to minimum package of health and nutrition services.

- Appropriate policies, mechanisms/strategies in place for implementation of health and nutrition sector strategic plans.

- Surveys on family health expenditure and public expenditure on health conducted. These will be fed into national health accounts which will later help to produce evidence-based health financing policy.


- 6 states have USI laws. Food fortification law drafted. BMS code drafted but awaiting signature.

- High turnover of staff and weak management of health information system.

- Departure of many INGOs affected the coverage in Darfur.

- Emerging fighting in S Kordofan and Blue Nile states has affected the provision of services.

- Health department do not have separate budget for nutrition and there is little openness in sharing government budgetary information.

- The Nutrition policy has been endorsed but many parts remain to be implemented and the government lacks funding and commitment to implement many parts.

- Rota virus vaccine introduced late in 2011.
| (1.2) Under five children (95%) and pregnant women (80%) have access to minimum integrated package of health and nutrition | % of infants that received DPT3/Pentavalent vaccine. (from 64 % to 90%); % of one year old immunized against measles (from 68 to 90; % of <5 children that received LLITN, (from 36% to 95%); % coverage of vitamin A supplementation (from 41% to 95%); % of children 1-5 years old de-wormed annually (target 95%); % of health facilities providing minimum package of health and nutrition services (target: 60%); proportion of births attended by skilled health personnel (from 63 to 80);% of pregnant women in focus areas who attend at least 4 visits of ANC (target-80%); % of pregnant women in focus areas who have access to EmOC (target- increased by 60%) | -Penta 3: 1,152,759 (93%) under 1 children vaccinated.  
- Rotavirus Vaccine 2 : (27%) 330,859 under 1 children  
- Measles: 1,075,306 vaccinated - annualized coverage = 87%  
- 95 % of children U5 received OPV during each round of polio NIDs.  
- TT (pregnant) 638,712 vaccinated - annualized coverage = 47%  
- OPV coverage of 98% (5.9 million U5 Children)  
- Deworming of 95% (5.05 million 12-59 month old children)  
- Vitamin A coverage of 95% (5.6million 6-59 month old children)  
- 53% (National) 48% (Focus states) of health facilities provide IMCI services.  
- 463,120 (63.5%) pregnant women in 8 focus States have accessed ANC services.  
- 440,152 (66%) of births in 4 focus states (N. Kordofan, S. Darfur, W. Darfur & Blue Nile) were attended by trained person  
- 35,303 (62.3%) pregnant women with complications in 4 focus states, have accessed basic EmONC services  
- 15.4% of children with SAM treated (75,588)  
The identification of nutrition emergencies is not robust and nutrition emergencies are at risk to being missed due to the lack of surveillance in much of the country and the localized nature of the problems. Conflict emergencies have been difficult to respond to due to the lack of access which continues to hamper timely response. |
| (1.3) Affected populations in emergency situations - natural disaster, disease outbreaks and conflict (with emphasis on women and children) who have access to life-saving health and nutrition interventions. | % of populations affected by natural and manmade disasters/disease outbreaks that have access to lifesaving health and nutrition interventions (target: 75%); and % of children under five in emergency situations that have access to lifesaving interventions as per CCC | All population affected by disease outbreaks and flooding had access to essential health services and the effects of these emergencies were mitigated with mortality averted altogether or within acceptable limits. |
| 1.4 Improved access to relevant information, education and communication materials to facilitate informed-decision making and sustain appropriate knowledge, attitudes and behaviour change. | % of 0-5 months children exclusively breastfed (target- 34% to 55%); % of < 5 appropriately treated with anti malaria (target, from 66% to 80); % of households using adequately iodised salt (target 11% to 95%); % of attendance of <3 yrs children in growth monitoring and promotion sessions (target);% of caretakers who know at least 2 signs of suspected pneumonia (Target- 11% to 40%); % of care givers who practice correct home management of diarrhoea (Target- 21% to 4.5% of mothers recognize 2 danger signs of pneumonia  
- 62% of mothers practiced correct home management of diarrhoea  
- 41% exclusive breast feeding  
- 51.5% complimentary feeding and breast milk  
- 87.6% continued breastfeeding  
- Iodised salt usage 9.5%  
- Health promotion, behavior change and education strategies are not well developed in the ministry of health and health education was the weakest component of ACSD.  
- The lack of the USI federal laws has meant extremely slow progress in working on increasing consumption of salt iodisation and also food fortification. |
### Focus Area 1: WASH Young Child Survival and Development

#### 2.1 Access to improved drinking water sources increased in rural and most vulnerable areas by 4.7% through providing new access to additional 1,400,000; re-establishing access to 750,000; and sustained access to improved water services for 1.0 million people affected by acute emergency focusing on areas of conflicts, natural disasters and epidemics outbreak.

- Number of additional people provided access to improved drinking water sources through new water sources & rehabilitation, respectively:
  - % of population (rural, urban and total) having access to improved drinking water sources (baseline, 58.7);
  - Number of schools and health centers respectively with adequate safe drinking water source;
  - % of water schemes working at any given time (time (target, from 60 % to 80 %).

- 1.4 and 1.8 million additional people provided access to improved drinking water sources through new water sources & rehabilitation, respectively
  - % increase in the population with access to improved drinking water sources.
  - 224 schools and 62 health facilities were provided with improved water.
  - 70% of water schemes are working at any given time.
  - WASH programme (through provision of improved water and hygiene education) has effectively contributed to the control of the AWD/cholera outbreak that widely affected Sudan in 2006, 2007 and 2008. In 2009, 2010 and 2011 there were no reported AWD cases.

#### Constraints:
- Limited funding for WASH especially for Recovery and Development component both from government and donors,
- Prolonged emergencies in many parts of Sudan that led to destruction and deterioration of WASH services consumed major part of the sector funding to address emergency needs.
- Limited implementation capacity due to shortage of qualified staff and appropriate equipment at Locality, State and Federal levels and high turnover of staff in Government in many places.
- Many of the drilling rigs are aging and private sector capacity is limited.

#### Facilitating Factors:
- WASH policy finalized involving all stakeholders at all levels, which provides necessary guidance for the sector
- WASH sector strategic plan developed which is a road map to achieve MDGs and GoS Goals.

#### 2.2 Access to adequate sanitation facilities increased in rural and most vulnerable areas by 1.2% resulting in providing new access to 400,000 additional people and sustained access to safe means of excreta disposal for 0.8 million people and hygiene promotion for 2.5 affected by acute emergency focusing on areas affected by conflicts, natural disasters and epidemics outbreak.

- Number of additional people provided access to improved sanitation facilities;
- % of population (rural, urban and total) with access to improved sanitation facilities (baseline- north 39.9%)
- Number of schools with improved latrines for boys/girls and health centers with improved sanitation facilities, respectively
- 305,000 additional people provided access to improved sanitation facilities
  - 1% increase in the population with access to improved sanitation facilities.
  - 403 schools and 75 health facilities were provided with improved sanitation facilities.
  - Adoption of effective sanitation promotion strategies and approaches, mainly Community Action for total sanitation (CATS) and WASH Community Action Plan (CAP).

#### Constraints:
- Sanitation has been overlooked as there is no separate budget line for sanitation. Although Council of Ministers Workshop has recommended to include sanitation under the umbrella of PWC with new name as PWSC, no action has been taken so far.
- Limited funding for WASH especially for Recovery and Development component both from government and donors,
- Prolonged emergencies in many parts of Sudan that led to destruction and deterioration of WASH services and consumed major part of the sector funding to address emergency needs.

#### Facilitating Factors:
- WASH policy finalized involving all stakeholders at all levels, which provides necessary guidance for the sector
- WASH sector strategic plan developed for each state (except Khartoum).
### 2.3 Increase knowledge on adequate sanitation, hygienic practices and household water safety by reaching 6.0 million people with effective key messages.

- Percentage of mothers who wash hands a) before making food, b) after cleaning babies’ faeces and c) before taking food d) after using the latrine (baseline not available).
- Percentage of school-children who wash hands a) before taking food, b) after using the latrine (baseline not available).
- Number of population received hygiene/sanitation messages.

#### Constraints:
- Limited funding for WASH especially for Recovery and Development component both from government and donors.
- Prolonged emergencies in many parts of Sudan that led to destruction and deterioration of WASH services and consumed major part of the sector funding to address emergency needs.
- Limited implementation capacity due to shortage of qualified staff and appropriate equipment at Locality, State and Federal levels and high turnover of staff in Government in many places.

### 2.4 Water and sanitation policy, water, sanitation and hygiene technical and training manuals developed, approved and operationalized and WES sector partners' technical, managerial and implementation capacities built.

- Water and sanitation policy developed, approved/used and 14 technical and training manuals approved/published and used.
- National training centre established.
- WES water quality/ground water monitoring and information systems are operational and effective.
- Percentage of GDP allocated to sanitation/hygiene and rural water supply, respectively (target, from 2 to 10 % north & from < 1 % to 10 % south).

#### Constraints:
- Limited funding for WASH capacity building programme and M&E
- Limited M&E and IS capacity due to shortage of qualified staff and appropriate structures at Locality, State and Federal levels and staff high turnover.
- Although sector coordination system has been put in place in 10 out of 15 states, it is still a challenge to bring everyone on board and share information.

### 2.5 In emergency situations – natural disaster, disease outbreaks and conflict - affected populations (with emphasis on women and children) have access to lifesaving interventions in south; and North, including Darfur where 1.8 million, 1.2 million and 4.0 million people

- Access to improved drinking water and sanitation facilities was sustained for 0.9 million emergency affected population and hygiene promotion interventions reached 3 million emergency affected population.

#### Constraints:
- Limited funding for WASH emergency operation both from government and donors.
- Donor fatigue from prolonged emergencies.
- Lack of access to the affected areas due to insecurity.
- Limited implementation capacity due to shortage of qualified staff and appropriate equipment.
### Focus Area 2: Basic Education and Gender Equality

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3.1)</td>
<td>2.7 million children and young people (including returnees, nomads, communities, former child soldiers, children with special needs, OVC etc.) have increased and equitable access to and completion of quality basic education in child friendly learning environments, including: 250,000 nomadic children (50% girls) transit from primary to secondary school and 1,000,000 children and young people out of school have access to alternative literacy, numeracy and life skills learning opportunities.</td>
</tr>
<tr>
<td>(3.1)</td>
<td>Primary NER (national target, from 53.7% to 84%); NER by gender (target: 68% to 80%); GER by gender (target from 67.8% (FMoGE) to 100%); Net Intake Rate by gender (target: 29.7% to 55%); Gender Parity Index (target: from 91% to 100%); Transition rate to secondary schools for nomadic children (no baseline); Primary Completion Rate by gender (target: from 27% to 50%); # of children and young people out of school that have access to alternative literacy, numeracy and life skills learning opportunities (target: 1.0 million); % children and young people reaching Grade 5 or equivalent in Sudan (Target: from 90% to 95%, baseline); % of teachers trained (target 40% to 60%); % of teachers who are female (target 13.5% to 25%); Pupil: teacher Ratio (target 70 to 50 and Pupil: classroom ratio (target from 2,270 to 1000 respectively); % of girls and boys demonstrating basic competencies in numeracy/literacy and life skills (TBD by 2008 MLA assessment); % / % of young people in school (10-24) with comprehensive and correct HIV knowledge (target: 2.5 million; cross ref HIV/AIDS; baseline TBD thru 2008 MLA assessment)</td>
</tr>
<tr>
<td>(3.2)</td>
<td>Education Systems, policies and institutions are developed and effectively facilitating enrolment, participation, learning and completion of primary and secondary education, including during emergencies.</td>
</tr>
<tr>
<td>(3.2)</td>
<td>Existence of education sector-wide policy and funded strategic plan (Y/N); Life skills curriculum and teacher education reforms completed (Y/N); Existence of functioning EMIS and MLA (Y/N); Functioning EMIS which produces timely “this year’s data this year” (Y/N); EMIS and MLA harmonised (Y/N); GoS expenditure on education increased to 20% of overall government expenditure (or 5 % of GDP, Y/N)</td>
</tr>
</tbody>
</table>

### Facilitating Factors:
- The Federal Ministry of General Education (FMoGE) and the 15 State Ministries of Education have strengthened the capacity of staff in policy development, planning, monitoring and evaluation.
- The Sub-sector Strategy of Alternative Learning Programme for children and young people out of school, and the new life skills based curriculum, teaching/learning materials and master training manual were developed.
- Development of an Education Management Information System (EMIS).
- Three assessments namely the Special Needs, School Health and Early Childhood Development (ECD) were completed.
- The conflict in South Kordofan and Blue Nile States led to about 290,000 school-aged children not accessing education.
- Although there is no education sector strategic policy plan, the FMoGE’s and the 15 State Ministries of Education capacity has been enhanced in developing the upcoming five years strategic plan and Education Sector Strategic Planning.
Gender parity index improved from 0.8 in 2008 to 0.9 by 2010.
- 235,805 nomadic children (30% girls) accessing basic education.
- 142,000 children are learning in 663 child-friendly schools.
- 48,430 children and adolescents out of school enrolled in Alternative learning programmes against 100,000 planned.
- 14,540 children affected by emergency were provided with learning and recreation materials.

Focus Area 4. Preventing and responding to Violence, exploitation and Abuse

4.1. Laws and policies in place and systems for free birth registration pilot-tested in 5 States, leading to an increase in birth registration by 20%; Systems to enhance justice for children in place in 15 States, including systems for prevention, diversion programs and child-friendly procedures with 5,000 children and women accessing police desks on an annual basis.

- No. of (2) national and 7 state legislations relevant to child protection reviewed and amended within the legal review, with a focus on birth registration. (Target, 4 interventions related to mainstreaming justice for children in related laws and acts and policies; Legal reform aiming at implementing the two OPs of the CRC; Laws and policies enhancing the Government institutional arrangements for child protection; & Laws on free birth registration)
  - Percentage of under-fives children registered at birth (target from 32.5% to 52.5%)
  - No. of children benefiting from Women and Children Units in the Police. Base line 2008 = 2000 2011 = 12, 517 children
  - Improved knowledge knowledge/attitudes of social workers, other service providers and parents in 15 states (Y/N)

- A total of 9 laws reformed at Federal and State level. The Federal Child Act promulgated in 2010, incorporates the two optional protocols of the CRC and free birth registration. The New Civil Registration Act was launched in April 2011 and regulation and procedures for birth registration are under review.
  - 7 out of 9 State Child Acts were reviewed and amended during the reporting period. Unlike the Federal Child Act, 5 State Child Acts have a ban on FGM/C. 7 rules and regulations related to the Child Act Articles on diversion, community services, victims of crime, probation, corporal punishment in schools etc are currently in the drafting process.
  - Justice for Children system described in the Child Act 2010, diversion programs launched in seven states (SK, NK, ND, SD, KRT, RS, G)
  - 17% increase of children under-five registered at birth. National and state action plans on birth registration developed and implemented in six states (Kassala, Gedarif, Blue Nile and the 3 Darfur). SHHS data shows the following increase in birth registration in these states:
    KA  17% from 34.7% (2006) to 51.7% (2010)

- Sudan is yet to establish a regulatory and policy framework to effect the uniform implementation of the Child Act (2010) and the Civil registration Act (2011) in all 17 states. Legislation has had limited effect in practice and there is also a lack of consistency with other national legislation (Criminal and Family laws) and judicial practices. Although birth registration and birth certificates are free of charge as per the Child Act (2010), this is not being implemented by the states. The Child Act 2010 prohibits corporal punishment in schools, however caning and flogging, is widely practiced in schools, homes, police custody, courts and prisons.

- Diversion programmes are limited in scope and not in line with international standards as diversion is a relatively new concept in Sudan. The lack of social work involvement and established links of community based mechanisms (informal system) to the formal justice systems needs to be addressed.

- Accessible registration facilities, challenging procedures for late registration of children (3 months up to 18 years) and the fact that states still charge for late registrations and birth documentation/certificates remains a challenge, particularly in rural areas. However, the increased attention of the national government on civil registration is already showing positive results with the increase in registered birth of under five-children. The newly established national committee on birth registration will review the current procedures and practices and develop new regulations and procedures that is foreseen to address these obstacles.
### 4.1.3 Family and Child Protection Units

- Established in all 15 states. Providing child-friendly justice services to.
- KAP studies on social work implemented in the 5 states (3 Darfurs, South Kordufan and Khartoum). UNICEF supported the establishment of case management systems for vulnerable children within the Ministries of Social Welfare in 11 states (3 Darfurs, South Kordufan, North Kordufan, Abiey, Blue Nile, Kassala, Gedaref, White Nile, Red Sea, and Khartoum).
- 11 states had staff of Ministry of Social Affairs trained on child protection.
- In 2011, 834 social workers were trained on FTR and case management.

- In 2008 only five states had FCPUs, as per the decree issued by the National Police all 15 states were obliged to establish these units within the Police. Following awareness-raising and information campaigns on the mandate of the FCPUs, there has been a significant increase in reported cases to these units.

- Negative attitudes towards children in contact with the law (both administrative and criminal legislation) remain a challenge, so does the knowledge and skills among service providers. Formalized curriculum on social work is non-existent and the social work system has limited human, financial, and institutional capacities. There is a need to build a functioning child welfare system that works on preventing abuse, exploitation and violence as well as protection of all categories of children in need of care and protection and children in conflict with the law.

### 4.2 Formalized Family and Community-based Approach for Children Victims of Violence, Abuse, Exploitation and for Children Without Primary Care-givers in Five States, Leading to Response (Return to Birth Parents, Fostering, National Adoption) for Some 1,000 Children Annually.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Children</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>617</td>
<td>2.2%</td>
</tr>
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- An average of 775 abandoned infants, placed in family-based care annually in the five states.
- National Policy on Alternative Family Care for children without parental care approved and launched in December 2011. Workshops conducted on implementation of this policy in five states in 2011.
- The establishment of Family Tracing and Reunification (FTR) system between North and South Sudan in 2010 was a major achievement. The related signing of a Memorandum of Understanding between the two governments provided a framework to respond to armed conflict related and North-South returns related family separations.

- The national policy is mainly focusing on alternative family care for abandoned infants. There is a need to address formalized family or community care for other categories of children temporarily or permanently without primary-care givers, such as unaccompanied minors separated due to armed conflict, trafficking and other forms of violence, abuse and exploitation, including children living in the streets. Challenges remain to prevent family separations and to have the appropriate number of alternative families to meet the need for placement of all categories of children without primary care givers. The established case management systems need strengthening and harmonization.

- The MOU Sudan-South Sudan for the protection of separated and unaccompanied children needs to be extended further and more regular and timely exchange of data between FTR Khartoum and Juba ensured. Tracing has proven challenging in areas with limited or
separated and unaccompanied minors; 887 abandoned babies.

11,360 registered children living in the streets in 10 states.

<table>
<thead>
<tr>
<th>4.2.2 Reliable data not available.</th>
</tr>
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<tbody>
<tr>
<td>4.2.3 Approximately 6,601 abandoned infants have been reached through the formalized care system in the five states since the start of the program in 2004 with an average of 950 per year. In 2011 887 abandoned babies were reached through the formalized care system.</td>
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<tr>
<td>In addition around 20,000 children have been reached through Child Friendly Spaces in emergencies. The related newly endorsed minimum standards have been applied with a view of integrating services, going beyond response to psycho-social and safety needs.</td>
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<td>- Case management systems initiated in 10 states. Several pilot projects initiated for children living and working in the streets, abandoned infants and conflict-related family separation.</td>
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<thead>
<tr>
<th>4.3. Reduction of FGM/C by 30% (from 70% prevalence in 2006)</th>
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<tbody>
<tr>
<td>-4.5% reduction in FGM/C prevalence (target from 70% to 40%) Baseline 2006: Age group 0-50 = 70% Age group 0-50 = 65.5%</td>
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<tr>
<td>An average of - % reduction in early marriage among girls under the age of 18 (target 5% in 8 focus states) Baseline: SHHS 2006 = BN 56%, SK 41%, NK 33%, ND 31%, SD 48%, WD 49%, GD 49%, and KA 43%) SHHS 2010 = BN 2.2% SK 48.1%, NK 37.1% ND 33.9%, SD 53.9% WD 49.4%, GD 48.8% KA 46.2%</td>
</tr>
<tr>
<td>-SHHS 2010 predict a 4.5% reduction in FGM/C prevalence rates among girls and women in the age group 0-50. Following the recommendation of Unicef and UNFPA joint FGM/C programming, the main focus has been on legislative reform and collective abandonment. 5 out of 15 states have a legal FGM/C ban and community actions were introduced to 600 communities with a total of 409 communities publicly declaring FGM/C abandonment.</td>
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<td>-Since 2010 the focus has been to take FGM/C interventions up to scale. The launch of the Saleema campaign has shown promise not only in influencing social norms, but also engaging dialogue on other child rights issues. 4.3.2 No positive achievements. The SHHS shows an increase in early marriage in 7 of the 8 target states. Rather than a 5%</td>
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- The CPD target was based on miscalculations. The strong positive social norms and practices related to the cutting of girls remains a challenge as well as counter-campaigns supported by some religious groups leading to conflicting messages and the government decision not to ban FGM/C in the Federal Child Act (2010).

- Constraints remain strong cultural beliefs and practices, poverty, legislative framework and limited government commitment. There have been no interventions by the government to address Early Marriage. Marriage is ruled by the Sharia-based family law (1991) which determines that marriage would be legal from the age of tamyez – sometimes translated into “age of maturity”. A child as young as 10 could be considered to have reached the tamyez age.

Following the results of the SHHS 2010 launched in 2011, the government has agreed to initiate a KAP study on Early Marriage, review the family law and to develop an action plan to address Early Marriage.
### Reduction in the risk of injury from landmines and unexploded ordnance through targeted mine risk education to at risk individuals (IDPs, returnees and local populations), advocacy for de-mining, and improvement of victim information management systems with regards to children.

- Number of people reached through mine risk education programmes annually. (Target: 600,000/year)
- System in place to monitor trends for mine/UXO incidents. (Y/N)

- Community Based Mine Risk Education reached over 175,000 individuals including children in risk areas.
- Total 1,091 (733 from MTR + 358 from annual report) teachers and Master Teachers trained on MRE to supervise and train other teachers and Training materials distributed.
- More than 90 health workers were trained in identifying mine victims, entering and transmitting their data to the centralized IMSMA database.

Surveillance system developed in South Kordofan and piloted. Effectiveness of the system is being monitored.

The continuing conflict in 3 protocol areas and Darfur leaves behind large numbers of unexploded ordnance (UXO) resulting in a higher rate of deaths and injuries particularly among children.

### Release, family reunification and reintegration of all the estimated 8,000 children associated with armed forces and groups to facilitate their sustainable livelihoods, achieve sustainable peace and contribute to recovery and development aiming at no child associated within the armed forces and groups in Sudan.

- Appropriate system to document and respond to cases of child recruitment implemented in all States in Sudan where children have been involved in armed groups/forces (Y/N);
- No. of children registered and demobilized against target of all children released from all armed groups and forces in Sudan (Y/N);
- Percentage of released children monitored and participating in reintegration programming (target, at least 80%)

- System to document and respond to cases of use and recruitment of children is in place at national level and conflict affected states with M&E system developed.
- A total of 2,218 children associated with armed forces/groups registered for Child DDR in Darfur Blue Nile, South Kordofan, Abyei, Kassala, Red Sea, Khartoum, and Gedafir.
- 1,857 children benefited from inclusive reintegration activities while phasing out of reintegration projects was done in four states (Kassala, Red Sea, Khartoum + Gedafir) through hand over to state ministries of social Welfare.
- 182,804 children benefited from psychosocial support services in Darfur Blue Nile, South Kordofan, Abyei, Kassala, Red Sea, Khartoum, and Gedafir

- Renewed clashes between government forces and armed groups in Darfur and three protocol areas, new splinter armed groups, unclear lines of command and extremely mobile armed groups had major impact on the ability to effectively monitor and respond to recruitment and use of children, including release and reintegration of children.

- Insecurity and restricted access in programme areas complicated the delivery of services to children. This lead to some of the released children who were undergoing reintegration in Blue Nile being displaced (like Blue Nile where children receiving reintegration support were displaced, including some moving across the border to Ethiopia.)
Focus Area-3 HIV/AIDS and Children

5.1. 6 million young people in-school (2.5 million,) and 15 million out-of-school settings in 15 States have correct information, attitudes and relevant skills and access to services to reduce their risk and vulnerability to HIV.

- # of girls and boys (10-24) with comprehensive and correct HIV knowledge. [Baseline: 10.8% of young women 15-24 years correctly identified ways of preventing sexual transmission of HIV and also rejected major misconceptions about HIV transmission; Baseline for in-school youth: TBD based on analysis of pre-training tests]

- % of girls and boys (10-24) with access to youth friendly and HIV related services (Target: 10%; baseline: 2008 census)

-800,000 young people in school and 1,650,000 out-of-school had access to comprehensive HIV/AIDS information through peer education, life skills training in schools and public information on HIV/AIDS.

-80% of children identified as affected by HIV/AIDS have access to follow up care.

-5.2. 100% of 1.5 million pregnant women and infants presenting in 45 Antenatal Care/health facilities are receiving routine counselling; 50% 75,000 of pregnant women, who are receiving counselling accept HIV testing; 100% of infected pregnant women and their infants receive Nevirapine and cotrimoxazole; and 25% receive follow up care.

- % of women presenting for ANC at sites providing RCT who receive RC

- % women receiving RC who accept HIV testing;

- % of mother/baby pairs receiving Nevirapine;

- % of HIV positive mother/baby pairs followed up

- Baseline: In 2007, 34% (8,466) pregnant women presenting to 7 ANC received routine counselling, 18% (1,563) accepted HIV testing and 100% of those tested positive (16) received treatment.

-242,130 pregnant women presented at 66 functional ANC sites were counseled.

-242,130 pregnant women presented at 66 functional ANC sites were counseled.

-64,382 accepted and were tested for HIV (26% acceptance rate).

-From those tested a total of 272 were found positive for HIV

-272 (100%) were provided with ARV for themselves and their newborns to reduce HIV infection.

-5.3. 80% of children identified as being affected by HIV/AIDS have access to basic and social protection services

- % (No.) infected, affected or vulnerable children having access to basic and social protection services

[Baseline: in 2007, 600 affected and infected children received psychosical and material support] and, results from on-going rapid assessment of OVCs (2008)]

National AIDS program estimated about 5,700 OVC in Sudan. In collaboration with Associations of People Living with AIDS approximately 3,000 children affected by HIV/AIDS received recreation kits, attended socialization events and/or receive livelihood support through IGAs provided to their parents.

Communication and Advocacy

6.1. 85% of the general population focusing on young people, care-givers, women, nomadic groups and IDPs reached with specific and relevant information and messages necessary for adopting safer, healthier practices and behaviors and to access services related to child survival, protection, participation and development.

% of population and households (disaggregated by demographic profiles) with access to correct information and skills and adopting specific behaviours and practices relevant to young child survival and development, Basic Education for all, Child Protection, gender responsive behaviour and prevention of HIV/AIDS (baseline 23 million); number and type of mass media partners actively involved/participating in UNICEF supported programmes (target: 5 newspapers, 15 radio stations, 10 TV stations, 5 new media channels); Number of hard- to- reach or special audience reached and engaged

*note significant reduction to target / reporting was based on new data on radio listenership made available in late 2009, Audience and Media Survey; following revision to results made at the mid-term review in early 2011 this indicator was dropped;

• 12 radio stations participated in UNICEF supported programmes on a regular basis, with 10 state radios broadcasting a total of 62 hours UNICEF-sponsored programming per week in 2009 and 2010;

• 3 major daily newspapers and 10 television stations participated on an intermittent basis;

• 1,257 Community Radio Listening groups

Counterpart unable to liquidate cash advance, resulting inability to transfer additional funds for national level radio broadcasting as per agreement since February 2009. Agreement with government states that gov’t contributes free broadcast, an arrangement that works best for material that can be slotted in on ad hoc / convenience basis; whereas evidence for behavior / social change indicates need for regularly scheduled materials broadcast at times of high listenership (e.g. proximity to news / sports coverage, the same slots that have high commercial viability and therefore unlikely to be availed for cost-free broadcasts at national level) Irregular funding flows: lack of effective office strategy for fundraising for C4D resulted in irregular and
| Focus area 5: Policy advocacy and partnerships for children’s rights | 7.1 Evidence-based advocacy for policies and institutional capacity building at central and state level aimed to increase investment in child sensitive and social protection policies, systems and programmes, including systems for safety-net in favour of the most vulnerable children and their families and support to make National and sub-national budgetary processes pro-poor, MDG-sensitive and aligned with the key results in the National Strategic Plan | National/central policy/framework and implementation plan for inclusive and progressive social protection, focusing on safety-net in favour of the most vulnerable children and their families, formulated, approved and implemented. (Y/N); % of GDP allocated to the social sector (baseline: Federal and states spending on health and education is 1.4% and 1.3% of GDP, respectively in 2005, (Target, 5% of GDP allocated to the social sector and 50% of health, education and Watsan sectors budget/spending goes to PHC services, basic knowledge and skills of partners increased on child friendly budgeting and social protection through several training workshops however, the policy framework could not be produced. | -The effort to institute and introduce the evidence based policy is new in Sudan and constraint by the low demand and lack of incentive in creating functional systems of information and use by government counterparts -The challenge is in increasing government funding in support of the poorer and vulnerable members of society, as well as helping individuals, families and communities to reduce, mitigate and/or cope with risks |

<p>| 7.2 Support strengthening institutional capacity for decentralized gender sensitive planning, implementation, monitoring and evaluation of social development programmes, with emphasis on convergence of development programmes at the community level | Number of states assisted (including capacity building) with preparation of gender sensitive and child-focused social sector development (including emergency preparedness) plans and monitoring and evaluation framework (target, 15 states); No of assisted communities in focused areas that have participatory and integrated community-based systems and skills to plan, implement, manage and monitor development programmes; and of assisted communities where convergence of UNICEF-assisted interventions has been achieved, respectively. No of assisted communities in focused states/localities/counties where convergence has been achieved by programme interventions assisted by two or more UN agencies and INGOs/civil societies (ICRD approach) | Establishment of a sustainable structure in 150 Child Friendly Communities for the implementation of integrated packages of services including immunization, safe water, primary education and primary health care interventions. -Functioning emergency preparedness and response and coordination mechanism established in 8 focus states plus Abyei by relevant federal and state ministries. | The community based approach for sustaining service delivery is challenged by lack of commitment in terms of required investment and support at state level and the sectorial integration and synergy to ensure impact on children is not so pronounced. |</p>
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<td>7.3 Institutional strengthening and capacity building for improved monitoring and reporting on MDG goals and monitoring of situation of children and women.</td>
<td>Number of in depth studies conducted using SHHS primary results (Target: MMR, HIV/AIDS, Malaria, child poverty analysis &amp; Gender Parity in basic education and primary completion rate); No. of functional national/sub-national database systems for storage, management and dissemination of regularly updated data on MDG goals and MTSP focus areas (Target: Sudan Info system; and 15 of state level DevInfo systems, 10 in counterpart sectoral ministries with functional Management Information Systems (and using DevInfo as a reference tool (Target: 4 sectoral database systems: Health &amp; Nutrition, WASH, Education, Child Protection); No of MDG indicators (central/state level) updated by 2012 (Target: 21 indicators)</td>
<td>-The SudanInfo was officially launched as the national adaptation of DevInfo. SudanInfo was established using indicators from three official and reliable data sources: Sudan Household Health Survey, 2006, Multiple Indicator Cluster Survey, 2000 and Safe Motherhood Survey, 1999. -DevInfo User and Administration training was conducted in all 15 States. -2nd Sudan Household Health Survey was completed in 2010 using Multiple Indicator Cluster Survey (MICS) modules. -Lack of functioning and empowered M&amp;E government systems at state and federal level. Establishing functioning M&amp;E system within the government a priority areas. The challenge lies in developing a sense of ownership, increase the demand for information use for evidence based policy, accountability and establishment of net working for information sharing. -Use of SudanInfo as a tool for monitoring MDGs and PRSP and National Programmes are yet to take place in full.</td>
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<td>7.4 Increased efficiency, effectiveness and impact of UNICEF-assisted programming and programmes through evaluations and application of lessons learned from monitoring, reviews, studies and evaluations.</td>
<td>Accelerated Child Survival Initiative (strategy) evaluated and results used to improve programme effectiveness. Y/N; % and No. of thematic studies, surveys and evaluations and programme reviews, respectively (as per CPAP IMEP), conducted; % of lessons learned and recommendation of evaluation studies, field monitoring and programme reviews, respectively, applied/used to increase programme efficiency and effectiveness.</td>
<td>YES. The Health and WASH programme evaluations were conducted and results used to improve the effectiveness and efficiency of the two programmes. The evaluations, studies and survey results and findings are not well used at the level of the government counterparts. Future capacity development in M&amp;E skills should focus on evaluation in emergencies/humanitarian settings as well as ethics of evaluations.</td>
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