**Update on the context and situation of children**

The people in Sudan are in the midst of a devastating and underfunded humanitarian crisis which is rolling back decades of sustaining modest gains. Recent peace agreements and diplomatic breakthroughs provide unique opportunities for addressing the needs and rights of people in or from conflict-affected areas and the country as a whole, offering renewed hope. However, all of this is contingent on the political elite finding a workable formula that addresses the basic needs of people, addressing the economic crisis and the abject poverty people face and ensuring safety and security in the country.

Humanitarian needs continue to grow across the country as it faces protracted, complex and overlapping humanitarian challenges, including conflict, displacements, disease outbreaks, food insecurity, and malnutrition. Unprecedented flooding in all states affected 800,000[1] people. The impact of COVID-19 was amplified due to the fragility of the existing health system and the sharply deteriorating socioeconomic-political situation, more so in the densely populated urban areas.

The economic crisis in Sudan continued to worsen in 2020. With the depreciation of the local currency, the cost of living accelerated significantly, and annual inflation reached 269[2] percent in December. Shortages of critical items such as fuel, subsidized bread and basic medicines beleaguered the people in Sudan and impacted all humanitarian and development operations. This was further exacerbated by the declaration of the COVID-19 emergency in March followed by a three-month COVID-19 lockdown in September the floods emergency and that related to the economic state.

Amidst these multiple crises, Sudanese families and children continued to face increasing poverty and vulnerability. According to a recent analysis by the World Bank, up to 65 per cent of the population now live in poverty, up from 45 per cent in 2015.

An extrapolatory analysis[3] found child abject poverty increased from 12 per cent in 2014 to 46 per cent in 2018, and extreme poverty from 31 per cent in 2014 to 71 per cent in 2018. A microsimulation commissioned by UNICEF indicates that poverty is increasing further as a result of the fuel subsidy reform undertaken by the Government of Sudan in October that led to doubling in the price of locally produced fuel and more than 400 per cent increase in the price of imported fuel.

The nutrition crisis is manifested in the high malnutrition rates among children, with many unable to get the daily nutrients required for healthy development. Stunting, at 37 per cent among under-fives[4], has been stagnant over the past five years and Global Acute Malnutrition (GAM) rates at fourteen per cent, are just below the World Health Organization’s (WHO) public health emergency threshold. All of these are underpinned by Sudan’s vulnerability to climate change, manifested in warmer temperatures and erratic rainfalls playing havoc with the agricultural sector.

The progress in access to basic drinking water and basic sanitation at 74 per cent and 32 per cent respectively, is insufficient to meet related Sustainable Development Goal (SDG) targets, particularly for sanitation. Over twelve million people still practice open defecation, posing grave public health risks.

Child mortality reduction targets for SDG attainment require acceleration through scale up and predictable funding. Neonatal mortality rates (28 per 1,000 live births) accounted for nearly 70 per cent of infant mortality rates (42 per 1,000 live births) and 50 per cent of under-five deaths (60 per 1,000 live births) [5].
The maternal mortality estimates of 295 per 100,000 live births[6] are symptomatic of the lack of investment in maternal health and nutrition. Paradoxically, demand for health services was high but service uptake was low, attributable to fear of exposure to COVID-19, lack of health workers and medical supplies, among others. Skilled birth attendance rate and the proportion of post-natal care for newborns declined from 88 per cent in 2019 to 50 per cent in 2020 and from 66 per cent in 2019 to 53 percent in 2020[7], respectively.

The education system was further challenged to cater to more than 8.1 million pre-school, basic and secondary-level school students impacted by schools’ closure in March and change in school calendar, adding to the 2.9 million children [8](5-13 year olds) already out of school. Approximately 1.4 million hard-to-reach children face greater risk of not re-enrolling, as they are less likely to access distance learning modalities or alternative learning options and more likely to not afford to stay in school.

Child protection issues, including those related to unaccompanied and separated children, violence against children, particularly sexual and gender-based violence were further exacerbated by the multiple emergencies. Unpublished sector assessments indicate significant increase in child marriage and child labour.

Humanitarian partners estimate that 12.7 million people (28 per cent of the population) will need humanitarian assistance throughout 2021 – an unprecedented 3.4 million more people than 2020 (a 37 percent increase). Approximately 9.6 million people [9](22 per cent) are facing acute levels of food insecurity in 2020. Over 50,000 refugees from Ethiopia add to the 1.1 million refugees and asylum seekers already hosted by Sudan. Another 2.5 million people are internally displaced in Darfur, Kordofan and Blue Nile formerly epicenters of conflict and ethnic violence over the past 17 years. While peace agreements mark political progress, deep communal tensions can quickly ignite into deadly violence.

The human toll of these crises is becoming clearer and the need for concerted action to address them systematically is ever more urgent. Sudan’s precious human capital is being lost. There is a need to focus on humanitarian programming, including addressing acute malnutrition; restoring basic services; capacity building in disaster risk reduction and measures to increase the resilience of children and their families; and resource mobilization to address the large funding gaps while maintaining the humanitarian, development and peace nexus. The 39-month transition period for the government offers hope, and in close partnerships with stakeholders, lasting change to the situation of children in Sudan can be made.

[2] OCHA,Sudan
[5] UNIGME

Major contributions and drivers of results

In its annual management plan, the Sudan Country Office (SCO) set out four programme priorities i.e. Contribute to Stunting Reduction in Sudan, ii) Out of School Children and Girls Education; iii) Promotion of peacebuilding, conflict sensitivity, gender and child safeguarding and iv) Alliances and partnerships for transformative change and results and two management priorities i) Implementation of Audit recommendations ii) Support programme implementation and delivery with an effective and efficient end-to-end supply chain operations were also included. Twelve of the 17 indicators to track
progress were fully achieved or on track while targets for 5 indicators were not met.

To address the multi-dimensional and inter-related causes of malnutrition and operationalize the ‘whole child’ approach, health and nutrition interventions were delivered as one package with WASH and used communication for development (C4D) to address demand-side barriers, social and behavioural change issues. Risk Communication and Community Engagement was a key pillar of the UN’s COVID-19 response plan led by UNICEF. Implementation of the communication for development (C4D) plan and community engagement approaches helped support the change process for all programmes focusing on the eight family practices. A report on the mapping of behavioral barriers to best practices around nutrition was finalized to guide programmes.

Amidst the COVID-19 pandemic, the functionality of over 3,000 health facilities was maintained through maintaining the cold chain, ensuring that there were no stock outs of RUTF and vaccines, Measles campaigns and IPC interventions helped preventing any measles or cholera outbreaks. UNICEF’s end to end support for the distribution of long-lasting insecticide treated bed nets (LLITNs) in 14 high risk states contributed to protecting 9.2 million people from malaria. Through campaigns, 8.2 million children under the age of five were immunized against polio, including those in previously inaccessible areas. Another 1,468,425 (87 per cent) and 1,273,504 (76 percent) infants were vaccinated against pneumonia and measles respectively, during four rounds of accelerated routine immunization sessions targeting 109 lowest performing localities. Support to Community Management of Acute Malnutrition (CMAM) and IMCI services and a 30 per cent increase in medical kits and supplies mitigated against the risk of COVID-19 and benefited 1,618,767 children, a two-fold increase since 2019.

The number of Outpatient Therapeutic Programmes (OTP)s sites increased from 1,478 in 2019 to 1,614 in 2020. Over 3.5 million U5 children were screened for malnutrition and 198,653 (66.2 per cent) children with SAM received appropriate treatment. UNICEF also led the infection prevention and control (IPC) of the COVID-19 response and equipped over 62,163 community volunteers and HWs with Personal Protective Equipment (PPE). The FMOH call centre established with UNICEF support received over 25,000 calls a day during the peak of the outbreak, reporting suspected cases and providing COVID-19 related information. It is now being used for wider health needs beyond COVID-19.

Strategic partnerships with the United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), the World Food Programme (WFP), the World Health Organisation (WHO) were critical to implement both the regular programme as well as the UN’s COVID-19 response plan thus capitalizing on complementary mandates, and was instrumental in achieving results for children.

The Ministry of Labour and Social Development (MOLSD) prioritized social protection coverage to families and children through the national social protection system. Support for families in the informal sector was implemented by MOLSD with support from UNICEF, WFP and UNHCR following lockdown in Khartoum in mid-April. More than 500,000 families received food and hygiene assistance and 100,000 families received cash cards.

Technical support to the government for the design of the flagship ‘cash plus’ programme “First 1,000 Days of Life Maternal and Child Cash Transfers (MCCT)”, targeting pregnant women and children under two years of age enabled the Ministry to mobilize €20 million for an initial roll-out in Kassala and Red Sea states. The programme aiming to break the intergenerational cycle of poor nutrition by combining cash payments with social and behavioural change communication and complementary services in the first 1,000 days of life, was officially launched on Children’s Day.

UNICEF continued to be a key partner in supporting the government’s sector reform agenda, global
commitments shaping national policies and plans, and supporting life-saving interventions in humanitarian situations. The national SDG-6 plan that UNICEF supported informed the Sudan’s Water Supply Transformation Plan 2020-2030. UNICEF continued to co-lead WASH humanitarian Sector Coordination forum with the government as the sector lead at national level and in the thirteen states of Sudan. UNICEF also influenced sector planning and response to COVID-19 and the major flooding in Sudan.

Lack of water and sanitation services is highly correlated to high levels of stunting. Despite COVID-19 lockdowns and challenges with mass gatherings, substantial progress was achieved in the implementation of the national ODF roadmap, with 453 communities achieving ODF certified status (representing 95 per cent of WASH sector achievements) by innovatively adapting the community-led total sanitation (CLTS) approach. Over 560,000 vulnerable Sudanese in rural/emergency affected areas realized their basic rights to sanitation, with nearly 154,000 moving up the sanitation ladder. Overall 2.2 million people in high-risk areas had increased knowledge on proper handwashing practices. Over 860,000 vulnerable people realized their rights to basic water from new or rehabilitated basic water sources through UNICEF’s direct support, representing 48 per cent of WASH sector results. The WASH program contributed to an estimated two percent and one per cent increase in access to basic water and basic sanitation, respectively.

The WASH programme was key to strengthening IPC measures and contributed significantly towards containing COVID-19 in health centers, crowded high risk settings, formal and informal camps. Provision of WASH supplies, promoting hygiene practices including social distancing measures during water collection limited the spread of COVID-19. The WASH programme’s strategy evolved with initial support to isolation centres/ Points of Entries and Quarantine sites to contain COVID-19; followed by support to critical health facilities handling COVID-19, in high risk settings such as IDP camps. Thereafter health facilities were prioritized to support continuation of essential H&N services, while also targeting high risk communities with water supply and hand-washing interventions. Over 488,000 vulnerable people (including 244,000 children) in high-risk and crowded settings benefited from WASH IPC supplies, water, sanitation and hygiene interventions as part of COVID-19 response (160 per cent of 2020’s target). In collaboration with the Social Policy section, 32,000 poor families received soaps.

A coordinated approach with the education sector enabled nearly 43,700 school children (22,900 girls) to gain access to safe water, gender sensitive sanitation and handwashing facilities. WASH/IPC measures enabled over 93,000 school children take their grade eight exam. COVID-19 was also an opportunity to push WASH in schools; UNICEF and MoE developed a COVID WASH kit to enable the safe reopening of schools; the supplies are under procurement and will be provided to over 600 schools in 2021. Good coordination with the states Ministries of Health (SMOH) resulted in 87 health and nutrition centers having access to basic water services, benefiting the communities facing multiple deprivations, and minimizing risk of opportunistic infections.

To enhance sustainability of water supply, water supply interventions are guided by IWRM approach with due considerations to climate change and community engagement. Implementation of WASHIMS in 11 states and the introduction of real-time monitoring of ODF and water point functionality will further strengthen governance and accountability in the WASH sector. Private sector engagement enabled cost-sharing in the production of the human-centered designed jerry can, innovation in hands-free handwashing stations and also mobilization of resources for WASH. A “Handwashing for All Hackathon” was launched to engage the private sector and young entrepreneurs to find affordable solutions for handwashing in public places, including health centers and schools.

Education of children was heavily affected by the COVID-19 pandemic, as a result of school closures for most of 2020, negatively impacting the progress towards SDG 4. Only 30,577 out-of-school children (47 percent girls), were able to access educational opportunities in schools or alternative learning programmes (ALPs) i.e. 16 per cent of UNICEF’s annual target, while 203,253 children received education-in-emergency supplies. E-learning opportunities introduced through 82 centers in Blue Nile, Kassala, and White Nile states, enabled at least 6,000 children (47 per cent girls) to gain proficiency in mathematics and Arabic as part of the global ‘Can’t Wait to Learn’ (CWTL)
UNICEF continued support for technical assistance and upstream work for curriculum reform and the successful application for an additional GPE grant for COVID-19 related efforts. The MoE and UNICEF ensured continuity of learning for 214,222 students who accessed review lessons for Grade 8 & Grade 11 and could take the examinations through remote learning opportunities using television, radio, and booklets. Dedicated sessions were also prepared and disseminated in sign language for 512 children with hearing impairments. Despite the efforts, the national primary education examinations (at 8th grade level) noted a deterioration in learning outcomes from 2019. The MoE and UNICEF also developed protocols for safe operations in schools amid COVID-19, and provided supplies (masks and tents) to ensure safety and wellbeing upon schools reopening.

A comprehensive package of life skills, social innovation and social enterprise was developed in partnership between UNICEF and Aflatoun as part of the global GenU empowerment model targeting young people. The package was translated into Arabic and 1,196 teachers (50 per cent female) were trained, resulting in improved understanding of the links between education and skills.

The pandemic and economic downturn negatively impacted construction and rehabilitation of classrooms, however, 78 new classrooms were constructed and 161 classrooms were rehabilitated in 2020. Integrated interventions in schools, through the availability of water and the construction of 50 sex-segregated latrines, contributed positively to the learning environment, enrollment and retention of pupils, particularly for adolescent girls. In an effort to ensure the re-enrolment of girls upon school reopening, technical and financial support was given to the Girls’ Education Department of the MoE for the Back to School campaign, targeting the 12 states with the worst indicators for girls’ education.

Child protection concerns continued to demand urgent action from UNICEF and partners. Children in detention decreased from 207 to 174 per 100,000 children. Nearly 90,000 people benefited from education, communication initiatives using social mobilization platforms for the elimination of FGM and Child Marriage, achieving the target for 2020. Another 49,133 girls and 25,342 boys benefited from life skills activities promoting positive social norms against harmful practices.

The justice system for children in Sudan continued to be strengthened, resulting in the significant decrease of the child population in detention - from 207 to 174 per 100,000 children. Social distancing measures necessitated by the COVID-19 outbreak facilitated the release of children in detention who committed minor offenses. Only children detained on murder and rape related case remained, in most cases for their own protection in the communities and as part of the legal framework governing such crimes.

The formal foster care system was further strengthened, with 5,894 children benefiting from the establishment of the case management and information management systems. The cross-border case management system remained limited because of insufficient information-sharing among the child protection actors. The implementation of the child protection information management system under the PRIMERO will be an important step in ensuring smooth case management to children deprived from their rights to parental care.

The continuum of care and protection services continued with nearly 180,000 children (92,455 girls) in humanitarian situations benefiting from age appropriate and gender-sensitive child psychosocial support (PSS) services. Over 175,500 children (68,676 girls) were supported by an appropriate legal and/or medical referral system through the FCPU’s including for Gender Based Violence (GBV). Children registered as unaccompanied or separated - 15,590 children (1,147 girls) were reunified with families and caregivers. The target for release of 658 children from armed forces and groups and reintegration could not be met due to the delayed negotiations in the Juba agreement.
The adoption of a new FGM/C legislative framework, strategies and action plans on FGM/C and Child Marriage, harmonization of the definition of the child within Sudanese law, and the prohibition of corporal punishments have been some key steps towards significant positive change in a tumultuous year. The annual targets were achieved, creating an enabling environment for government institutions at national and state levels. Child protection issues focusing on prevention and response were integrated into health, water, sanitation and hygiene (WASH) and education services.

Prevention of Sexual Exploitation and Abuse (PSEA) remained a priority area for the office. Support from PSEA/CSG 18 PSEA focal points from field offices trained on the integration will help translate this into UNICEF sectoral activities. Child Safe Guarding (CSG) and PSEA requirements are part of call for expression of interests, PCA and contract documents. PSEA risk assessments were completed for 44 out of 54 national implementing partners, with all but two assessed as high risk, while two are moderate risk. Efforts are underway to support 29 partners to prevent SE to reduce risk ratings. Five national implementing partners have completed the RO SEA investigation online training. A total of 407 staff (144 females) from implementing partners are familiar with PSEA and able to reflect in their work.

Ninety-three UNICEF staff (46 females) including UNVs and consultants, and another 123 personnel (45 females) have enhanced understanding and capacities to mainstream gender and CSG in their work.

Programme implementation was supported by keen oversight and functional governance mechanisms and standard operating procedures (SOPs). Improved evidence-based planning and monitoring helped ensure better accountability to children and partners, particularly in light of COVID-19, which required alternative monitoring approaches. UNICEF programmes remained operational during the multiple emergencies that also affected the economy. Limited operational mobility and increased implementation costs (e.g. dramatic price increases of construction material, fuel shortages) negatively impacted timely implementation of programmes. Conflict sensitivity lens and programmatic approaches were introduced in two states as a way of promoting durable solutions.

Despite the delayed receipt of 2019’s SCO audit report, SCO developed an action plan and has already provided responses to five of the six recommendations. Regular updates on audit implementation were provided to the CMT and PMT in September and two staff orientation sessions on the audit plan were organized.

Several staff well-being initiatives were implemented to ensure the continuity of programme delivery to deal with multiple emergency responses. Staff were supported to telework, inside and outside the duty station during the peak of the COVID-19 pandemic.

Supply operations, including procurement services remained a key pillar for regular and emergency programme support including the COVID-19 response, with 80 per cent of programme goods valued at US$101,499,190 distributed. The unstable political and economic situation contributed to the uncertainty of the local market which impacted local tendering and high cost of essential supplies.
UN Collaboration and Other Partnerships

The realization of children’s rights was made possible due to strategic engagement and technical cooperation with financial and non-financial partners.

UNICEF’s advocacy and engagement promoted at the national level the agenda for children by developing or revising policies, strategies and guidelines and at State levels this support contributed to their effective implementation. Advocacy efforts resulted in mobilizing domestic resources (over $1 million) to cover critical gaps for lifesaving interventions despite the economic downturn. Technical assistance also enabled the government to access the additional GPE grant for COVID-19 education sector response. Partnerships with TV and radio stations enabled children’s access to virtual lessons and learning opportunities; multi-sectoral partnerships with the Central Bureau of Statistics and the MoE at national and state level contributed to implementing, planning and programme monitoring activities while supporting awareness-raising and advocacy efforts.

UN partners jointly supported the government’s COVID-19 pandemic response and the fight against polio, and malaria. UNICEF worked with OCHA in strengthening the humanitarian response. MOUs with WHO and WFP enabled UN agencies to collaborate in the scale up of nutrition interventions, share data and develop joint scale up plans for the universal salt iodization plan for 2021-2022. UNICEF, WFP and UNHCR helped to deliver food baskets during the lockdown and services for the South Sudanese and Ethiopian refugees. The robust Child Protection focus in the mandate of the recent establishment of UNITAMS heralds a new strategic partnership, going beyond Darfur to cover all states.

UNICEF worked with multilaterals viz. the Global Fund, GAVI, and The Global Partnership for Education (GPE) to strengthen government systems. Sector specific partnerships include Education Above All Foundation Qatar, The Global Joint Programme for the Abandonment of FGM/C and the evolving partnership with WB on COVAX, have potential for future expansion. The assistance of bilateral donors i.e. Governments of Canada, Germany, Japan, Sweden, Korea, the United Kingdom; the United States; the Netherlands and European Union, enabled UNICEF to respond in a timely manner to arising needs. Flexible funding from some donors coupled with the humanitarian pooled funds from the Central Emergency Reserve Fund and Sudan Humanitarian Fund allowed timely lifesaving interventions.

UNICEF partners with WHO and UNHCR in the area of water quality and refugee response respectively; with UNEP for IWRM and climate change adaptation, and collaborated with UNDP on renewable energy opportunities. The Sanitation and Water for All (SWA) global platform profiled the sanitation agenda at the highest level.

UNICEF’s partnerships with the private sector and the Sudanese diaspora were instrumental to fill critical gaps e.g. oxygen concentrators and medical supplies, with UNICEF contributing logistics, support to MOH for the call centre.

UNICEF expanded partnerships with national and international NGOs, boosting results and implementing integrated programmes where possible. UNICEF’s growing partnership with youth associations and individuals was escalated to support sector planning, innovation. Engagement with community platforms enabled mobilization for education support, identification of OOSC, discouraging child marriage, and lobbying with government for increased allocations and in monitoring programmes.

Lessons Learned and Innovations
In 2020’s complex operating environment, UNICEF’s flexibility and creativity provided solutions for high impact interventions. UNICEF strongly advocated for the mobilization of domestic resources to meet the shortfall for the first round of the national polio vaccination campaign and the mass distribution of LLINs. The Sudanese government allocated resources of around USD $5.6 million, as UNICEF agreed to transfer the campaign funds in US dollars. Donor flexibility and availability of critical pre-positioned supplies remain key to a timely response to ongoing humanitarian situations in Sudan.

Learning from the Ebola experience and keeping a child-centered focus on its response, UNICEF engaged partners to warn of the greater risks to children from the indirect impact of COVID-19 than from the disease itself. UNICEF advocated for the need for prioritization of critical services during the COVID-19 response. Support for the development of guidelines and adherence to mitigation measures ensured that all frontline workers were protected during the delivery of interventions. UNICEF also highlighted the need for innovative approaches – increasing the number of service days to stagger caseloads, single child use of MUAC tapes, increasing the RUTF quota to cover two weeks supply for children instead of weekly etc. to support the continued provision of integrated services for both children and their caregivers and promoted an integrated, multi-sectoral approach to ensure access to healthcare and essential services at the targeted health facilities. This approach covered all child protection measures including psychosocial support and gender-based violence interventions.

In education, these approaches enabled continuity of children’s learning, physical and psychological health and well-being. The innovations build on a mix of self- and teacher-supported student learning, through various media channels/online solutions which were accessible to the most marginalized children; especially those without internet access or living remote areas or camp settings. The “Can’t Wait to Learn” project for non-formal education, targeted the OOSC in remote areas and nomadic communities with the provision of innovative at-scale learning (formal and non-formal) for the most vulnerable groups in Sudan.

The programme provided review classes for Grade 8 and 11 through TV, radio, internet or paper-based booklets, supporting the continuity of learning during the pandemic and has the potential to support the remote delivery of instructions and teacher training programmes.

The need to adhere to COVID-19 protocols offered an opportunity for children from the Khalwas (Qur’anic Schools) to be released and reunited with their families and communities. Family tracing and reunification with appropriate alternative care arrangements focused on children aged 5-12 years old, especially girls. Many child offenders, mainly those children living and working on the street, were diverted outside the judicial system and put on a family tracing and reunification plan.

With UNICEF Sudan’s long-standing national presence, knowledge and expertise of the WASH sector in particular, UNICEF is increasingly called upon by the government to advise on the reform agenda and sector priorities, which offers an opportunity to ensure that vulnerable children are at the center of policies and programmes. To realize SDG-6 targets for Sudan, coordination among the humanitarian and developmental actors is vital. There is an appetite for a single coordination mechanism that unites and integrates the humanitarian and development actors together under a common “SDG-6 forum” to achieve synergy and high-level commitment.

COVID-19 has demonstrated the resourcefulness of young people in finding scalable solutions to current issues; increased youth engagement presents a good opportunity to accelerate progress in access to WASH services. Low cost solar handpumps that were successfully piloted in 2019 gained acceptance from communities and government. Innovative hand-free handwashing stations, locally designed using the local materials, were widely used to combat COVID-19. An innovative RapidPro based real-time monitoring system was piloted for ODF and water functionality. However, powerful IMS systems need to be well institutionalized for success.

High staff turnover, inadequate arrangements and resources to exercise remote working modalities for government staff was a major challenge in 2020 and negatively affected programme implementation.
SCO stepped up its technical and capacity-building support to the government through focused capacity-building programmes, and advocated for continuity of staff for key functions.

UNICEF engaged technical experts such as the Economic Policy Research Institute (EPRI) and the Partnership for Economic Policy (PEP), to provide quality social protection policy advisory services and build capacity. Collaboration with the Economic and Social Research Bureau highlighted the need to improve our partnership with academic institutions. UNICEF also seconded GIS expertise to the FMoH which helped in mapping confirmed COVID-19 cases and fostered improved surveillance, contact tracing activities and reinforced lockdown measures.

The limited availability of up-to-date data remains a major constraint for evidence-based policy and program formulation. The current economic crisis presents a significant challenge to reach children and families with fewer resources.

Given the recurring nature of emergencies, the importance of emergency preparedness needs continued emphasis. Pre-positioned emergency supplies and seed money were available, allowing UNICEF to respond promptly to the multiple emergencies such as floods and the Ethiopian refugees humanitarian response. Emergency interventions such as blanket disinfection of all water sources is key not only during emergency, but also during routine daily water supply operations to sustain the quality of the domestic water and prevent epidemics.

Adolescents and youth leading the political change highlighted the need for focusing on empowering children and their participation early in programme design; implementation and monitoring has added real value to programme efficiency and effectiveness. Youth are also critical change agents for promoting peace and for conflict sensitive programming.

As part of its reform agenda the transitional government committed to increasing investment in the education sector which presents an opportunity for investing in the quality of education including teacher professional development, infrastructure and school grants. The MoE increased salaries of teachers and school grants will be extended to all schools from the GPE grant. UNICEF is taking advantage from the curriculum reform underway to include child rights concepts within the new curriculum.