

The Republic of Sudan

Executive Summary

UNICEF Sudan continued to deliver tangible results for children despite the complex operating environment. Multiple conflicts and chronic underdevelopment affected 4.1 million vulnerable children, who suffered multiple and acute humanitarian needs. The situation remains highly insecure due to rebel and government fighting, intertribal and intra-tribal conflicts and increased violent crimes. Peace negotiations have stalled. Threats to the United Nations presence, including exit requests by the Government to the United Nations Mission in Darfur (UNAMID) and United Nations Representatives pose major risks to programming.

UNICEF Sudan intensified its advocacy efforts and leveraged partnerships to effectively pursue its protection mandate and ensure equitable access to basic services, especially for the most deprived children. As a result, approximately 2,002,834 people gained access to improved drinking water, including 1,670,458 in humanitarian situations; and 326,777 people accessed sanitation facilities, including 95,061 people in humanitarian situations. Measles vaccination campaigns benefited 1,580,902 displaced children in conflict areas and the availability of essential medicine was guaranteed for 2 million internally displaced persons (IDPs) and host communities. Sudan maintained its polio-free status. Vaccination coverage of Penta 3 was maintained at 90 per cent. As a contribution to the National Preparation Plan on Prevention of Ebola, UNICEF supported the development of the Ebola Prevention Communication and Health Promotion Strategy and plans.

The number of children treated for severe acute malnutrition (SAM) increased to 140,000, compared to 120,000 cases in 2013, although this only represents 27 per cent of cases requiring treatment. Almost half a million pregnant women received iron and folic acid supplementation and vitamin A coverage increased to over 80 per cent in all low coverage states.

Although 2.3 million children remain out of school, UNICEF Sudan was instrumental in increasing demand for education. A total of 606,198 pupils benefitted from the provision of improved learning materials and 320,813 emergency-affected children (40 per cent girls) accessed education through the availability of safe learning spaces and trained teachers.

Despite the absence of integrated and decentralized child protection services, a total of 68,869 children benefited from protection and psychosocial services in conflict and displacement areas, and 11,374 children (5,733 boys and 5,641 girls) were beneficiaries of community-based reintegration assistance. An additional 25,866 children in contact with the law (18,020 males and 7,846 females), including victims of violence, benefited from Family and Child Protection Unit (FCPU) services.

UNICEF Sudan was not able to reach an estimated 500,000 children in 2014 due to the active conflict in several parts of Darfur, as well as in Blue Nile and Kordofan states. These children have been missing out on essential basic services for several years.

UNICEF Sudan enhanced evidence-based, decentralized planning and public advocacy, results-based management and accountability through the generation and effective use of disaggregated data. On child malnutrition, data at the locality level were made available, which enabled micro and macro-planning, allocation and better targeting. The completed Monitoring Results for Equity System (MoRES) bottleneck analysis, child multiple deprivation analyses and out-of-school studies were used to influence the process of developing the PRSP, sector strategic plans, the humanitarian strategic response plan and Government budget allocation. The Multiple Indicators Cluster Survey (MICS) was completed in December and results will be available in early 2015.

UNICEF Sudan leveraged important partnerships for children with other United Nations agencies, donors, civil society, etc., for continued advocacy and social mobilization efforts to abandon female genital mutilation/cutting (FGM/C); to build sustainable health and education recovery and development in Darfur; to respond to the emergency in South Sudan; to strengthen child protection systems; and to strengthen family and community resilience to address malnutrition.

UNICEF Sudan continued to address bottlenecks related to neonatal health, limited coverage (27 per cent) of community management of acute malnutrition (CMAM), low sanitation coverage (24 per cent) and the 2.3 million of school-aged children out-of-school. UNICEF Sudan has continued to focus on addressing bottlenecks related to limited government investment in basic social services, low institutional and human capacities and negative social norms and cultural beliefs.

Preparations for a full PRSP, the introduction by the International Monetary Fund (IMF) of a Staff-Monitored Programme, and discussions over debt relief and easing sanctions have all offered opportunities for further advocacy on issues of equity and investment in the most disadvantaged children. The UNICEF strategic reflection and mid-term review exercises led to a programmatic shift, with more focus on scaling up provision of integrated high-impact interventions to the most vulnerable children in the 72 most deprived localities in 12 states. UNICEF focused on family and community resilience building, robust decentralization of programme operations and improving the enabling environment, in line with the UNICEF Strategic Plan 2014-2017. UNICEF Sudan will adopt innovative mitigation measures against operating bottlenecks related to economic sanctions and embargo, high transaction costs, difficult access to children due to conflict and displacement and the continued limited presence of implementing partners.

Humanitarian Assistance

The conflict in South Sudan and the unrest in Darfur, Blue Nile and South Kordofan displaced many people and disrupted the provision of quality services to children. The International Organization for Migration (IOM) registered 120,000 displaced school-aged children (aged 5-17 years) in North, South and West Darfur. That figure is more than double the 55,000 newly displaced primary school-aged children reported in December 2013. In Blue Nile and South Kordofan, the number of people displaced or severely affected by the conflict between government forces and the Sudan People's Liberation Movement-North (SPLM-N) increased to over 325,000 by September 2014, including 97,500 school-aged children (30 per cent of the population). In addition, over 113,000 South Sudanese refugees (at least 30 per cent school-aged children) have sought protection in Sudan since December 2013, predominately in White

Nile, Khartoum and South Kordofan. UNICEF Sudan also continued to provide assistance to the almost 2 million children displaced in Darfur for a decade.

In total, 320,813 emergency-affected children (40 per cent girls) gained access to education opportunities through the provision of essential education supplies, temporary learning spaces, gender-sensitive water, sanitation and hygiene (WASH) facilities, and training on education in emergencies for parent teacher association members (34 per cent female) and 809 teachers (60 per cent female) in Darfur states, White Nile, Blue Nile, Khartoum and South and West Kordofan. With UNICEF support, education was restored for 12,282 children (50 per cent girls) in 20 schools affected by floods in Khartoum State through the provision of tarpaulins, plastic sheets, school-in-a-box and recreation kits. Cumulatively, the number of children reached exceeded the annual target of 92,000, which was achieved through effective partnerships with the Ministry of Education (MoE), Plan Sudan, Save the Children Sweden and the Department of Water and Environmental Sanitation (WES).

In 2014, a number of disease outbreaks occurred in several states and were successfully contained. These included yellow fever in South Kordofan, dengue fever in four states (Red Sea, Kassala, North Darfur, South Darfur and South Kordofan), and diarrheal disease outbreaks in North Darfur and White Nile. UNICEF provided essential supplies to respond to these outbreaks as well as technical expertise in disease management and social mobilization. In preparation for the flood season, which potentially affects over 2 million people annually, UNICEF Sudan prepositioned 264 primary health care kits, 150 cartons of oral rehydration salts, 530 boxes of Ringers Lactate, 70 packets of doxycycline tabs and 41,123 long lasting insecticide-treated nets in flood prone states.

In response to malnutrition emergencies across the country, UNICEF Sudan and implementing partners reached 140,000 children in 10 states experiencing emergency situations with emergency food rations (BP-5), counselling for infant and young child feeding in emergencies and/or therapeutic feeding for SAM. This included treatment of more than 3,000 severely malnourished children, both South Sudanese refugees and local host populations, in White Nile State. UNICEF supported the opening of four new outpatient feeding centres, specifically in response to the new displacements in North Darfur.

The most vulnerable areas with critical WASH needs were prioritised to minimise risks of diarrhoeal and other WASH-related disease outbreaks, which primarily affect children and women in emergency and humanitarian situations. The main achievements for emergency-affected populations were: 1) 1,670,458 people gained access to improved drinking water sources (target was 2 million people); 2) 95,061 people gained access to improved sanitation facilities through the provision of new sanitation facilities and the replacement of damaged ones; 3) 91,602 returnees (46,717 females and 44,885 males) received water and sanitation services (of the targeted population of 100,000 in areas of return) and; 4) over 2,745,143 people (1,378,651 female and 1,366,493 male) were reached with messages on improved hygiene practices (exceeding the target of 2 million).

More than 68,869 children (32,368 girls and 36,501 boys) were reached with psychosocial support, 11,374 (5,641 girls and 5,733 boys) benefited from reintegration programmes, and 235,851 people were reached with mine risk education messages. However, efforts to prevent and respond to sexual and gender-based violence continued to be affected by the political environment and the high sensitivity around the issue. UNICEF, UNAMID and the Resident Coordinator Office reported regularly to the Security Council Working Group on Children and

Armed Conflict under Security Council Resolution 1612. In total, 168 incidents of gross child violations affecting 165 boys and 117 girls were verified and support was sought.

Equity Case Study

Since 2013, UNICEF Sudan has developed and followed a systematic approach to refocusing on equity, from analysis (defining the characteristics of vulnerability, multiple and overlapping deprivation) to advocacy (within the United Nations Country Team (UNCT) and with government counterparts and donors) to implementation, including monitoring and evaluation. Bottleneck analyses have been completed for all sectors. Decentralized district health systems strengthening will further support the development of locality plans of action for low-performing localities to accelerate progress towards child/maternal survival. For this report, UNICEF Sudan will provide a case study on nutrition.

Today, Sudan is home to one of the world's worst children's crises due to protracted and new conflicts, recurrent natural disasters, growing food insecurity and chronic underinvestment in basic social services. According to the MICS 2010, the prevalence of stunting and wasting were estimated at 32 per cent and 16 per cent, respectively, with at least 550,000 children suffering from life-threatening SAM every year.

The evidence-based equity refocus approaches for reducing child deprivation, including nutrition, tripled the reach and treatment of SAM from 40,000 cases in 2010 to about 127,000 cases in 2014. New evidence generated by the 2013 National Nutrition Survey using the simple spatial surveying method (S3M), the first of its kind in Sudan, provided results at the locality level and beyond for all 18 states. The report clearly demonstrates inequities in malnutrition levels and access to basic services between rural and urban communities in conflict versus non-conflict states. It is also interesting to note that some of the localities with the highest levels of malnutrition were urban non-conflict localities such as the capital, Khartoum. This paved the way for strategic, evidence-based expansion and scale up of essential services for children. The survey mapped the areas with the highest rates of malnutrition against coverage of health, nutrition and WASH services. The availability of disaggregated data ensured better prioritization and targeting of the most deprived localities, improved engagement with decentralized authorities at state and locality levels, facilitated partnerships with civil society and United Nations agencies and triggered the development of appropriate micro planning of interventions, budget allocation and systems-building mechanisms.

Building on this evidence, UNICEF supported the Ministry of Health (MoH) to conduct state level micro planning for a bottom up approach to scaling up CMAM services. An analysis of barriers to uptake of nutrition and other essential basic services was conducted to ascertain some of the underlying and root causes of malnutrition to inform the scale up of nutrition treatment services at the locality level. This culminated in a national scale up plan that was included in the 2015 state-level decentralized annual work plans and state budgeting allocations.

The new disaggregated data made available through the survey also allowed for advocacy at the inter-cluster level for the adoption of a multi-sectorial approach to addressing malnutrition in Sudan. As a result, a multi-sectorial Central Emergency Response Fund (CERF) project including nutrition, health, and WASH interventions was implemented for the first time in Sudan in one of the most deprived localities in the East. In addition, UNICEF Sudan advocated successfully for use of the National Nutrition S3M Survey results in the mid-year revision of the 2014 Humanitarian Needs Overview (HNO) for all sectors. It also informed and defined the parameters for the development of the 2015 HNO, which allowed for integrated planning for the

2015 humanitarian Strategic Response Plan, with greater programme convergence among the various sectors.

In partnership with the World Food Programme (WFP), UNICEF also used the new disaggregated data to develop a nutrition investment case for the multi-sector cost interventions for reducing wasting by half over the next five years. The investment case, amounting to US\$ 443 million per year, calls for scaling up an integrated package of nutrition, health, WASH and livelihood interventions to 90 per cent national coverage. The case has been submitted to the Government and donors.

Multi-sector United Nations partnerships are also for the first time collectively building the resilience of communities and families against child malnutrition in Kassala, which has the highest chronic malnutrition levels (up to 55 per cent). This resilience programme, supported by UNICEF, WFP, the World Health Organization (WHO) and the Food and Agriculture Organization (FAO) is targeting the poorest, non-conflict area in the East for the first time.

This is indeed a flagship equity refocus programme, which represents a pioneer approach to prioritizing the most vulnerable children affected by poverty and acute malnutrition in the context of transition from humanitarian to recovery and development. This will contribute to reducing inequality in children's right to nutrition in Sudan.

Though the country continues to face the challenge of low coverage of treatment services (28 per cent) due to the existing gaps in capacity and funding, the tasks ahead are not insurmountable. This strategic refocus in programming and reach will contribute to reducing inequalities in the right to nutrition, survival and development among all children in Sudan.

Summary Notes and Acronyms

AED	automated external defibrillator
ALP	alternative learning programme
AMP	Annual Management Plan
ART	antiretroviral therapy
BCP	Business Continuity Plan
C4D	Communication for Development
CATS	Community Approaches to Total Sanitation
CERF	Central Emergency Response Fund
CFCI	Child Friendly Community Initiative
CFS	child-friendly school
CHF	Common Humanitarian Fund
CMAM	community management of acute malnutrition
CMT	Country Management Team
CPMP	Country Programme Management Plan
CRC	Convention on the Rights of the Child
CSO	civil society organizations
DCT	direct cash transfer
DFAM	Division of Financial and Administrative Management
DFID	Department for International Development (UK)
DHR	Division of Human Resources
ECHO	European Commission Humanitarian Office
EMIS	Education Management Information System
ePAS	electronic Performance Appraisal System
EPI	Expanded Programme on Immunization

ESSP	Education Sector Strategic Plan
EU	European Union
FCPU	Family and Child Protection Unit
FAO	Food and Agriculture Organization
FGM/C	female genital mutilation/cutting
FTR	family tracing and reunification
GDP	Gross Domestic Product
GPE	Global Partnership for Education
GWWD	Ground Water and Wadis Directorate
HACT	harmonized approach to cash transfers
HNO	Humanitarian Needs Overview
HQ	UNICEF Headquarters
HRBAP	human rights-based approach to programming
ICT	information and communications technology
IDP	internally displaced person
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring and Evaluation Plan
IMF	International Monetary Fund
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
IT	information technology
MENARO	Middle East and North Africa Regional Office
MICS	Multiple Indicators Cluster Survey
MODA	Multiple Overlapping Deprivation Analysis
MoGA	Ministry of Guidance and Aqwaf
MoE	Ministry of Education
MoH	Ministry of Health
MoRES	Monitoring Results for Equity System
MOSS	Minimum Operational Security Standards
MoWRE	Ministry of Water Resources and Electricity
MTR	Mid-Term Review
NCCW	National Council for Child Welfare
NGO	non-governmental organization
ODF	open defecation free
OFDA	Office of United States Foreign Disaster Assistance
ORE	other resources emergency
ORR	other resources regular
OTP	outpatient therapeutic feeding programme
PARMO	Public Sector Alliances and Resource Mobilization Office
PAS	Performance Appraisal System
PFP	Private Fundraising and Partnerships
PMTCT	prevention of mother-to-child transmission
PPE	personal protective equipment
RR	regular resources
S3M	simple spatial survey method
SAM	severe acute malnutrition
SHHS	Sudan Health Household Survey
SOP	standard operating procedure
SPLM-N	Sudan People's Liberation Movement-North
SSAFE	Safe and Secure Approaches in Field Environments
UNAMID	United Nations Mission in Darfur

UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WES	Department of Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization

Capacity Development

Capacity development targeting national and international civil society partners, government line ministries and community-level structures remains a key strategy of the Sudan County Programme. UNICEF Sudan adopted a four-pronged strategy to shift social norms, promote positive behaviours among communities and households and create demand for high impact interventions for children. This involved leading the development and implementation of strategic communication initiatives, capacity development of key partners, including frontline community motivators to facilitate dialogue, strategic partnerships to deliver at scale, and providing technical leadership for Communication for Development (C4D) programming.

The results of the National Nutrition S3M Survey and other small-scale qualitative studies provided evidence for developing interventions to address cultural beliefs, traditional practices and social norms that impact child survival, development and protection practices and behaviours in Sudan. Two key communication initiatives were supported during the period: 1) the Saleema Communication Initiative to address FGM/C, which reached 80 per cent of the target population with messages promoting positive discourse around uncut girls; and 2) the Alshuffa'a Alsoghar Communication Initiative for essential family practices was launched.

Recognizing the critical role of religion and religious leaders in the lives of people and to deliver key programme results, strategic partnerships were strengthened with faith-based organizations through the Ministry of Guidance and Aqwaf (MoGA). Over 80 national religious leaders were sensitized on key child survival, development and protection issues.

In the health sector, the capacity of key staff members to facilitate community dialogue was strengthened. Beneficiaries included 40 health promotion and Expanded Programme on Immunization (EPI) state heads and 72 staff members from all community and state radios. In addition, the capacities of 93 village health workers to implement Integrated Management of Childhood Illnesses (IMCI) was strengthened in 126 localities. UNICEF supported training at the community level for 242 mother support groups active in 12 states to improve breastfeeding and child feeding practices and to raise awareness on malnutrition to change health-seeking practices.

In WASH, a total of 4,697 community members (1,867 females and 2830 males) received technical, managerial and sanitation promotion training as part of community empowerment to promote community ownership and management. UNICEF also supported the capacity building of 272 social workers to provide child protection services.

Evidence Generation, Policy Dialogue and Advocacy

As part of the strategic reflection process, in 2014, key strategic studies, evaluations and analytical efforts were carried out to refine new programme directions and improve the awareness and commitment of the Government and donors on children issues. The Multiple Overlapping Deprivation Analysis (MODA), which was undertaken using data from the 2010 Sudan Health Household Survey (SHHS), revealed that 79.6 per cent of children are affected by at least two deprivations and 34 per cent and 31 per cent of children are facing three and four deprivations, respectively. MODA was also used to push for the prioritization of children's issues as part of the new PRSP process and UNICEF advocated for the utilization of disaggregated S3M data for planning within the UNCT and government counterparts.

A multi-sector bottleneck analysis at national and state levels, a humanitarian multi-sector deprivations analysis, the Child Friendly Community Initiative (CFCI) evaluation and an evaluation on the efficiency and effectiveness of field offices guided the dialogue on the mid-term review (MTR). There were also used for strategic debate and to engage the Government in community-based approaches and the strategic shift of the programme over the next 6 years.

Evidence from the study on out-of-school children and analysis of Education Management Information System (EMIS) data revealed that inadequate resource allocation to basic education is a key barrier. Only 2.7 per cent of Gross Domestic Product (GDP) is spent on education. UNICEF Sudan engaged with the MoE and advocated for increased domestic spending on basic education, from 6 per cent in 2013 to 16.9 per cent by 2018. The MoE made the pledge at the second Global Partnership for Education (GPE) Replenishment Conference in June 2014. UNICEF also advocated for more attention to the most disadvantaged children, including girls, children in nomadic communities and children with disabilities.

State-level data from the 2010 SHHS, locality-level 2013 National Nutrition S3M Survey data, the bottleneck analysis, and IDP camp profiles were analysed extensively and used to engage in high level advocacy to prioritize WASH where the Sanitation and Water for All commitments were endorsed at high level meetings in 2014. In pursuit of those commitments, high level committees were established at the national level and in six states and action plans were developed to scale-up sanitation services.

Partnerships

UNICEF Sudan promoted partnerships to sustain country programme gains and deliver an integrated package of high-impact interventions. Based on the revised guidelines for developing partnerships with civil society, UNICEF Sudan put improved processes into place to ensure agreements were developed in a timely way, with quality assurance for results-based planning, management and reporting and harmonized approach to cash transfers (HACT) risk management.

More than 70 programme cooperation agreements were signed for regular and emergency interventions, both at national and sub national levels with international non-governmental organizations (NGOs), civil society organizations (CSOs) and community-based organizations. Monitoring and assurance activities were planned and implemented, including programmatic visits and spot checks. Supply end-user monitoring requires improvement, however.

Partnerships were strengthened with the federal MoE, MoEs in 12 states, WES, the National Council for Literacy and Adult Education, Ahfad University and the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Educational Planning. A number of

NGO partners contributed to the provision of education services to 482,327 out-of-school children, including IDPs, refugees, nomadic children, rural children and children with disabilities.

UNICEF leveraged partnerships to fight child malnutrition in East Sudan. A Department for International Development (DFID)-funded resilience project aimed at reducing stunting in four localities in Kassala was launched jointly with FAO and WFP. With UNICEF support, the MoH treated 140,000 severely malnourished children and led UNICEF and WFP in finalising a CMAM scale up plan.

For humanitarian response, partnerships were strengthened with the Office of United States Foreign Disaster Assistance (OFDA) and the European Commission Humanitarian Office (ECHO) to support life saving health, nutrition and WASH activities. In addition, Japan supported the delivery of health services in conflict areas and the Republic of Korea supported the immunization service.

Partnership with RedR enabled the capacity of the humanitarian WASH sector to be strengthened through rapid assessments and the development of a framework for training government and NGO personnel. Through combined efforts with the United Nations Population Fund (UNFPA), WHO, child-focused NGOs, parliamentarians, faith-based groups and others, significant moves were made towards the abandonment of FGM/C in one generation (2008-2018).

As part of an integrated programme for children with disabilities, new partnerships were initiated in selected localities with the United Nations Development Programme (UNDP), WHO, UNESCO, relevant government line ministry directorates and the National Council on Disability.

External Communication and Public Advocacy

Public Advocacy focused on specific components: increasing investment; improving access and service delivery to vulnerable children; the Saleema Communication Initiative to end the practice of FGM in Sudan; ending sexual and gender-based violence and the recruitment of child soldiers; and promoting the 25th anniversary of the Convention on the Rights of the Child (CRC).

The Saleema Regional Conference held from 20-22 October was part of a national scale-up initiative to address FGM in Sudan with the participation of neighbouring countries. Experts from Sudan, the Republic of Yemen, the Somali Republic, the Arab Republic of Egypt, the Federal Democratic Republic of Ethiopia, the State of Eritrea and the Republic of Djibouti shared experiences on different aspects of policies and community involvement to ban the practice. Saleema created a unique platform for engagement on the policy, community, locality and household levels to end the practice of FGM/C in the region.

Under the theme 'Invest in Children Champions of the Future' UNICEF Sudan scaled up its social media on key child rights issues, targeting adolescents and youth; developed a number of visibility materials, including roll up stands, billboards and bus paintings; produced a video on breaking social barriers, focusing on education of nomadic girls in conservative rural communities; produced a component of the Activate Talk; and was part of the innovation drive for the production of the first digital State of the World's Children Report, launched on the 25th anniversary of the CRC.

UNICEF Sudan positioned the child agenda as key priority of the new PRSP process initiated in 2014 by making a comprehensive presentation and facilitating discussion on key findings of the

Multiple Child Deprivations Analysis during the PRSP Government-Donors Committee meeting held in November 2014.

The MTR provided a unique opportunity to strategically position public advocacy as a core element of the office priority and results structure, focusing on the UNICEF comparative advantage as convener, knowledge broker, and advocate for leveraging the children's agenda in Sudan.

South-South Cooperation and Triangular Cooperation

In 2014, UNICEF Sudan, in coordination with UNICEF Lebanon, organized an exchange visit to strengthen partnership management and humanitarian performance monitoring. This cooperation provided an opportunity to learn about, observe and discuss the customization of Equitrack, an online partner tracking and monitoring tool tailored to the Sudan context. This innovative tool enables all partnership-related information to be in one repository that maps partnerships and aggregates planned results, progress and budgets. The Equitrack rollout is planned for early 2015.

In nutrition, a contingent of 10 United Nations and MoH officials travelled to Ethiopia for an exchange/learning visit to see how the health and nutrition systems in Ethiopia function and to discuss lessons learned, particularly in regard to planning a nationwide CMAM programme. Lessons learned from the visit were used to draw up Sudan's National CMAM Scale-up Strategy, finalised in December 2014.

To enhance knowledge sharing in the area of adolescents and youth, a learning visit for a Sudanese delegation consisting of 15 governmental and non-governmental representatives was organized to the Republic of Kenya. Members of the delegation had the opportunity to learn about good practices in youth work in Kenya and returned with lessons to be applied in the Sudan context.

In child protection, Sudan hosted more than 300 participants, experts and activists from 11 countries to engage in debate and discussion on the Saleema Initiative as an effective model for ending FGM/C in Sudan. The forum reaffirmed the need to facilitate and prioritize systematic approaches to FGM/C abandonment.

As part of global polio eradication efforts, the Middle East and North Africa Regional Office (MENARO) and UNICEF Headquarters (HQ) organized a teleconference on the implementation status of recommendations from the Horn of Africa Technical Advisory Group on polio eradication in the region. Experiences, strategies and lessons learned were shared in regards to reaching children in inaccessible areas, risk mitigation, strengthening surveillance systems and cross border vaccination in conflict areas.

Experiences and best practice for monitoring the functionality of water facilities in developing counties (i.e. the Federal Republic of Nigeria, Ethiopia and Kenya) were shared at the WASH Global Meeting in June 2014.

Identification Promotion of Innovation

In response to growing recognition of the need for efficiency and effectiveness, UNICEF Sudan continuously aimed to strengthen the innovation culture within the office, build collaborative networks to facilitate new technologies and approaches, and apply these in the field. By making

local communities part of the innovation process, UNICEF and partners will be able to better identify, adapt to, and advocate for government scale-up of solutions.

In 2014, UNICEF explored the possibility of establishing permanent innovation labs in Sudan with the University of Khartoum, Ahfad University for Women, and the Sudan University of Science and Technology. The aim would be to bring UNICEF Sudan and government partners closer to local capacity in higher education institutions.

The pilot project conducted in previous years demonstrated potential, as well as the power to serve as a forum in which UNICEF and partners could harness efforts to bring positive change to the lives of the most disadvantaged children of Sudan, with the invaluable input of young people. UNICEF Sudan is committed to supporting the establishment of permanent innovation labs to foster a culture of innovation focused on making people's lives better, particularly the lives of children.

UNICEF Sudan collaborated with War Child Holland, Afhad University and the MoE on the research pilot project aimed at developing and testing a model for a successfully functioning, medium-scale e-learning programme. Sudan was in the top 10 and won a grant (US\$ 350,000) that will be used to scale up and evaluate the pilot.

Finally, UNICEF hosted an Activate Talk event in Khartoum under the theme 'Innovations for Education with Equity' in October. The event brought together more than 700 innovators, most of them young adults with an interest in demonstrating the latest ideas for solving the problems affecting vulnerable communities across Sudan. UNICEF created an innovations Facebook page to engage with such youth and provide a platform for sharing and exploring new ideas.

Support to Integration and cross-sectoral linkages

In 2014, UNICEF Sudan established a task force on the integration and convergence of multi-sector interventions for high impact. The aim was to develop an integrated service delivery model that impacts at the household level in the areas of child survival, development and protection. Based on evidence generated from the child multiple deprivations and humanitarian vulnerability analysis, the MTR adopted a provision for an integrated package of services at household and community levels in 72 prioritized localities, covering 3.8 million of the most vulnerable children.

Using the child-friendly schools model to increase demand for basic education, UNICEF Sudan enhanced the integration of programme sectors by providing multi-sectorial support to children and school communities through the provision of teaching and learning materials, complemented by C4D campaigns. Other areas of integration included building on the evidence generated from pilots for accelerating the scale up of birth registration through an integrated approach involving health, civil registry and education. As a result, use of midwifery, mobile phone technology and enhanced community-based mechanisms became part of the Birth Registration Strategy.

UNICEF provided strategic support to the MoH and the MoE through the multi-sectorial School Health Task Force, which was formed to support the national School Health Steering Committee. The UNICEF School Health Task Force is cross-sectorial and provided integrated technical support to the Government through review of existing policies and strategies on school health.

In addition, within the Government of Sudan-UNICEF Country Programme, an integrated education-WASH project is being implemented in response to South Sudanese Refugees in White Nile, South and West Kordofan states. Partnership between UNICEF, WFP and FAO supported an integrated nutrition-WASH-health resilience project being implemented in Kassala.

Similarly, partnership between UNICEF, the United Nations Environment Programme (UNEP), WHO and IOM enabled the submission of integrated joint WASH proposals, which are in the final stages of negotiations and will enable implementation of integrated urban and peri-urban WASH projects in Darfur.

Service Delivery

In a very challenging operating context like Sudan, the UNICEF presence on the ground in seven field offices represented a key comparative advantage, positioning UNICEF as a partner of choice for preparedness and rapid responses to the huge humanitarian needs of children. Building on community networking and responsibility, UNICEF ensured the repositioning of supplies at the local level and sustained service delivery.

UNICEF Sudan provided financial and technical assistance that enabled a total 482,327 school-aged children to gain access to quality basic education. In addition, 297,139 emergency-affected school-aged children (40 per cent girls) and another 185,188 previously out-of-school and nomadic children (50.5 per cent girls) accessed basic schools and alternative learning programme (ALP) centres. Overall, 606,198 children (45 per cent girls) benefitted from education supplies and ALP textbooks that enhanced learning.

To support service delivery through the MoH and NGOs, UNICEF Sudan procured essential drugs and supplies, including vaccines, essential drugs, obstetric and midwifery kits and primary health care and IMCI kits. These supplies were also used to serve displaced populations in IDP camps. Immunization services reached 7,279,348 children under 5 (including 1,006,933 infants) through routine immunization services and campaigns. Pregnant women and newborns were reached with life-saving maternal and newborn services, including HIV/AIDS services. Overall, 85 per cent of 1,277,295 pregnant women and 1,256,006 new-born children were reached with life-saving maternal and newborn services.

UNICEF introduced the use of sustainable technology options, such as solar powered mechanized water supplies, to reduce the cost of operation and maintenance. Communities were empowered to establish their own management committees and manage the operation/maintenance of WASH.

UNICEF maintained its leadership in support of nutrition activities, providing all Ready-to-Use Therapeutic Food to treat SAM, and thereby increasing the number of children treated to 140,000, compared to 120,000 cases in 2013. However, this still only represents 27 per cent of all cases needing treatment.

With UNICEF technical and financial support, approximately 20,000 young people (30 per cent girls) accessed and utilized adolescent-focused services provided at five youth centres in West Darfur and Kassala. Approximately 32,000 young people (30 per cent female) developed enhanced conflict resolution skills.

Human Rights-Based Approach to Cooperation

UNICEF Sudan continued to play a leadership role on the human rights-based approach to programming (HRBAP) in Sudan, and on promoting understanding and implementation of the CRC and its three Optional Protocols. UNICEF enhanced the capacity of the National Council for Child Welfare (NCCW) to reply in a timely way with quality responses to the Concluding Observations of the Committee on the Rights of the Child in the Sudan Fourth and Fifth CRC Reports, and ensured that the Concluding Observations continue to inform the drafting the Sudan Sixth and Seventh Progress Reports. On the occasion of the 25th anniversary of the CRC, UNICEF engaged with the NCCW and other partners on renewing the promise to fully utilize supportive national legislation and mechanisms related to children in all sectors.

The HRBP was mainstreamed into the Rolling Work Plans 2014-2015, with a clear relationship between rights holders and duty bearers in almost all sectors and strategies defined for reaching the most disadvantaged. UNICEF Sudan technically and financially supported the MoE to identify out-of-school children and implement strategies to reach IDPs, refugees, nomadic children, rural girls, and children with disabilities. In addition, through evidence generated from National Nutrition S3M Survey, the MoH scaled up national CMAM and prioritised communities with high rates of acute malnourished children. UNICEF continued to accelerate adolescent programming across various sectors, particularly in child protection and education.

UNICEF explicitly applied the human rights framework to strengthen the abilities of duty bearers and rights holders. Having approximately 500 service providers (50 per cent women) work with young people on key human rights principles was an important achievement; more than 90 community health workers were trained on the IMCI and have the potential to reach 93,000 households in hard-to-reach area. About 430 justice-for-children stakeholders were able to apply the provisions of Child Act 2010 and related international instruments. UNICEF also increased its investment in strengthening the capacity of more than 300 community-based child protection networks and targeted adolescents.

In the humanitarian context, UNICEF advocacy and technical and financial support played a key role on implementing the United Nations Security Council Resolution 1612 on grave violations against children, and related resolutions.

Gender Mainstreaming and Equality

UNICEF supported the federal and state MoHs to promote safe and equitable learning opportunities and school environments by adopting key equity-based strategies, with particular emphasis on the girls' education strategy. With UNICEF support, approximately 20,000 young people (30 per cent girls) were able to regularly access and utilize adolescent-focused services provided at five youth centres in West Darfur and Kassala.

Enrolment of out-of-school adolescents in the ALP reached 8,789 (57 per cent girls) in targeted localities in Kassala and West Darfur states, representing a 33 per cent increase in the number of students originally enrolled. It is worth noting that girls' enrolment in ALP classes is higher than boys.

The WASH sector gender mainstreaming review was completed in 2014. The final conclusions and recommendations from the MTR will be used by UNICEF Sudan to operationalize the UNICEF Gender Action Plan in 2015-2016.

Efforts to prevent and respond to sexual and gender-based violence were affected by the political environment and high sensitivity to the issue. UNICEF scaled up its advocacy and capacity building efforts to strengthen referral pathways for victims of sexual and gender-based violence in Darfur. As a result of continuous advocacy and technical support by UNICEF to enhance services for girls and women that have experienced rape and violence, the Khartoum State Police upgraded the FCPU to a general directorate and established a Women's Desk. These steps have paved the way for major changes that can be emulated by other states, especially those affected by displacement and armed conflict.

In 2014, UNICEF sharpened its focus on gender equality analysis, planning and implementation. Several studies were conducted to examine specific gender inequality dimensions, including the knowledge, attitude and behaviour study on child marriage, the assessment of the implementation of FGM legislations in five states, the out-of-school study and analysis and the segregation of data by gender and age in the deprivation analysis.

At the MTR, UNICEF Sudan agreed with the Government to strengthen the gender-based programme strategy and planning over the next two years. UNICEF will reinforce its internal capacity to ensure this responsibility for promoting gender equality in the achievement of child rights.

Environmental Sustainability

UNICEF Sudan promoted the use of environment-friendly construction materials such as soil stabilized/concrete and stabilized blocks for the construction and rehabilitation of 213 school classrooms.

Most health facilities in Sudan, including large hospitals, rely on electric power supplied by generators. However, this method of generating electricity is inefficient, expensive and unreliable and can cause environmental problems. Sudan has a high potential for solar energy use, which has been tapped in the form of solar refrigerators for immunization services. Solar energy systems are still highly underutilized in Sudan, however.

In partnership with WFP and FAO, UNICEF initiated implementation of a Joint Resilience Project in Kassala that promotes household resilience to natural disasters, focusing on floods, drought and de-forestation. In addition, UNICEF requires all partnership agreements to include some components that contribute to resilience, such as mothers' education on infant and young child feeding that promotes the use of fuel-efficient stoves for cooking (Nutrition Impact through Positive Practice).

In addition, UNICEF continued to promote conversion from fuel driven to solar powered water systems as a sustainable and environmentally-friendly energy solution that has also contributed to reducing the environmental footprint by reducing emissions from the use of fuel. UNICEF has continued to promote the use of woodless technologies among implementing partners to reduce tree cutting. In partnership with UNEP and the Ground Water and Wadis Directorate (GWWD), UNICEF monitored ground water levels and supported awareness on Integrated Water Resource Management among WASH implementing partners. Designs for flood resistant water and sanitation facilities have been developed and used by partners in flood prone areas.

The evidence being generated through the MICS 2014 will be used for policy advocacy and the mainstreaming of the environment into the next Country Programme Document 2017-2021, which will be developed in 2015.

Effective Leadership

Management priorities and key office results were extensively discussed at the expanded programme meetings, section meetings and at the management retreat early in the year. One of the main outcomes of this retreat was the development of three levels of carefully selected management indicators to be regularly monitored at the levels of the Country Management Team (CMT), section head meetings, and the sections/zonal offices. The performance management indicators integrate office needs and programme priorities. Another important outcome of the retreat was the finalization of the Annual Management Plan (AMP), which was shared with all staff.

The review of management indicators has been a standing agenda item in the monthly CMT meetings. The action point tracking system managed under the Representative's Office continued to be an effective tool to track progress on key actions agreed on at senior management meetings and other important forums.

UNICEF Sudan reviewed and streamlined the composition of 14 governance committees and increased the number of task forces to five, with specific focus on results and accountability, and ensured the effective participation of staff in zone offices. The CMT continued to act as the primary advisory body to the Representative and met on a monthly basis based on a calendar. The other committees met on a regular basis based on their approved terms of reference and a consolidated calendar of meetings, and the significant outcomes of these meetings were routinely fed into the CMT.

The office underwent an internal audit at the end of the first quarter of 2014. Of the 19 audit recommendations, two were for action by HQ (Division of Financial and Administrative Management (DFAM) and the Division of Human Resources (DHR)) and 17 were for action by UNICEF Sudan. Five recommendations were closed as of December 2014, nine are planned to be closed by the end of December 2014 and the remaining three are planned to be closed by March 2015. The status of the audit recommendations is a standing agenda item for the CMT meetings and the action plan to address outstanding recommendations continues to be monitored very closely.

As part of efforts to further strengthen internal controls and systems in the office, a Risk and Control Self-Assessment was conducted as part of the MTR process in the last quarter of 2014, led by a specialist from HQ. Corrective measures for risks were identified and their implementation will be closely monitored by senior management. Lessons learned from the MTR bottleneck analysis and operational requirements for the effective programmatic shifts will be addressed in 2015.

As part of emergency preparedness, UNICEF Sudan introduced daily early morning emergency meetings to share updates on emergency-related activities occurring in various parts of the country and to determine appropriate operational measures for continued readiness for response.

UNICEF Sudan rolled out HACT implementation, effective on 1 January 2014, and conducted several training sessions for partners and staff. A HACT assurance plan was developed with the assumption of high risk for all government and NGO partners who were not yet micro assessed.

Financial Resources Management

UNICEF Sudan continued to routinely monitor grant utilization through the expanded weekly section heads meetings and at the monthly CMT meeting. This helped ensure correct and timely utilization of grants as well as timely reporting to donors. As a result of this improved management, UNICEF Sudan had no funds lost in expired grants.

Identified major work processes and standard operating procedures and guidelines in relevant areas were also developed and revised during the year.

UNICEF Sudan maintained optimum cash balances and consistently kept the end of the month balance within the established threshold. However, the accuracy of cash forecasting continues to be an area for improvement and has therefore been a fixed agenda item at the monthly CMT meetings and the sections/zonal offices meetings.

Bank reconciliations were uploaded in a timely manner within HQ-set deadlines and open items were monitored and cleared efficiently.

UNICEF Sudan initiated HACT implementation in January 2014. A reputable audit firm was contracted to conduct spot checks under a long-term agreement. In addition, the HACT support mission from HQ and MENARO in November helped to streamline HACT procedures by addressing bottlenecks and explaining the revised HACT framework procedures to staff and partners. The mission also aided the development of enhanced tools that will be used to revise the HACT assurance plan and conduct spot checks, field monitoring and audits in 2015.

The HACT Task Force met on a weekly basis and made significant achievements in addressing the problem of overdue direct cash transfer (DCT). The DCT status was also discussed in the weekly programme meetings and the monthly CMT meetings. Consequently, the DCT overdue for nine months was reduced from over US\$ 1 million at the beginning of the year to zero by the end of December 2014.

Fundraising and Donor Relations

The funding landscape for Sudan remains narrow, despite increased fundraising efforts and revenue in 2014, compared to 2013. UNICEF Sudan doubled its other resources regular (ORR) funding in 2014 and reached 80 per cent of the target (US\$ 49.6 million), while other resources emergency (ORE) reached 46 per cent (US\$ 47.5 million).

The Strategic Response Plan for Sudan in 2014 is only 49 per cent funded, which is a reflection of the current donor environment. Non-traditional donors such as the State of Qatar and Korea are on the rise, with Qatar investing millions of dollars in Darfur in support of the Darfur Development Strategy. For humanitarian activities, UNICEF Sudan continued to rely heavily on CERF funding (US\$ 14.2 million) and Common Humanitarian Fund (CHF) funding (US\$7.2 million). Meanwhile, Japan, OFDA, Food for Peace, ECHO and DFID played important roles in providing vital emergency funding to address key needs. Relationships with these donors have been cultivated to ensure continued support in 2015.

The European Union (EU) is taking the lead as a funder for longer-term education and DFID is playing a key role in developing resilience programming through its support of a joint programme for nutrition and an upcoming WASH project.

UNICEF Sudan submitted 53 reports in 2014, out of which 100 per cent were delivered on time. To improve the quality of reporting, UNICEF Sudan is committed to ensuring that all reports are prepared according to Public Sector Alliances and Resource Mobilization Office (PARMO)/Private Fundraising and Partnerships (PFP) standards, with compliance with results-based management and Value for Money, including the quality feedback collection form, and featuring human interest stories and other useful visual/communications materials.

Regular monitoring of grant utilisation was reinforced in 2014, with weekly monitoring and six monthly forecasts to review expenditure and commitments to ensure grants were effectively utilized before grant expiry dates.

Evaluation

In 2014, UNICEF Sudan conducted two independent evaluations (plus one carry over evaluation from 2013), six studies/assessments, one national household survey (MICS-Round 5) and one situation analysis of children's status. The CMT, chaired by the UNICEF Representative, monitored the implementation of the Integrated Monitoring and Evaluation Plan (IMEP).

Major independent evaluations completed in 2014 included: 1) the final evaluation of CFCI, implemented from 2001 to 2012 in 900 communities in Sudan; and 2) the evaluation of the performance and impact of UNICEF operational decentralization roles through seven field offices covering 12 states. The third evaluation, which is related to the evaluation of gender mainstreaming within the WASH sector, is at the last stage of finalization.

Evidence generated by the two completed evaluations, including preliminary findings of the MICS 2014, have been very insightful and useful to carrying out the programmatic shifts in the country programme decided on at the MTR.

Regarding CFCI, findings and recommendations discussed at a national workshop were used to convince the Government to ensure its institutional and financial engagement and the integration of community-based systems within the national development agenda (PRSP) and the Rural Development Strategy.

Regarding field offices, UNICEF Sudan decided to reinforce the decentralization of human capital and operational capacities to accelerate and scale up service delivery to vulnerable children through the revision of the Country Programme Management Plan (CPMP) to be submitted to MENARO in February 2015. The clarification of main/field office roles and responsibilities was developed accordingly by a Task Force in 2014.

The Sudan Out-of-School Study identified that 3,097,328 children (52 per cent girls) aged 5-13 years are out of school. As the programme focus is on reducing the number of out-of-school children by 50 per cent, the recommendations were taken into account in the MTR.

Efficiency Gains and Cost Savings

Due to the scale up of programme activities in response to the protracted emergency situation, in areas where UNICEF has field presence, strong demand was generated for additional operational infrastructure support, including office accommodation and communication facilities. UNICEF Sudan signed a Memorandum of Understanding with WFP for shared office facilities in East Darfur and White Nile at a minimal monthly rental cost of US\$ 500. The additional driver needs that resulted from this situation were addressed by outsourcing the need for qualified and

efficient drivers to a local company, which provided flexibility in the drivers' deployment at a very competitive rate.

Savings generated in 2014 through contract negotiations with various service providers amounted to US\$ 244,078.14. This included long-term agreements signed at negotiated rates for HACT micro assessments, fire extinguishers, and airfreight of cargo. The retrieval of bad debt from one of our service providers was estimated at US\$ 72,294.67 and received in-kind.

As part of efforts to provide staff with a secure and conducive work environment, UNICEF Sudan identified new premises for the main office in Khartoum and will be relocating at the end of April 2015. The new premises will provide adequate office space for staff, facilities for UNICEF meetings and conferences (currently held outside of the UNICEF premises), and will contribute to an estimated savings of US\$ 1 million over the 10-year rent period.

In 2014, the offices in Elfasher, Nyala and Geneina were relocated to new premises, which also offer additional space for guest rooms for staff on field mission. This will result in an average monthly cost savings of US\$ 2,000 for rental costs for guest houses in each of these locations.

Supply Management

Supply constituted a critical component of the country programme with a throughput value of US\$ 71.9 million in 2014. Programme supplies are stored in the main warehouse in Khartoum, which is supported by warehouses in five field office locations in Nyala, Elfasher, Kassala, Geneina and Kadugli. The Government's contribution to warehousing was mainly through the storage of WASH supplies amounting to US\$ 2,336,040.

The Supply and Logistics Unit supported the joint Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, federal MoH malaria eradication program with customs clearance and country transportation of 5 million bed nets worth US\$ 13.5 million to various destinations in the country.

Local Procurement Authorization requests for various construction activities were submitted to the Supply Division and were approved for a total value of US\$ 3,152,600. Several long-term agreements were established to facilitate the efficient and effective procurement of goods and services.

Stock prepositioning of supplies was carried out for a total value of US\$ 88,906.99 in Khartoum and US\$ 91,230.71 in the Darfur locations, where transportation of supplies during the rainy season was a challenge.

In 2014, UNICEF Sudan received a total of 32,054 cartons (valued at US\$ 1,730,916) of Plumpy'Nut as in-kind assistance from USAID's Food for Peace.

Meetings of the United Nations Common Procurement Group were very successful and led to further sharing of long-term agreements among its members.

Supply chain management and the warehousing of supplies in the field were identified as priority areas for implementation, pending funding availability.

Security for Staff and Premises

The security situation in Sudan was highly volatile and unpredictable in 2014. In East Darfur, the tribal conflict continued to add to the humanitarian crisis. Access to Labado, Abu Karinka, Adilla,

East Jabel Mara Kordofan and Blue Nile continued to be denied on security grounds. The Government of Sudan launched the Decisive Summer campaign to take on the rebels in Darfur and Kordofan. Increased criminality affected the programming environment. Criminality targeting the United Nations increased: three UNICEF and two WFP vehicles were carjacked along with several UNAMID and NGO vehicles.

UNICEF bolstered the security and safety of personnel and assets through continued review and improvement of the Minimum Operational Security Standards (MOSS) for offices. Three offices in Level 4 shifted premises based on security and safety factors. Office space was identified at El Obeid and is now functioning as the offsite Business Continuity Plan (BCP) for the Kadugli Office. Security enhancement work was undertaken to ensure MOSS compliance. At all offices, equipment such as personal protective equipment (PPE), hand held metal detectors, vehicle checking mirrors, trauma bags, first aid kits and automated external defibrillators (AEDs) were procured as per the security procurement plan. Three armoured vehicles were acquired for Level 4 offices.

Training was provided to build capacity for working in high risk and complex environments. Overall, 75 per cent of field staff underwent basic first aid training, and over 90 per cent of staff in Level 4 offices underwent the Safe and Secure Approaches in Field Environments (SSAFE) training. The National Security Officer underwent the training of trainers exercise on the use of the individual first aid kit. Communication and radio refresher trainings were run for all field offices. Daily situation reports and media reports were compiled and shared with the chiefs and relevant staff to keep them informed of the security environment, and to support programme activities. Advisories and alerts were issued as relevant.

Quick security rapid assessments were undertaken for West Kordofan and White Nile to support UNICEF programme activities in those two states. Security rapid assessments were also carried out for VIP visits. Extensive support was provided to extend presence in high-risk areas, though efforts fell short due to extraneous circumstances.

The security team made frequent field visits, particularly to offices in high-risk areas. Senior management visits also bolstered staff morale and security in these areas. Close liaison was maintained with the field. Effective coordination was maintained with three United Nations Department of Safety and Security (UNDSS) offices.

The main security concern that needs to be addressed in the coming year is the restrictions on humanitarian space due to the Government's security considerations. Alternative means of programme delivery need to be adopted to reduce risks. These may include having better community participation, improving the capacity of national partners and using creative approaches to monitoring and programme assessment that make use of available technology, including smart phones, web cams, and internet and satellite coverage.

Human Resources

The strategic process of reflection and the mid-term review process, which culminated in key programme shifts and revised geographical priorities, will entail some staffing changes that UNICEF Sudan will need to manage early next year.

Regarding governance, a new Executive Committee of the Staff Association was elected earlier this year. This brought fresh energy and a new approach to improving relations between the management and the Staff Association. Several initiatives were taken this year to boost staff

morale and create a conducive work environment, such as the monthly get together called 'Fatoor' and the support given to staff based in emergency locations such as opportunities for other positions. Similarly, the Compressed Working Schedule arrangement was amended to accommodate the needs of staff members in hardship locations who want to take days off and visit their families in Khartoum and other safer areas. Pink Initiative was taken on to improve the welfare and security of national female staff in field office locations by providing them with secure accommodation, mainly the possibility of living in the UNICEF guest houses at a small cost recovery contribution.

In 2014, recruitment stood out as an area in which UNICEF Sudan worked hard to improve effectiveness and efficiency by bringing the right people on board in the right positions at the right time. UNICEF Sudan initiated and developed the candidate national talent pools for 13 positions for which there was regular recruitment. As a result, 52 candidates are now fully assessed, cleared and ready for appointments. The use of these talent pools will reduce the time needed to recruit and will help the programme effectively meet its objectives of serving the children of Sudan. Regarding the regular recruitment load, UNICEF Sudan was able to recruit a total of 49 national and international staff members, including two Junior Professional Officers, as well as three international United Nations Volunteers and three standby partners. Focus was maintained on attracting more United Nations Volunteers, Junior Professional Officers and standby partners, all of which are engaged at affordable costs.

Regarding training, at the beginning of 2014, a Learning and Development Plan comprised of core group trainings and individual trainings, was developed for the entire office based on the finalized Performance Appraisal System (PAS)/electronic PAS (ePAS) discussions. The Plan's implementation is currently on-going. As part of this plan, a training was organized for all supervisors and managers on competency-based interviewing. Other training sessions were completed on VISION, sexual exploitation and abuse of authority.

Finally, UNICEF Sudan acknowledged the excellent work done to manage staff performance, especially in terms of PAS and ePAS discussion and completion. Phase I was completed at 91 per cent in March and 98 per cent in May; while Phase II was completed at 53 per cent in August and 99 per cent in September. The completion rate reached 100 per cent by October 2014 for both Phase I and Phase II.

Effective Use of Information and Communication Technology

In 2014, connectivity was significantly enhanced across all offices by adding extra capacity and reliable technology, and keeping cost at the same level. Consequently, staff members were enabled to be more effective and efficient, and to communicate easily by using simplified interactive tools (data/voice/video). Staff also worked more resiliently by using cloud storage and collaborative tools such as OneDrive and Team Site (with each section, division and field office having a home page). In addition, video conference facilities and training were provided to all key staff members, including staff in the six field offices, enhancing information sharing and facilitating virtual meetings and training sessions both internally and with partners.

All staff were migrated successfully to Microsoft Outlook, internal processes were streamlined, and information technology (IT) focal points were assigned to field offices fostering cultural change towards a paperless working environment and resource sharing. Within that context, an overall 80 per cent end-user satisfaction rate for information and communications technology (ICT) support was achieved in terms of timeliness, willingness and ability to resolve and explain ICT problems. In order to deliver as one, the Inter-Agency ICT Working Group work plan was

developed to capture opportunities, including the Digital Mobile Radio project and the provision of services.

The BCP and disaster recovery plan assumptions were revised to cover guest houses, home connectivity, smart phones, and connection of the business continuity site to the main office to ensure the seamless connection of UNICEF resources.

Management was kept abreast of opportunities in new technology and provided with technical advice on various issues such as hardware requirements for the innovation lab, eLearning project, RapidPro and U-Report systems. Additionally, with HQ support, the iMonitor system was developed in the SharePoint platform to capture trip reports and track related recommendations and action points on the Team Site.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Access to WASH services will be expanded to reach an additional 1.4 million people

Analytical Statement of Progress:

In 2014, approximately 2,002,834 people gained access to improved drinking water sources, including 1,670,458 people in humanitarian situations, while a total of 326,777 people gained access to sanitation, including 95,061 people in humanitarian situations. The main strategies to achieve these results involved delivering WASH services as a package, supporting communities to develop and implement community action plans for stopping open defecation, and ensuring households construct, use and maintain their own toilets. Water service delivery increasingly made use of solar powered mechanised water supplies, especially in Blue Nile and South Kordofan.

The enabling environment for the delivery of WASH services at scale, including demonstrated national support, was critical to supporting the achievement of the above results. In 2014, the WASH sector policy was reviewed and endorsed by the MoH, which represented a major step towards endorsement and submission to the Cabinet for approval. In 2014, Sudan submitted five commitments to the Sanitation and Water for All global framework, three of which focus on sanitation (funding by the Government, scaling up elimination of open defecation and establishing high level coordination bodies for sanitation at national and state levels).

At the national level, the MoH established a high level committee to coordinate sanitation and hygiene in Sudan, and six states (Central Darfur, South Darfur, North Darfur, West Darfur, North Kordofan and Blue Nile) took similar actions. Further, a national strategic framework and action plan for scaling up sanitation services was drafted and will be finalized in early 2015.

Following high level lobbying and advocacy by UNICEF, the MoH and the Ministry of Water Resources and Electricity (MoWRE) agreed that the MoH will take responsibility for the sanitation and hygiene component of WASH activities. This decision streamlined accountability within government sectors. This is a very positive development that will be essential to getting sanitation more firmly on the national agenda and deploying the capacities of the MoH at national, state and locality levels for a nationwide scale up of sanitation services.

The main constraints to expanding WASH services included: insufficient investment by the Government and donors in the WASH sector, which has remained very lowly resourced; the inadequate strategic capacity of the Drinking Water and Sanitation Unit, which was a limiting factor for effective programme and sector coordination and leadership. This was evident in the challenges related to the operations and maintenance of developed water sources, and hence affected sustainability.

OUTPUT 1 By 2016, the WASH sector capacity is enhanced and appropriate technological options are available to support a substantial increase in WASH public investment and scaling up WASH coverage for the poorest and underserved populations in Sudan.

Analytical Statement of Progress:

In 2014, the WASH National Policy, which is the single most important sector document, was finalized and approved by the MoH and is currently under approval at the MoWRE. UNICEF provided considerable support to the process, through on-going technical support, advocacy and follow-up. The endorsement of the policy will enable greater WASH sector clarity and will boost performance, including community rights, sector partners' roles and responsibilities and sector coordination.

UNICEF contributed to strengthening WASH sector capacity through the training of 358 (230 males, 119 females) sector partners in monitoring and evaluation, sanitation promotion, information management and other WASH technical and managerial aspects (230 per cent of the target). This valuable investment will contribute to scaling up and sustaining WASH services for the most vulnerable.

Efforts were made to improve the prioritization of the WASH sector, through evidence-based advocacy at national and state levels. As a result, the Government committed to funding sanitation by 0.01 per cent of GDP in 2014. The actual allocation by the Government to the Joint Programme was US\$ 1.43 million, which equals 12 per cent of the UNICEF mobilized fund of US\$ 11.9 million (30 per cent of the target). More evidence-based advocacy and follow-up efforts will be exerted in 2015 with the senior government decision makers in the Ministry of Finance, MoH and MoWRE.

With UNICEF support, a draft framework and terms of reference on sector coordination were prepared, based on which the first annual WASH sector forum was planned for 2015. The establishment of the WASH sector coordination mechanism will promote sector partners' harmonized objectives and approaches under the overall national WASH sector policies and strategies.

Despite the progress made, challenges affected the ability of UNICEF Sudan to meet the targets. These included the absence of a WASH policy and inadequate sector coordination, weak equity-based monitoring and evaluation systems and limited institutional capacity.

OUTPUT 2 By 2016, families living in rural and peri-urban communities with high rates of malnutrition, acute watery diarrhoea/cholera and other water-related diseases have improved and sustained access to cost effective, gender sensitive and environment friendly WASH services and practice proper hygiene behaviour

Analytical Statement of Progress:

In 2014, 104 communities (out of 100 targeted) in areas with high rates of malnutrition, acute watery diarrhoea and acute jaundice syndrome accessed improved drinking water sources

through the construction of 299 new water supply schemes. As a result, 360,276 vulnerable people (173,783 male and 188,493 female) accessed improved drinking water. In Blue Nile and South Kordofan, implementation of solar powered water pumps for mechanised water supplies was introduced. This is helping to increase per capita consumption of improved drinking water and reduce the cost and burden of community management of the operation and maintenance of water supplies.

For this output, improvements related to sanitation were encouraging, albeit low. Out of 100 most vulnerable communities targeted to be open defecation free (ODF) by 2014, 40 communities (40 per cent) became ODF through the Community Approaches to Total Sanitation (CATS). The implementation of CATS is on-going in 182 communities, which are expected to become ODF in the coming months. Approximately 231,716 people (116,743 male and 114,973 female) gained access to improved sanitation facilities; and 72 per cent of these (165,957 people, including 83,612 male and 82,345 female) were from most vulnerable communities.

Towards the achievement of the hygiene component of the result, the Global Handwashing Day Campaign resulted in 4.2 million schoolchildren reached in 14,000 schools in 18 states during a two-month period. In 20 mosques in 12 states, Imams delivered messages on the importance of hygiene practices during Friday prayers. National and state radio and television broadcasted messages on hand washing with soap. For the first time, the national event was organized outside of Khartoum, in Sennar town, where more than 5,000 people participated, including federal and state senior officials, representatives from the private sector, schoolchildren and local community members. Of the 60,000 students (30,615 boys and 29,385 girls) targeted for provision of WASH facilities in 150 schools, 36,375 students (18,148 boys and 18,225 girls) and staff from 71 schools (47.3 per cent of target) gained access to improved drinking water sources and toilets (provided separately for boys and girls). In addition, school clubs were established for hygiene promotion.

Furthermore, to support child-friendly schooling, 120 schools were provided with only toilets and 75 were provided with only water systems to supplement existing services. Of the 25 health centres targeted for provision of separate male and female WASH facilities and awareness raising on proper hygiene practices, 10 health centres (40 per cent of target) were provided with WASH facilities.

OUTCOME 2 Disadvantaged children benefit from interventions to reduce stunting

Analytical Statement of Progress:

Progress towards the reduction of stunting remains constrained. According to the National Nutrition S3M Survey, 2.2 million children under 5 are stunted, or just over one in every three children. Comparison of the SHHS 2010 and National Nutrition S3M Survey results at the state level shows an increase in the proportion of stunted children in six of the 15 states, while the remaining nine states show a slight reduction in stunting. This is largely because nutrition services have mainly focused on treatment in response to emergencies and underlying causes, particularly in the area of water and sanitation, while health services remain largely unresolved. This is particularly true for rural areas and conflict-affected states, where the most disadvantaged children in Sudan live.

However, interventions aimed at reducing stunting improved in 2014, and the targeting of the most disadvantaged children improved with the results of the National Nutrition S3M Survey. A total of 127,000 children benefited from SAM treatment services and 5.98 million children under

5 benefitted from two rounds of vitamin A supplementation. Household use of iodized salt increased from 9.5 per cent to 50 per cent.

Exclusive breastfeeding rates improved across the country and are above 70 per cent in 89 of the 184 localities. Iron/folic acid supplementation (i.e. FeFol) for pregnant women for a period of six months or more is low across the country. Some areas also have low vitamin A supplementation coverage, with 52 localities recording coverage of less than 75 per cent and a low of 2.3 per cent in one locality in South Kordofan. National level results for these indicators have been measured on the Sudan MICS 2014, and data is currently being analysed.

In 2014, the strategic focus was to increase access and utilization of nutrition services in low coverage areas that were identified by the National Nutrition S3M Survey. A total of 52 localities that recorded vitamin A supplementation coverage below 75 per cent improved coverage to more than 80 per cent, contributing to improved child survival. The results were used to prioritize the worst-off areas for the expansion of CMAM services and to revise the HNO for the nutrition sector to increase the number of targeted children in the strategic response plan from 800,000 to 1.4 million.

UNICEF Sudan increased advocacy with the Government to prioritize and increase focus on infant and young child feeding interventions, which have so far lagged behind. As a result, the national infant and young child feeding strategy was developed, as has a standardized package of infant and young child feeding activities that will be delivered at community level through community structures. Because stunting reduction requires a multi-sectorial approach, emphasis was put on multi-sectorial and integrated programming approaches. Two projects were implemented in 2014 using this approach. The first is a multi-sectorial CERF emergency underfunded programme, including water and sanitation, health, food security and nutrition interventions that used geographical convergence to ensure delivery of a full package to nutritionally vulnerable children. The project is being implemented by state MoHs, UNICEF, WFP, WHO, FAO and partners and is being coordinated by the federal MoH. The second is a Joint Resilience Project, funded by DFID and implemented through UNICEF, WFP and FAO implementing partners, with the overall aim to reduce stunting in four localities in Kassala. In both cases, UNICEF is the lead agency.

OUTPUT 1 By 2014, government systems have the capacity to design multi-sectorial strategies that address and monitor under nutrition, and then plan nutrition interventions that identify and reach the most disadvantaged girls and boys

Analytical Statement of Progress:

The government systems in place to support a multi-sectorial approach to addressing malnutrition remain weak. In 2014, the effort to strengthen the capacity of the government system to design multi-sectorial strategies to address undernutrition was constrained by lack of political commitment to develop a stunting reduction strategy and form a high level coordination body for nutrition, as recommended in the National Nutrition Policy Brief that the Government endorsed in 2013. In addition, the Government is yet to pass pieces of legislation drafted in 2013 that are key to creating an enabling environment for a multi-sectorial approach to addressing undernutrition. These include the National Food Fortification law (which was reviewed and revised earlier this year by the Federal Ministry of Justice), the International Code of Marketing of Breast-milk Substitutes, and the national law banning the sale of non-iodized salt in Sudan. Similarly, progress has been slow towards Sudan's joining of the Scaling up Nutrition movement (SUN), despite continued advocacy efforts by UNICEF independently and collectively with other United Nations agencies. Joining the SUN movement would be a crucial

step forward and would renew government commitment to addressing nutrition using a multi-sector approach.

Nevertheless, several achievements were made. The new evidence generated by the National Nutrition S3M Survey allowed for some progress to be made towards building government systems and prioritizing and targeting the most vulnerable localities. A national micro planning exercise for the scale up of SAM treatment services was conducted in each state, with active participation of from the health, agriculture and nutrition sectors.

In addition, the Government of Sudan took some steps towards renewing its commitment to the multi-sectorial approach to addressing malnutrition. In November 2014, with the support of UNICEF and FAO, the Government participated in the Second International Conference on Nutrition in Rome and signed the Framework for Action to reduce hunger and malnutrition. In addition, a statute for a National Food and Nutrition Security Council, to be chaired by the Vice President, was drawn up and is awaiting final Presidential endorsement. This was amended from the National Nutrition Council proposed last year, to include closer coordination with the Ministry of Agriculture and FAO. Following the successful endorsement of the National Nutrition Policy Brief in 2013, in 2014, a National Food and Nutrition Security Policy that combines an updated National Nutrition Policy and the National Food Security Policy was developed. This document also includes the national policy to reduce levels of stunting in children.

OUTPUT 2 By 2015, the most disadvantaged children, especially boys and girls living in poverty, benefit from improved coverage of preventative nutrition services

Analytical Statement of Progress:

In 2014, coverage of preventive nutrition services for the most vulnerable children increased over previous years. Mass vitamin A supplementation for children aged 0-5 years was carried out twice in 2014 and achieved 98 per cent national coverage, while iron and folic acid (i.e. FeFol) supplementation achieved 50 per cent coverage in 16 out of 18 states. In addition, household use of iodized salt improved in 16 of Sudan's 18 states, with coverage increasing from 9.2 per cent in 2010 to about 50 per cent. Moreover, at least 300,000 mothers or caregivers received infant and young child feeding counselling support, 70,000 more than in 2013.

For vitamin A supplementation, the most disadvantaged girls and boys were identified with the results of the National Nutrition S3M Survey, which mapped areas with low coverage of vitamin A supplementation. With supplies provided by UNICEF, two rounds of mass vitamin A supplementation were successfully carried out in 2014 for children aged 0-5 years, across the country. This year, particular attention was paid to 52 localities that recorded vitamin A supplementation coverage below 75 per cent. Campaign records show that coverage has improved to more than 80 per cent in all 52 of 184 localities.

By the end of October 2014, a total of about 485,786 vulnerable pregnant women received iron and folic acid (FeFol) supplementation across the country with a focus on the most disadvantaged localities. This supplementation was carried out through MoH systems and during antenatal care visits. UNICEF, UNFPA and the MoH provided supplies (on an equal basis). At present, there is no strong system for monitoring return visits to antenatal care. However, the National Nutrition S3M Survey found low coverage for iron supplementation for at least six months with only three states recording that more than 30 per cent of pregnant women receive FeFol for six or more months during pregnancy. A constraint to improving this indicator is the low uptake of antenatal care among pregnant women.

A total of 350,000 mothers or caregivers received counselling through mother support groups and clinics during the year.

OUTCOME 3 The basic components of a national child protection system are functioning in all States

Analytical Statement of Progress:

Although all states made important progress, especially in legal and policy frameworks, the absence of integrated and decentralised child protection prevention and response services remained the main challenge for protection of children in Sudan. Efforts were made to strengthen national capacity to roll out the basic components of a child protection system. The assessment and mapping of child protection systems in Sudan was completed in 2014. With UNICEF advocacy, technical and financial support, and under the leadership of the NCCW and State Councils for Child Welfare, more than 11 ministries, academic institutions and CSOs participated in the exercise. The mapping process strengthened coordination among those institutions and organisations, supported the identification of critical gaps and helped build a strong political commitment at the national and state levels to establishing a package of essential child protection services to prevent and respond to violence and unnecessary separation at all levels.

The mapping generated important evidence for the first time on the social welfare sector budget allocation and expenditure. This data will inform national strategic and programmatic directions in the coming years.

A national forum to discuss issues related to child marriage was for the first time held in Khartoum under the leadership of the NCCW and the Ministry of Social Welfare. A knowledge, attitude and practice study on early marriage, conducted by UNICEF in 2014, provided the evidence and basis for the deliberations. More than 100 delegates from all 18 states attended with wide representation. A key outcome was consensus on two priorities: the need for a national strategy to tackle child marriage and for legislation to set a minimum age for marriage. Currently in Sudan, child marriage is practiced in rural areas more than in urban areas and the prevalence rate is 37 per cent, according to the SHHS 2010.

The endorsement of the National Strategy on Universal Birth Registration and the adoption of the National Decree for Free Birth Registration were the result of continuous and high level advocacy and technical support by UNICEF. The plan includes scaling up birth registration, having an inter-sectorial approach between health, civil registry and education, using midwifery and mobile phone technology, and enhancing community-based mechanisms, including engaging community-based child protection networks to increase the rate of birth registration.

At the decentralised and service level, UNICEF continued to advocate for and provide technical support to enhance services for girls and women that have experienced rape and violence. As a result, the Khartoum State Police upgraded the FCPU to a general directorate and established a Women's Desk that has paved the way for major changes in the prevention of and response to sexual and gender-based violence. This is expected to be followed by other states, especially those affected by displacement and armed conflict.

Efforts to increase the equity focus in programming have been constrained by limited access to timely and quality data, weak law enforcement, limited financial support, and lack of qualified social workers. According to the child protection mapping report, only 1,910 trained social

welfare and social workers are available to serve the whole country and are mostly concentrated in urban areas. Although there was a positive increase in the social welfare sector budget allocation (from 0.39 per cent in 2011 to 1.74 per cent in 2014), it is still the lowest among all sectors. UNICEF will work to address the MTR recommendations, which include sharpening the programme focus to reach the most vulnerable children at household and community levels.

While maintaining upstream policy work to sustain the gains, nationwide leveraging will also focus on strategic engagement and advocacy to increase budget allocation, generate evidence to strengthen the child protection system, promote social protection strategies and address adverse social norms on FGM and child recruitment.

OUTPUT 1 By 2015, national capacity is strengthened to roll out the basic components of a child protection system in all states is strengthened

Analytical Statement of Progress:

To support the Government to roll out basic components of the child protection system in all states, UNICEF supported the Sudan Judiciary and the NCCW to ensure effective enforcement of the Child Act (2010) through the finalization of five regulations (diversion, child labour, community service, prohibition of sanctions in schools and organization of instruction homes).

Continued UNICEF advocacy, technical and financial support led to the finalization of the National Strategic Plan on the registration of vital events with emphasis on access to vulnerable groups, innovation and linkages with social services, especially health. However, further effort should be made to ensure costing of the plan with sufficient allocations.

The roll out of basic components of the child protection system in all states was strengthened through the development of standard operating procedures (SOPs) to harmonize and improve approaches to delivering child protection services. More than 400 justice for children and social welfare professionals from eight states gained knowledge and practical skills to implement the SOPs, and 280 community leaders, youths and social workers in six states were able to implement the SOPs, conduct community conferences and apply diversion outside of the judicial system. To overcome turnover of justice and social welfare professionals, child rights SOPs were integrated into the police training curriculum.

Significant progress was achieved on extending the legal, medical and psychosocial services of the FCPU to at least 25,866 children (18,020 males and 7,826 females) in contact with the law, including victims of violence, abuse and exploitation. The UNICEF-supported awareness programme targeting schools and communities in 10 states reached around 200,000 people and improved demand for FCPU services in communities.

However, a comprehensive decentralized justice system for children is still lacking due to limited access to quality data, limited capacity, weak law enforcement and limited resources. UNICEF will further intensify its advocacy efforts to increase resource allocation, ensure the establishment of the FCPU General Directorate at the MOI and mainstream child protection into the Government social protection scheme (Zakat), where more than 22,000 vulnerable families are successfully enrolled as a result of UNICEF advocacy. UNICEF will prioritize the regional initiative on promoting diversion and alternative measures to detention.

OUTPUT 2 By 2015, social practices that are harmful to children - and especially girls - are reduced

Analytical Statement of Progress:

Based on the preliminary findings of the MICS 2014, a decrease in the prevalence rate of FGM among the new generation (the target group) and a reduction in the intention (attitude) to continue FGM practices between 2010 and 2014 is expected.

At the community level, over 350 new communities were reached by the Saleema Initiative's community dialogue activities and approximately 95 communities organized public FGM/C abandonment declarations.

To generate evidence and data on the dynamics of FGM/C, research to test the use of entertainment-based materials to enhance community engagement in social change communication in Gezira was finalized and the recommendations were used to inform the MTR and future programming on social norms related to FGM/C. In addition, a rapid assessment on Saleema social marketing interventions was conducted in six states, showing an increase in the use of the word Saleema to describe an uncut girl from 9 to 37 per cent, depending on the state. Furthermore the Saleema monitoring and evaluation framework was designed and for the first time, an indicator related to the perception of uncut girls was integrated into the SHHS 2014, paving the way for a meaningful baseline to monitor and measure the impact of the Saleema programme.

A Saleema Communication Toolkit was produced to standardize the Saleema community dialogue approach, a media campaign on national TV station was conducted and the Saleema website was established with a series of 12 multimedia stories titled *Saleema in Action*.

The Born Saleema programme piloted in 18 health care facilities in seven states (Khartoum, Northern State, Gedaref, Kassala, North Darfur, West Darfur and South Darfur) resulted in more than 15,000 couples receiving counselling sessions and deciding to sign the Saleema pledge. Saleema Boat, a mobile clinic, is now delivering reproductive health services and Saleema branding and messages in 11 of the 39 northern states remote islands with the target of serving potentially 32,000 people in the islands.

UNICEF facilitated triangular cooperation on knowledge exchange, lesson learned and best practice on shifting the paradigm toward positive messaging to abandon FGM/C. Experts and activists from the region engaged in debates related to the Saleema Initiative. The forum reaffirmed the need to facilitate and prioritise the Saleema initiative as a systematic approach to FGM/C abandonment.

Coordination and harmonization of efforts related to FGM/C continued to be the major challenge for FGM/C programming. UNICEF will further build the capacity of the NCCW as coordinating body for the implementation of the National Strategy to abandon FGM/C in one generation.

OUTCOME 4 Adolescents especially those out of school, benefit from a strengthened policy environment and from institutional capacity building of government and CSOs to deliver programmes

Analytical Statement of Progress:

In an effort to create a policy environment conducive to adolescent development, UNICEF continued to leverage political commitment to youth issues by supporting the Ministry of Youth and Sport to implement the five-year Youth Strategic Plan 2012-2016. Another five-year Youth Strategic Plan was developed and officially endorsed in consultation with young people in

Kassala, and has already mobilized significant effort and momentum to improve youth work in the State. This policy work was supported through institutional capacity building of the Directorate of Youth and Sports at the federal level and in two states (Kassala and West Darfur). These institutional capacity building interventions have contributed to improving the internal capacity of the Ministry of Youth and Sport to perform more effectively and efficiently.

The same capacity building interventions were completed for 13 youth organizations in Khartoum, Kassala and West Darfur to strengthen the role of youth organizations in providing improved services for adolescents and youth.

At the services level, approximately 20,000 young people (30 per cent girls) were able to regularly access and utilize adolescent-focused services provided at five youth centres in West Darfur and Kassala. These youth centres were built/rehabilitated as part of the UNICEF-Ministry of Youth and Sport cooperation to create a model of adolescent-friendly spaces that can be replicated elsewhere in Sudan. These youth centres, which had previously been dominated by boys and only provided sporadic activities, have begun working jointly with young people, especially girls, as partners and are now providing regular services that address the health, psychosocial and development needs of adolescents.

Through these centres, more than 42,000 young people (40 per cent girls) were reached out to, took part in and benefitted from life skills-based cultural, arts and sports activities. Furthermore, in the area of peace education and to enhance young people's conflict resolution skills, approximately 32,000 (30 per cent females) young people developed their conflict resolution skills and improved their knowledge and abilities to deal constructively with social dilemmas that they face on a daily basis.

So far, 8,789 out-of-school adolescents (57 per cent girls) have been enrolled in ALPs in targeted localities in Kassala and West Darfur. This represents a 33 per cent increase above the originally enrolled number. To support the expansion of enrolment of out-of-school adolescents, 80 classrooms were constructed/renovated and provided with recreational kits. Furthermore, life skills training was introduced at ALP centres to develop the emotional and social skills of adolescents, and vocational training was offered to 85 youth (including 54 females). The training of an additional 515 youth (50 per cent female) is in progress in both Kassala and West Darfur.

To support the implementation of adolescent-friendly services, 660 service providers (50 per cent female), including youth workers, teachers, educators and health workers benefited from capacity building interventions focusing on the principles of adolescent programming, gender mainstreaming and protection of the rights of adolescents. The knowledge and skills gained were demonstrated in the quality of services provided for young people.

OUTPUT 1 By 2014, the Government, in consultation with young people, develops and endorses evidence-based and functional policies and strategies that address the priorities of adolescent girls and boys

Analytical Statement of Progress:

In an effort to support the Ministry of Youth and Sport to create a conducive policy environment for adolescent and youth development, UNICEF supported the institutional capacity building of the Ministry both at the federal and state levels (Kassala and West Darfur). Using the Appreciative Inquiry approach, capacity gaps were identified and action plans were implemented, which contributed to the improvement of internal capacity mechanisms (systems,

human and material resources) that enable the Ministry to perform more effectively and efficiently.

While the Ministry was provided with key supplies that they needed to deliver adolescent programmes, staff was equipped with knowledge and skills on principles of youth work, project management and communication. Similar capacity building interventions were launched for 13 youth organizations in Khartoum, Kassala and West Darfur to strengthen the role of youth organizations to provide improved services for adolescents and youth.

In Kassala, and with UNICEF advocacy and technical efforts, a five-year Youth Strategic Plan was developed with the participation of 152 young people. The Plan was officially approved and has already mobilized significant effort and momentum for youth work in Kassala. In the area of adolescent-friendly centres, UNICEF supported the development of Youth Friendly Centres Management Guidelines in consultation with 240 young people (50 per cent girls) to improve adolescent access, especially for girls, and enhances the role of young people in the management of youth centres. The Guidelines were adopted, signed, and became effective for all youth centres in Kassala. Work is currently on-going in West Darfur to finalize the state's guidelines.

To enhance knowledge sharing and south-to-south cooperation, a learning visit for a Sudanese delegation consisting of 15 governmental and non-governmental representatives was organized to Kenya. Members of the delegation got the opportunity to learn about good practices in youth work in Kenya and came back with lessons learned for application in the Sudan context.

One of the challenges faced in 2014 was the dearth of data on the situation of adolescents, which limited evidence-based advocacy work. Opportunities will be tapped in 2015 to use MICS data, which was administered in 2014, and prepare an analytical report on the situation of adolescents in Sudan.

OUTPUT 2 By 2015, adolescent girls and boys, especially those out of school, in the targeted states have increased access to quality adolescent friendly spaces and services

Analytical Statement of Progress:

With UNICEF support, approximately 20,000 young people (30 per cent girls) were able to regularly access and utilize adolescent-focused services provided at five youth centres in West Darfur and Kassala. These youth centres were built/rehabilitated as part of the UNICEF-Ministry of Youth and Sport cooperation to create a model of adolescent-friendly spaces that can be replicated elsewhere in Sudan.

These youth centres, which had previously been dominated mainly by boys (less than 10 per cent girls' participation), began to work jointly with young people as partners, especially girls, and provide various services that address the priority needs of adolescents. The priorities of adolescent girls were given specific consideration, including providing sheltered sports areas as well as dedicating specific hours for girls' use only. Examples of the services provided at the youth centres included sexual and reproductive health, psychosocial support, sports and cultural activities and literacy and numeracy for out-of-school adolescents. Furthermore, these centres became a hub for outreach activities, where more than 42,000 young people (40 per cent girls) were reached and benefitted from life skills-based cultural, arts and sports activities. Young people who participated in these interventions reported how these activities contributed to the development of their life skills and enhanced their role as actors of change within their societies.

In the area of peace education and to enhance young people's skills in conflict resolution, approximately 32,000 young people (30 per cent girls) developed their conflict resolution skills and improved their knowledge and abilities to deal constructively with social dilemmas that they face on daily basis. Using Theatre for Development-Stop and Act, social platforms were created for young people to voice their opinions and views on critical issues such as tribal conflicts, early marriage, family violence and FGM. Adolescents have reported that participating in these interactive sessions has provided them with new techniques for negotiating peacefully and reaching solutions with their parents, peers or community members. Building on the success of these sessions, these social platforms were broadcasted on local television and reached an estimated 50,000 viewers.

To support the implementation of quality adolescent-focused interventions, approximately 500 service providers, including youth workers, educators and health workers, benefited from capacity building interventions focusing on the principles of adolescent programming, gender mainstreaming and protecting the rights of adolescents. The knowledge and skills gained were demonstrated in the quality of services provided for young people.

OUTPUT 3 By 2015, out of school adolescents, especially girls, in targeted states have increased access to life skills, entrepreneurship preparation and referrals to vocational skills training as part of the Alternative Learning Programme

Analytical Statement of Progress:

So far, 8,789 out-of-school adolescents (57 per cent girls) have been enrolled in ALPs in targeted localities in Kassala and West Darfur. This represents a 33 per cent increase above the originally enrolled number. To support the expansion of enrolment of out-of-school adolescents, 80 classrooms were constructed/renovated and provided with recreational kits. In addition, and in partnership with NGOs, life skills training was introduced at ALP centres to develop the emotional and social skills of adolescents. This was supported by the training of 160 ALP teachers/facilitators. In an effort to address the issue of limited availability of ALP teachers/facilitators, income generation activities, such as horticulture and establishing petty shops were introduced at ALP centres to cover teachers/facilitators' remunerations at the community level. This is one of the promising practices for tackling local problems through local community solutions.

It is worth noting that girl's enrolment in ALP classes is higher than boys. Field observations indicate that the flexibility of the ALP learning schedule, the dissemination of the gender study and advocacy among community members, religious leaders and policy makers in Kassala and West Darfur have played an important role in encouraging girls' participation.

The training of 85 youth (including 54 females) on vocational training and employability (in the areas of hospitality and marketing, identified in a market survey) was carried out in Kassala. The training for 515 youth (50 per cent female) is in progress in both Kassala and West Darfur. Furthermore, a survey was carried out on the market, youth interest and training providers' capacities. Vocational skill areas were identified for training and enabling an additional 700 youth in 2015 (50 per cent female) to create self-employment.

Key challenges faced during implementation included the limited availability of CSOs able to effectively and efficiently implement the provision of vocational skills training and employability scheme. This was addressed by establishing partnerships with international NGOs and governmental organizations. The social norm that discourages female youth from taking part in vocational skills training in areas such as building construction, car maintenance, welding and

plumbing, which have high market demand, is another challenge. Road show campaigns were used as a tool to influence community perceptions and attitudes.

OUTCOME 5 Children in emergency situations are reached with timely and effective life saving health, WASH, and nutrition interventions as per UNICEF's Core Commitments for Children (CCC) in humanitarian action

Analytical Statement of Progress:

In 2014, UNICEF responded in a timely and effectively manner to emergencies in all sections (child protection, education, health, nutrition and WASH). In 2015, extra attention was given to C4D in emergencies, for example during disease outbreaks in IDP camps, where UNICEF employed an integrated approach involving C4D, health and WASH. UNICEF leads the education, nutrition and WASH sectors, as well as the child protection sub sector.

In health, UNICEF built national capacity (through training of trainers for rapid response teams), prepositioned supplies and supported social mobilization against disease outbreaks. UNICEF technical and financial support enabled the organization of successful national vaccination days and measles vaccination campaigns. The office played a critical role in the national Ebola Task Force and, in particular, in finalizing the communication strategy for Ebola.

In response to emergencies, UNICEF and implementing partners reached 140,000 children in 10 states in emergency situations with emergency food rations (BP5) and/or therapeutic feeding for SAM. This included treatment of more than 3,000 severely malnourished children in White Nile, including both South Sudanese refugees and the local host population. UNICEF is currently supporting 88 mobile outpatient therapeutic feeding programmes (OTP) in seven conflict-affected states (five Darfur states, Blue Nile and South Kordofan) and treated approximately 10,000 children through these clinics in 2014. In addition, at least 300,000 mothers in emergency-affected states received individual counselling and support for infant and young child feeding.

In WASH, UNICEF provided humanitarian WASH services (mainly through operation, maintenance and rehabilitation of water facilities and drinking water chlorination) for about 1,311,350 people affected by conflict, flood and other emergencies (401,270 girls, 385,540 boys, 267,515 women and 257,025 men). UNICEF WASH also promoted hygiene among over 796,000 emergency-affected people. UNICEF also prepositioned WASH supplies, while working through WES and NGO partners.

OUTPUT 1 By 2015, government and key humanitarian partners respond in a timely manner to health emergencies

Analytical Statement of Progress:

National capacity to respond to disease outbreaks was strengthened through facilitating training of trainers for rapid response teams in all states and refresher trainings in six states. In preparation for the flood season, UNICEF prepositioned 264 Primary Health Care (PHC) kits, 150 oral rehydration salts carts, 530 boxes of Ringers Lactate, 70 packets of doxycycline tabs and 41,123 long lasting insecticide-treated nets in flood prone states.

An outbreak of yellow fever occurred in South and West Kordofan states during 2013/2014. UNICEF responded by supporting a vaccination campaign targeting 100,000 people. In addition, UNICEF supported community mobilization activities to respond to yellow fever, meningitis, scabies and hepatitis E outbreaks. To address gaps in the conflict-affected states of Darfur,

Blue Nile, South Kordofan, West Kordofan and White Nile, UNICEF provided state MoHs and NGOs with essential drugs to cover the needs of some 2 million IDPs, refugees and host communities. Areas targeted included Kalma, Abushok, Zamzam, Abasi IDP camps. The health section was active in supporting national Ebola preparedness efforts as a member of the National Task Force. Main activities undertaken so far include the development of the National Ebola Preparedness Plan and a draft internal preparedness plan for UNICEF Sudan. In 2014, UNICEF supported measles vaccination campaigns reaching 1,580,902 children under 5 in conflict-affected areas. Beneficiaries included IDPs, as well as refugees from South Sudan and the Central African Republic. However, UNICEF continues to advocate for the vaccination of 165,000 children in conflict areas in South Kordofan and Blue Nile who have remained unvaccinated for the third year running.

A total of 134 cases of dengue fever, including three deaths, were reported in four states, North Darfur, South Darfur, Red Sea and Kassala. UNICEF supported community mobilization activities in El Fasher, Dar El Salam and Kuma localities in North Darfur. National Immunization Days were conducted across the country and reached 7,129,896 children under 5 (98 per cent coverage) with polio vaccination and vitamin A. In Darfur, during routine EPI acceleration campaigns; 20,086 children aged under 1 received the pentavalent 3 vaccine, protecting them against diphtheria, tetanus, poliomyelitis, haemophilus influenza and hepatitis B, and 20,821 received the first dose of measles vaccine. As cluster coordinator, WHO led emergency preparedness and response in conflict affected areas.

Insecurity hindered the ability of UNICEF and partners to provide essential services to people in need. It's also worth noting that rapidly increasing caseloads observed in the first half of the year due to the upsurge in hostilities resulted in reported shortages of medical kits in North and South Darfur states. In addition, implementing partners on the ground had limited capacity to provide quality services.

Adequate forecasting of the needed supplies and early prepositioning of medical kits close to hot spots has been planned and discussion is on-going to use UNAMID team sites as hubs for storage. To maximize coverage of life saving services for children in need, UNICEF Sudan will strengthen short and long term partnerships with local implementing partners, with particular focus on building capacity.

OUTPUT 2 By 2016, families of IDPs, returnees and host communities affected by emergencies and/or natural and man-made disasters have increased access to sustainable gender sensitive and environment friendly water supply and sanitation services and practice proper water, sanitation and hygiene behaviour and environment friendly water supply and sanitation services.

Analytical Statement of Progress:

In 2014, WASH humanitarian action focused on the timely provision and sustainability of life-saving WASH services for the most vulnerable children, in line with the Core Commitment for Children. The most vulnerable areas with critical WASH needs were prioritized to minimize risks of outbreak of diarrheal and other WASH-related diseases. Out of the targeted 2 million people, access to improved drinking water was sustained for a total 1,670,458 emergency-affected people. This included operation and maintenance of water facilities for over 833,776 IDPs, mainly in the Darfur region, and chlorination of all water supplied to emergency-affected people, countrywide. The beneficiary population was larger than planned due to the higher than anticipated number of new displacements following conflict in the Darfur region and flooding, which affected most of the country.

An additional 224,691 emergency-affected people (101,814 male and 122,877 female) received new improved water facilities, and 274,470 emergency-affected people (136,485 male and 137,985 female) benefitted from rehabilitated improved water facilities. A total of 188,374 emergency-affected people (93,312 female and 95,061 male) received sustainable access to improved sanitation facilities. The achievement was made through the provision of new improved sanitation facilities and the replacement of damaged sanitation facilities. Similarly, WASH services were provided to 91,602 returnees (46,717 female and 44,885 male) of the targeted population of 100,000 in areas of return (91 per cent of target). The programme also reached more than 2,745,143 people (1,378,651 female and 1,366,493 male) with hygiene promotion interventions focused on hand washing, representing more than 100 per cent of the target population of 2 million.

It was challenging to meet the WASH needs of such a high caseload of IDPs (estimated at 2 million) and provide critical life-saving WASH services to such a large number of new IDPs. To overcome this challenge, in conjunction with strategic humanitarian sector partners, UNICEF prioritized and is working on a framework for transitioning from emergency to recovery and development.

Some of the constraints that hampered progress included: delays in disbursing funds to implementing partners, government restrictions on international NGO operations, limited scope and low capacity of some partners such as national NGOs, intermittent access to some emergency-affected locations due to insecurity and poor camp planning. As a mitigation measure, UNICEF is diversifying its partnerships and working with more NGOs, especially national NGOs, which have unlimited access to all emergency-affected areas.

OUTPUT 3 By 2015, timely required nutrition treatment and prevention interventions reach women, girls and boys living in emergency situations, and coverage of good quality of treatment of severely acute malnutrition is increased

Analytical Statement of Progress:

Against the annual target of reaching 150,000 children with SAM, UNICEF Sudan reached close to 127,000 children in the most vulnerable localities. In 2014, working through the state MoHs and 27 implementing partners, UNICEF continued to respond to new emergencies, expanding treatment services for SAM (often through mobile services) and providing counselling for infant and young child feeding in emergencies. UNICEF continued to manage the core pipeline for therapeutic food in Sudan and procured 154,988 cartons of therapeutic food (Plumpy'Nut) in 2014. Admissions increased in November and December, raising the expected target to 150,000 children treated.

In 2014, the focus was on planning the national CMAM Scale-up Strategy in order to improve the geographical coverage of CMAM services to reach and treat more children in need. The federal MoH led this exercise with technical input from UNICEF (through Valid International) and in partnership with WFP. The Strategy will be rolled out in 2015 in 72 high-priority localities to ensure that the most vulnerable children are reached.

In 2014, the number of OTP centres increased by 100 centres, including mobile OTP services in insecure and new emergency-affected areas. Although feeding programme performance is meeting international Sphere Standards at the national level, when disaggregated to the state level, six of 14 states are not consistently meeting all Sphere Standards in CMAM implementation. These are the states where the CMAM programme is still relatively new, where

access is limited due to conflict, and where long distances must be travelled to reach the nearest treatment centre.

Gedaref State made substantial improvements in performance in 2014, improving from an annual defaulter rate of 31 per cent in 2013 to 17 per cent in October 2014. In general, a major constraint was difficulty accessing a large proportion of feeding centres on a regular basis to provide on-the-job training and supportive supervision. This was due to insecurity and government restrictions on access, and lack of UNICEF presence in some states. A strategy to improve supervision, through joint mentoring teams, is currently being drawn up with MoH.

UNICEF continued to lead the nutrition cluster in Sudan, coordinating the humanitarian response for nutrition through a dedicated nutrition cluster lead. Twice-monthly nutrition cluster meetings were held in Khartoum, and a further 98 meetings, led by UNICEF, were held in 11 states outside of Khartoum through the end of October 2014.

OUTPUT 4 Emergency response and preparedness: An effective and efficient emergency preparedness and response at national, state and community levels functioning.

Analytical Statement of Progress:

One of the worst children's crises in the world today is taking place in Sudan. As of December 2014, 6.9 million people (including 4.1 million children) are in urgent need of humanitarian assistance. Two million boys and girls are acutely malnourished. Sudan is home to 2.9 million IDPs (482,866 in 2014, of which 289,719 are children).

In 2014, different crises hit Sudan:

- 431,291 newly displaced persons (including 258,774 children) in Darfur in 2014, due to new violence;
- 107,131 refugees from South Sudan (including 74,992 children) in 2014, due to the conflict that started in South Sudan;
- Nearly 100,000 people countrywide were affected by the floods during the rainy season.

Due to the unexpected increase in the number of people affected, the Humanitarian Country Team revised the Strategic Response Plan in June 2014, which meant that emergency preparedness and response had to adjust accordingly. The influx of refugees from South Sudan and the renewed Darfur violence was not foreseen in the UNICEF Sudan end of 2013 Contingency Planning Workshop. Therefore, the planning documents were written during the actual response itself. UNICEF Sudan developed the following contingency plans to enhance its timely response to emergencies:

- A contingency plan for the floods during the rainy season (June-September);
- A contingency plan for the influx of South Sudanese (with different scenarios for 100,000 refugees and 150,000 refugees);
- A cholera contingency plan (in response to the South Sudan cholera outbreak);
- An Ebola preparedness plan.
- WASH and education sectors/clusters developed sectorial contingency plans as part of the Strategic Response Plan, as endorsed by the Humanitarian Country Team in Sudan.

Supplies were prepositioned in South Kordofan, Blue Nile and White Nile to assist South Sudanese refugees, including during the rainy season. Currently, UNICEF Sudan is working on prepositioning supplies in UNAMID team sites in Darfur: El serif, Kabkabiya, Korma, Kutum, Tawila, Shangel Tobay, Melliet, Saraf Umra.

UNICEF worked with the Government and national and international NGO partners to respond to emergencies in all of these locations and provide support for child protection, education, health, nutrition and WASH. UNICEF coordinated sectors/clusters in the areas of child protection (sub cluster), education, nutrition, and WASH. The sectors/clusters carried out assessments, identified needs and coordinated the emergency response to the affected populations.

Access limitations and government policies continue to challenge and prevent the early delivery of assistance to populations in need. Another challenge faced is the limited number of implementing partners, who are subject to even stricter government access policies. Access is also physically constrained due to violence and the rainy season. A severe issue in Sudan is the challenge in getting reliable (and age and gender disaggregated) data, which hampers effective emergency planning and response.

OUTCOME 6 Children in situations of natural disaster, armed conflict and IDPs receive quality basic education

Analytical Statement of Progress:

The conflicts in Darfur, Blue Nile and South Kordofan States displaced many school-aged children and disrupted their educations. IOM registered a total of 120,000 displaced school-aged children (aged 5-17 years) in North, South and West Darfur. This figure is more than double the 55,000 newly displaced basic school-aged children reported in December 2013. In Blue Nile and South Kordofan, the number of people displaced or severely affected by the conflict increased to over 325,000 by September 2014, including 97,500 school-aged children (30 per cent of the population). In addition, over 113,000 South Sudanese refugees (at least 30 per cent are school-aged children) sought protection in Sudan since December 2013, predominately in White Nile, Khartoum and South Kordofan States.

Overall, 320,813 emergency-affected children (40 per cent girls) accessed education in 2014 through the provision of essential education supplies, temporary learning spaces, gender-sensitive WASH facilities, training of parent teacher association members (34 per cent female) and training of 809 teachers (60 per cent female) on education in emergencies, in Darfur States, White Nile, Blue Nile, Khartoum and South and West Kordofan. UNICEF, the Government and sector partners used the cumulative experience of delivering education in emergencies gained over the past few years to respond to the protracted and evolving emergency situations.

The ability of the education sector to respond to education in emergencies was strengthened at the national level through improved coordination mechanisms for the humanitarian response and the establishment of sub-clusters at the state level. This was achieved through UNICEF co-sector leadership with Save the Children Sweden at the national level and collaboration with the MoE, United Nations agencies, and international and national NGOs at all levels. The globally defined Inter-Agency Network for Education in Emergencies (INEE) minimum standards were contextualized for the Sudan environment and mainstreamed into government plans. Some progress was made in capacity development, especially in terms of training key sector personnel. Coordination mechanisms were to a large extent effective at both national and sub-national levels over the past year as the education sector, led by UNICEF and Save the Children, continued to mature and provide necessary leadership and support.

However, there were significant challenges. Although government commitment to education for all children is clearly defined in policy statements and plans, there was inadequate funding by

both the Government and donors to meet the demand for access to quality basic education for children affected by armed conflict and natural disasters.

OUTPUT 1 By 2015, children living in displaced or returnee families, seasonal nomadic communities, and natural disaster or emergency - affected areas have access to life-saving education opportunities in line with Core Commitments for Children (CCC) and are enrolled in school.

Analytical Statement of Progress:

In 2014, UNICEF and partners (Plan Sudan, Save the Children Sweden, WES, ADRA, Islamic Relief and national NGOs) enabled 320,813 emergency-affected children (40 per cent girls) to access quality education opportunities in Darfur States, White Nile, Blue Nile, Khartoum and South and West Kordofan. The number of emergency affected children reached exceeded the annual target of 92,000 children.

This was achieved through the provision of essential education supplies, construction of temporary learning spaces and gender-sensitive WASH facilities, training of parent teacher association members (34 per cent female) and training for 809 teachers (60 per cent female) on education in emergencies in Darfur States, White Nile, Blue Nile, Khartoum and South and West Kordofan.

In addition, 32,000 emergency affected children (40 per cent girls) received psychosocial support to reduce the effects of trauma induced by conflict and displacement through the training of 809 teachers (60 per cent female), including volunteers.

Over 50 per cent (45 per cent girls) of children reached benefited from safe learning spaces through the construction or rehabilitation of 213 classrooms. Approximately 8,000 children (45 per cent) were reached with WASH in schools, and new funding has been received to reach an additional 25,000 children with WASH in schools in emergency contexts. With UNICEF support, education was restored for 12,282 children (50 per cent girls) in 20 schools affected by floods in Khartoum State through the provision of tarpaulins, plastic sheets, school-in-a-box and recreation kits.

UNICEF will continue to advocate for and support continuous capacity building of national NGOs and education sector partners in education in emergencies to strengthen the sector response. Under UNICEF leadership, the education sector will continue to review its education preparedness and response plans, including strategies building on the lessons learned by the Government and partners during the current interventions.

OUTCOME 7 The institutional capacity of the Government is strengthened in knowledge generation and management with emphasis on equity analysis at state and sub-state level

Analytical Statement of Progress:

The PME section adopted four strategies to effectively contribute to the achievement of this outcome:

Strategy 1: Strengthen UNICEF and government institutional capacity in knowledge generation and management with emphasis on equity analysis at state and sub-state levels. The MICS, which targets actual data collection at the state level, was the key priority for UNICEF Sudan in 2014. This survey will provide updates on key social indicators and measure trend towards achieving the Millennium Development Goals. The Central Bureau of Statistics has been

leading the exercise, with financial contributions from UNFPA, WFP, DFID, and technical support from the MoH, PAPFAM, MENARO and HQ. The preliminary report is expected to be available in January 2015. To ensure the consistency of data and standard usage of official figures on key social indicators, state profiles and fact sheets were developed at national and state levels.

Strategy 2: Strengthen UNICEF and government capacity for evidence-based planning, monitoring and evaluation of child-related programmes. Sudan-Info was updated and launched in a participatory approach under the patronage of the Central Bureau of Statistics and with support from the DevInfo Support Group. To strengthen decentralization and ensure effective and timely response to the needs of the most vulnerable children, state level programme rolling work plans were introduced for the first time. A Strategic Process of Reflection was initiated late in 2013 as a prelude to the mid-term review process and facilitated office-wide discussion on how to strengthen the delivery of results for children in a more effective and efficient manner.

The mid-term review is in the final stages. A mid-term report and revised Country Programme Action Plan will be submitted in January 2015 for final endorsement by MENARO and a government steering committee. As a result of the MTR, a new programmatic shift emerged, with more focus on the most vulnerable children in the most deprived localities. With support from UNICEF, a high-level government advisory committee was established to monitor and provide recommendations on UNICEF programme implementation.

Field monitoring and tracking of recommendations from field visits continue to be major challenges that UNICEF Sudan is trying to address. The introduction of the new iMonitor system and its integration into the EquiTrack system is intended to improve programme monitoring, including monitoring of humanitarian response. The monitoring and evaluation capacity remains weak in Sudan, with the enabling environment as a significant bottleneck. The main challenges include minimum fund allocation, poor capacity, lack of coordination forums and poor infrastructure.

Strategy 3: Support the government to develop sustainable integrated community-based structures for rural development in Sudan. With UNICEF support, CFCI and the Darfur Community Peace and Stability in South and East Darfur made good progress towards achieving its target. An independent Evaluation of CFCI was completed with largely positive findings on its impact as a strategy. The recommended way forward is to capitalise on the coordination structures developed by CFCI for broader coordination at locality and state levels.

Strategy 4: Contribute to the establishment of an integrated (child-sensitive) social protection strategy for Sudan. A Social Protection Working Group was established in Sudan, involving the World Bank, the IMF, UNDP, the African Development Bank, UNICEF and other bilateral and multi-lateral partners. This represents a key opportunity for UNICEF to influence the targeting of most vulnerable groups for social protection schemes using evidence from the Multi-Dimensional Child Deprivation Analysis, S3M and the upcoming MICS.

In partnership with WFP, UNICEF developed an investment case for nutrition that will be used to leverage large partnerships, and in particular, generate funding for nutrition.

OUTPUT 1 By 2015, state and sub-state level data on key social indicators for evidence-based planning, monitoring and evaluation, and policy advocacy is generated, managed and utilized.

Analytical Statement of Progress:

The MICS was a key priority for UNICEF Sudan in 2014. Data collection is complete, data analysis is currently on-going, and the preliminary results are expected in early January 2015. The Central Bureau of Statistics is leading the exercise, with financial contributions from UNFPA, WFP, DFID, and technical support from the MoH, PAPFAM, MENARO and HQ.

In order to ensure consistency of data and standard usage of official figures on key social indicators, fact sheets were developed at national and state levels. Similarly, a new bulletin titled 'Knowledge to Share' was produced to facilitate the access of UNICEF staff and partners to the rich body of evidence and information generated by UNICEF Sudan to underpin its work. Lack of updated data continued to be a major challenge as most national sources and survey data available are at least three years old, and so do not reflect the actual situation.

A more comprehensive child deprivation/vulnerability analysis was recommended and is expected to be rolled out in early 2015. Sudan-Info has been updated and launched in a participatory approach under the patronage of the Central Bureau of Statistics and with support from the DevInfo Support Group. Commitment and ownership of Sudan-Info by other government institutions is still a challenge.

OUTPUT 2 By 2014, an integrated (child-sensitive) social protection strategy for Sudan is established and investment cases and state equity profiles are produced as policy advocacy tools

Analytical Statement of Progress:

A Social Protection Working Group has been established in Sudan, involving the World Bank, the IMF, UNDP, the African Development Bank, UNICEF and other bilateral and multi-lateral partners. The Ministry of Social Welfare has been invited to join the working group for strategic discussions and to develop a common vision regarding social protection measures. Moreover, UNICEF provided support to the Ministry of Welfare and Social Security to develop a social policy document for Sudan. This presents a great opportunity for UNICEF to lobby and influence the focus on and targeting of vulnerable children.

In compensation for the drastic reduction in fuel subsidies to households (increase in fuel prices), the Government agreed to scale up safety net programmes to cover the 500,000 poorest families, , and increasing universal health insurance coverage for the poor.

UNICEF initiated the Multi-Dimensional Child Deprivation Analysis, combined with the Risk and Vulnerabilities Analysis and mapping, using MICS 2010 raw data and S3M data as a contribution to the national PRSP discussions. In addition to MICS, which will provide updated accurate evidence, a national poverty/expenditures household survey is in process and will generate evidence on poverty prevalence in Sudan and families' financial vulnerabilities related to bottlenecks in financial access and use of basic social services.

UNICEF supported the development of an investment case for nutrition that will leverage large partnerships to fight the high prevalence of wasting and stunting in Sudan. UNICEF support has also contributed to establishing public financial management for the WASH sector by introducing the WASH sector medium term expenditure framework. UNICEF was part of a national aid coordination framework led by the Ministry of Finance.

Overall, the achievement of this output is constrained because the Social Protection Strategy will require additional financial capacity and a full time dedicated social policy capacity to lead the process, and both are currently deficient.

OUTPUT 3 By 2015, government capacity for evidence-based monitoring and evaluation of child-related programmes is strengthened in line with the UNDAF.

Analytical Statement of Progress:

National and cross-sectorial programme rolling work plans 2014-2015 and consolidated rolling work plans for field offices were finalized and signed in March 2014 and May 2014, respectively. Most of the delay was due to the introduction of a consolidated field rolling work plan concept for the first time.

The Strategic Process of Reflection initiated in the final quarter of 2014 prioritised four elements for review: 1) changes in the situation and context of children in Sudan; 2) effectiveness and efficiency, with a particular focus on decentralization and field office evaluation; 3) equity with emphasis on MoRES; and 4) the current approach to resilience.

The MTR is in the final stages. The MTR report and revised programme results framework will be submitted in January 2015 for final endorsement (by MENARO and the Government Steering Committee). Consultations for the MTR were extensive and included: a) field programme reviews in six field-level review workshops (October 2014); b) national sectorial programme reviews in five national programme workshops (for health, nutrition, WASH, education and child protection) (October to November 2014); and c) the MTR Plenary on 23 Nov 2014 involving all partners. As a result of the MTR, UNICEF prioritised 72 most deprived localities and refocused on the most vulnerable children in the most deprived localities.

Although the implementation of the IMEP was closely monitored, the timely submission of IMEP inputs remains a work in progress. A new set of management indicators was introduced at different levels of accountability, and orientation sessions on the use and generation of relevant reports were conducted for all sections and field offices. All section heads and CMT programme management indicators were prepared monthly and on time.

The Team Site, a new innovative platform, was developed to improve knowledge sharing, management, collaboration and information accessibility for all staff across main and zone offices. Capacity building for staff is on-going to ensure optimum utilization of the Sudan Team Site.

OUTPUT 4 By 2015, a sustainable integrated community-based structure for rural development in Sudan is reinforced

Analytical Statement of Progress:

The CFCI evaluation that was initiated in 2013 has been completed and the overall recommendations are in line with expectations. A one-day workshop was successfully held to discuss the UNICEF Sudan recommendations on the importance of the bottom-up approach to community development, which improves the socio-economic conditions of the disadvantaged through providing basic services in health, nutrition, education, water and sanitation, child protection and livelihood opportunities.

UNICEF will support the Government of Sudan to explore options for the best modality for achieving equitable, participatory and sustainable community development. A constructive dialogue on the way forward will be initiated through the Evaluation Committee established by the Steering and Advisory Committee, including the HCDG, the Ministry of Finance, the NCCW and UNICEF.

The UNICEF-supported Darfur Community Peace and Stability Fund made good progress, accomplishing: the rehabilitation of six water yards (three in South Darfur and three in East Darfur), drilling of four boreholes in South Darfur, training of 25 water yard operators, construction of one health unit in South Darfur, radio and television broadcasting messages and other C4D related activities.

OUTCOME 8 :Partnerships with national & state media, civil society and donors are strengthened to advocate and promote child rights (

Analytical Statement of Progress:

The media operating landscape in Sudan remains quite limited. Facilitating access to key localities in support of humanitarian and development interventions remains cumbersome especially for international media. However, over the last few months, letters of agreement have been established with local and national journalists, which enabled UNICEF Sudan to facilitate field trips and produce programmatic advocacy clips around key programme priorities.

Though there has been some improvement in funding this year (20 per cent increase), the funding landscape in Sudan remains rather limited. This is partly due to the chronic state of emergency, competing emergencies in the MENA region, and a challenging operating environment. The Strategic Response Plan for Sudan in 2014 was only 49 per cent funded.

OUTPUT 1 By 2015, national and state media programming is upgraded and the capacity of media professionals is strengthened to advocate for and promote child rights.

Analytical Statement of Progress:

Through a four-day training programme, UNICEF supported the capacity building of 80 key staff members of state and community radio stations from all 18 states to produce and facilitate dialogue-based programming on the key essential family practices for child survival. Participants included station managers, technical producers, programme presenters and a health communication officer from each state. It is estimated that on average, about 68 per cent of the populations of each state will be reached with these programmes.

Fifteen of the 18 states with functioning radio stations now have enhanced capacity to broadcast programmes on child rights and essential family practices through increased comprehensive knowledge on key issues and technical support to develop and air interactive programmes.

OUTPUT 2 By 2015, partnerships with media, donors, and civil society actors lead to increased visibility of the situation and rights of children, women, and families within Sudan and leverage increased resources to complement state and federal government commitments supporting their rights

Analytical Statement of Progress:

Despite the challenging operating environment, UNICEF Sudan scaled up social media engagement, especially around the Saleema Initiative, the CRC 25th anniversary and developing a code of conduct for ethical reporting on child rights. Increased effort was also made to highlight the dire situation of children in Sudan within the protracted emergency.

In 2014, there was strategic investment to build donor confidence and strengthen both in-country and international partnerships with joint field trips, donor missions to Brussels, Korea and the United Kingdom. These efforts yielded dividends for children through increased

investment and stronger commitment to longer term funding from traditional and emerging donors.

OUTPUT 3 By 2014, the engagement and capacity of civil society actors to develop and implement integrated communication strategies that address social norms and promote positive behaviour change among boys and girls and their families is strengthened.

Analytical Statement of Progress:

The Alshuffa'a Alsoghar Communication Initiative Communication Strategy was validated and endorsed by key partners, led by the Health Promotion Department of the Primary Health Care Directorate. The strategy addresses 6 of the eleven interventions of the MCH Acceleration Plan. A creative communications strategy was also developed to guide the strategy roll out. During the reporting period, key components of this strategy were developed and tested and are being produced. These include all communication and social marketing tools, including the logo, Alshuffa brand colours, media plan, a 60-episode radio drama series, a direct community engagement component, including a grandmother's club (Habouba Club), which will see the comprehensive knowledge of grandmothers on the essential family practices increased to support their engagement with mothers on these practices. In addition, the Ideal Mother Award programme will recognize and reward mothers for achieving different child care milestones.

To date, seven government and civil society partners are active on the Alshuffa Steering Committee. These are the MoH (relevant departments), the MoGA, the Ministry of Information, the MoE, the NCCW and two NGOs, Almanar and NUWEDA. National rollout of the Initiative was constrained by the search for a competent communications agency. Another key output during the programme year was engagement with religious leaders through the MoGA.

A national orientation workshop organised in partnership with the MoGA reached over 80 national leaders of faith-based organisations (Islamic, Coptic and Christian) on essential practices for child survival, development and protection.

A three-day training of trainers for about 30 state-level faith-based leaders provided these leaders with the knowledge and skills to reach out to their members on key child rights issues and share the acquired knowledge and skills with other leaders at the state and locality levels. This was done to ensure that faith-based groups that are cited as key sources of information for households and individuals and have a strong influence on social norms and practices around child care have accurate information and the skills to guide discussion on these issues. Through the MoGA, faith-based groups have developed a religious guide as a companion aid to Raasel Lelhaya (Sudan Edition of Facts for Life 4th edition). About 15,000 copies of Raasel Lehaya have been distributed to frontline community health promoters, implementing partners, religious leaders, media and vulnerable households as a resource to aid communication on key topics.

A community wall calendar based on Raasel Lelhaya and which has each month dedicated to a key practice from Facts for Life will reach over 50,000 households with key messages on specific behaviours.

OUTCOME 9 Children benefit from scaled up and sustained high impact child survival, maternal health and HIV/AIDS interventions with a focus on equity

Analytical Statement of Progress:

Significant progress was made towards the achievement of equity-based outcomes for the most vulnerable children and women. With support from UNICEF, WHO and GAVI Alliance, no cases

of polio were reported in Sudan despite the cases reported in neighbouring Kenya, Ethiopia and Somalia. Routine immunization achieved high vaccination coverage of over 80 per cent with pentavalent 3, rotavirus and measles 1, although coverage for measles second dose and pneumococcal conjugate vaccine were both below 80 per cent. Four National Polio Immunization Days were conducted (two national and two sub-national), targeting all 7,082,782 children under 5, including the most vulnerable. Over 95 per cent coverage was reached in all rounds. Acceleration campaigns were conducted in the most hard-to-reach areas affected by conflict (Darfur States, South Kordofan and Blue Nile).

Following the mass measles campaign undertaken with UNICEF support in 2013, there was a significant decline in reported measles outbreaks in 2014.

In September 2014, Sudan officially signed the local compact with donor and health partners to improve aid effectiveness in the health sector, in line with the Paris declaration. As part of the roll out of MoRES within the health sector, the decentralised health system strengthening approach was reinforced through capacity building of 49 senior health managers at the state level in bottleneck analysis and district level planning. This resulted in increased coverage of health services in the most disadvantaged localities of Kassala, Gadarif, White Nile and Sinnar.

With UNICEF support and as part of the MoH primary health care expansion strategy with a focus on integration, the scale up of IMCI services in health facilities continued. Antenatal care coverage (at least four visits) increased from 47 per cent to 58 per cent of pregnant women (861,714) in 2014, with focus on the most disadvantaged localities. Despite the on-going tribal conflicts, the proportion of pregnant women that delivered with the support of a skilled birth attendant was maintained at 85 per cent, as in 2013. This may have been due to the increased tribal conflicts and population displacements that occurred in early 2014. Access to health facilities providing basic emergency obstetric and newborn care services increased from 38 per cent to 45 per cent.

In coordination with WHO and the federal MoH, a number of disease outbreaks were successfully contained in 2014, including dengue fever (in Red Sea, Kassala, North and South Darfur and South Kordofan), yellow fever, diarrhoea, in North Darfur.

Critical constraints included high staff turnover of technical staff in federal and state MoHs, inaccessibility of certain areas due to insecurity, weak locality health system, the weak Health Management Information System, inadequacies in the availability of routine data, frequent stock outs of drugs and lab commodities, the reluctance of health care providers to follow national guidelines, and delayed liquidations leading to delayed funds release. In addition, the devaluation of the local currency resulted in the increased operational cost of vaccination per child and hindered implementation of planned outreach immunization sessions. Integration of service provision and health system strengthening were implemented to ensure the sustainability of services and reduce the impact of currency devaluation. The late receipt of Global Fund funding resulted in delayed implementation of HIV/AIDS activities.

OUTPUT 1 By 2014, the health system is strengthened with increased government expenditure on health and evidence-based policies

Analytical Statement of Progress:

According to the National Health Sector Strategic Plan 2012-2016, 9.2 per cent of government expenditure is indicated for health. UNICEF played a key role in the development of the GAVI

Alliance Health Sector Strategic Proposal worth over US\$ 33 million, which will contribute to improving immunization outcomes for the most vulnerable children.

As part of the International Health Partnership initiative, UNICEF participated in the finalization of the Sudan local compact, which was signed in September 2014. The compact will provide a conceptual framework for donor and partner commitment and support to the health sector, in line with the Paris Declaration on Aid Effectiveness. It follows the five principles of government ownership, alignment, harmonization, managing for results and mutual accountability.

UNICEF provided technical assistance (from the UNICEF HQ Health Systems Strengthening Unit) to build national capacity for a Decentralized Health Systems Strengthening approach. Subsequently, further capacity building took place in the four initially selected states of Kassala, Gedarif, Sennar and River Nile. Data collection for bottleneck analysis using the Lot Quality Assurance Survey in three localities in each state will take place in February 2015 in partnership with the Liverpool School of Tropical Medicine. This approach will be used to support the implementation of the Sudan MCH acceleration plan to improve the coverage of interventions and the quality of services delivered at the locality level through the use of real time data for planning and monitoring.

The major constraints facing the health systems are related to budget, limited human resources capacity and weak health information management systems at the state and locality levels. Sudan is a well-decentralized governance system. However, the capacities for effective implementation at decentralized levels remain weak, especially at the locality level.

OUTPUT 2 By 2015, routine and supplementary immunization services are enhanced nationwide to increase immunization coverage.

Analytical Statement of Progress:

While efforts continue to reach the approximately 165,000 children in areas rendered inaccessible by on-going conflict (East Jebel Mara, South Kordofan and the Blue Nile), routine EPI data indicates that Sudan sustained high routine vaccination coverage for accessible children under 5 for pentavalent 3 (protecting against five diseases: diphtheria, whooping cough, tetanus, haemophilus influenza and hepatitis B) at 91 per cent, measles-1 at 80 per cent, measles-2 at 58 per cent, and rotavirus (two doses) at 84 per cent. Measles coverage remains lower than the elimination target of 95 per cent, however. Coverage for the newly introduced pneumococcal conjugate vaccine 3 increased markedly from 77 per cent in 2012 to 93 per cent in 2014.

As part of the Polio Eradication Initiative, four National immunization Days (two national and two sub-national) were conducted, targeting 7,279,348 children under 5. According to campaign data, 95 per cent coverage was achieved in 2014 and the country has maintained its polio free status since 2009. There was a 24 per cent dropout rate between the first and second dose of measles vaccine. These results were achieved with support from UNICEF, WHO and GAVI Alliance. Results from the MICS 2014 and the EPI Coverage Survey, planned for 2015, will provide more accurate data on EPI coverage in Sudan.

Sudan prepared to introduce the inactivated polio single dose vaccine in 2015. The first phase of the preventive mass vaccination campaign for yellow fever, targeting 7,599,597 individuals between 9 months and over 30 years, was undertaken in the six states of North, East and Central Darfur, West and South Kordofan and White Nile in December 2014.

UNICEF supported the procurement of over 8 million doses (8,359,556) of vaccines and over 8,000 health workers were involved in the campaign, including 7,124 vaccinators, 719 team leaders, 296 supervisors at all levels, 210 supply officers and 210 adverse events and safety officers. The devaluation of the local currency increased the operational costs of vaccination per child and hindered the implementation of planned outreach immunization sessions. The integration of service provision and health system strengthening were implemented to ensure the sustainability of services and reduce the impact of currency devaluation.

OUTPUT 3 By 2015, children and women have increased access to primary health care services that include IMCI services and malaria control and preventative services.

Analytical Statement of Progress:

In 2014, more than 3 million (3,939,752) long-lasting bed nets were procured to reach 7,879,504 individuals (1,260,720 children under 5). About 37 per cent (2,335,669) of these bed nets were distributed to 4,671,333 individuals (747,413 most vulnerable children) in Khartoum, Kassala and the hard-to-reach states of White Nile, North Kordofan, South Kordofan and Blue Nile. The remaining bed nets were distributed in the five Darfur states. More than 4,885 primary health care facilities (92 per cent of all primary health care facilities in the country) continued to provide free antimalarial drugs for uncomplicated cases of malaria countrywide, with special focus on IDPs in Darfur.

The number of health facilities implementing IMCI services increased to 2,492 out of 4,863 in two years. The community component of IMCI was implemented in 126 out of the 184 localities with at least one model community per locality. For hard-to-reach communities, 93 out of 1,177 community health workers were trained on IMCI and have the potential to reach 184,000 households with services to prevent common childhood illness (pneumonia, diarrhoea and malaria). IMCI supplies were procured and released to the national programme for the northern and central states. These included 180 IMCI drug kits, 180 IMCI equipment kits, 20 oxygen concentrators and 20 nebulizers, covering 54,000 children under 5. UNICEF supported IMCI in printing all trainings modules required for IMCI interventions

OUTPUT 4 By 2015, women and children in under-served and needy areas have improved access to maternal and newborn health services.

Analytical Statement of Progress:

Improvements in newborn care are progressing, albeit slowly. In 2014, access to health facilities providing basic emergency obstetric and newborn care services increased to 45 per cent, compared to less than 40 per cent in 2013. According to the Health Management Information System, antenatal care services (at least four visits) expanded to reach 861,714 pregnant women (58 per cent coverage) and more than 1,277,295 births (85 per cent coverage) were assisted by skilled (trained) personnel.

UNICEF contributed to capacity building on maternal and newborn life-saving skills in the under-served and needy areas in Sudan, through training of 81 medical doctors, 28 health visitors and 419 midwives. Essential reproductive health supplies (i.e. basic and emergency midwifery kits) were made available to 173 health facilities and 580 village midwives.

With a generous donation from the EU, UNICEF and the federal MoH supported the pre-service training of 233 community midwifery students from South and East Darfur (states with the highest maternal death rates in Sudan), and 120 nurses in South Darfur who are expected to graduate in two years' time, in order to boost capacity in human resources and improve the

quality of health care provision. El Deain Midwifery School (in East Darfur) was rehabilitated, increasing its capacity to accommodate an additional 40 students.

According to the MoH Department of Human Resources, a total of 11,600 of midwives need to be trained. Of these, 3,866 have been trained so far. The capacity gap of 8,734 is still very high.

UNICEF facilitated joint monitoring and supervisory visits to 12 states to ensure that the quality of care was being maintained. Targeted communities were reached with information about reproductive health interventions and the importance of accessing and utilizing services to prevent unnecessary deaths of mothers and newborns.

Despite the improvement in maternal and newborn health in Sudan, various underlying factors, including weak referral mechanisms between communities and service delivery points, insecurity, socio-cultural barriers and poverty are behind the low progress towards achieving the Millennium Development Goals.

OUTPUT 5 By 2016, new paediatric HIV infections are eliminated

Analytical Statement of Progress:

Sudan has very low HIV prevalence of 1.5 per cent, concentrated among high risk group such as commercial sexual workers, men who have sex with men and people who inject drugs. The national plan to eliminate mother-to-child transmission, which aims to eliminate new paediatric infections in Sudan, was finalized with technical and financial support from UNICEF, in line with the National Strategic HIV/AIDS Plan. Due to the low prevalence, the Government has taken the strategic decision to limit the number of health facilities providing comprehensive prevention of mother-to-child transmission (PMTCT) services to about 10 per cent of total health facilities and to strengthen referral.

With the support of UNICEF and other partners, the number of health facilities that provide PMTCT interventions as an integral part of reproductive health services increased from 255 in 2013 to 358 in 2014. A total of 369 health care providers at these facilities were equipped with knowledge and skills on PMTCT service delivery (basic training), while 1,888 received on-the-job training. More than 79,590 pregnant women and 1,184 partners tested for HIV. Currently more than 533 children under 15 years are on antiretroviral therapy (ART)/prophylaxis treatment, while 69 per cent of women who tested HIV positive had initiated ART. In Sudan, there is no widespread testing service for children that could provide figures related to tested children in need of treatment. Service coverage remains very low at less than 10 per cent and tracing of HIV-positive mothers remains a challenge due to the weak reporting and referral systems in Sudan. MICS 2014 findings will provide updated accurate data on HIV/AIDS knowledge, attitudes and practices.

In addition to addressing the ART needs of HIV-positive pregnant women, efforts were made to ensure that more health care providers routinely offered HIV testing to women who come in for antenatal care services. The main challenge faced during this reporting period was the late receipt of Global Fund funds, which resulted in delayed implementation of activities.

OUTPUT 6 By 2015, vulnerable infants and girls and boys under 5 children benefit from improved family care

Analytical Statement of Progress:

The C4D Section supported behaviour and social change communication and social mobilisation interventions for all programme sections to facilitate dialogue among households and to empower them to demand and use available services. The section provided technical support to the federal MoH Health Promotion Department for two National Immunization Days and two SIAs, reaching over 7 million children with polio immunization. During the reporting period, a booklet of harmonised emergency behaviour change communication messages was produced and distributed to all 18 states, reaching over 40,000 households directly.

Do Solutions, a communications agency, worked with the national Alshuffa'a Alsoghar Communication Initiative Steering Committee to develop all communication support materials and tools. These tools include a mother-baby pack and other materials to motivate mothers, caregivers and households to practice six of the key Essential Family Practices for child survival.

A number of campaigns and special events helped to sensitise families of vulnerable children to take the required actions to realize children's rights. For example, the Children with Disability Campaign in Sennar State saw several children with disabilities enrolled in school for the first time. In one school, 30 children were enrolled during the three-month pilot campaign. The campaign to encourage the use of bed nets in five states also saw women's group volunteers motivate households to hang up the nets at sunset and sleep under them.

OUTCOME 10 80 per cent of school-aged children (including out-of-school, IDPs, refugees, nomadic children, rural girls, disabled children) have access to quality basic education

Analytical Statement of Progress:

Overall, the education sector experienced modest progress during the reporting period. According to EMIS data, gross enrolment rates in pre-primary education increased significantly from 36.9 per cent in the baseline school year of 2011/2012 to 42 per cent in 2014, thereby improving children's chances of initiating school at the right age, staying in school, and completing the basic education cycle. The gender parity index (in basic education) increased from 0.91 to 0.94, indicating that more girls are going to school than were going at the start of the new country programme in 2013. However, available data indicates stagnation in the basic education sub-sector.

The gross enrolment rate decreased from the baseline of 73.2 per cent in 2010 to 69.7 per cent in 2014. A key explanation is that current enrolment rates have not kept pace with the natural growth of the school-age population for basic education since 2010. The number of children aged 6-13, for example, increased from 7.2 million in the 2011/2012 school year to 7.67 million in 2013/2014, representing an increase of 450,000 children while only 310,000 children were enrolled in basic schools. This meant that 140,000 children joined the ranks of out-of-school children, whose numbers grew from 2.18 million to 2.32 million by 2014. This figure is even higher according to the findings of UNICEF-funded Out-of-School Children Study (2014) that estimates that 2.6 million children aged 6-13 are out of school. The weak performance of the basic education sub-sectors is an indication of an underlying barrier to inadequate resource allocation for education, which currently receives only 2.7 per cent of GDP.

Through UNICEF and partner support, 482,327 previously out-of-school vulnerable children gained access to basic education in 2014 through humanitarian and development streams.

OUTPUT 1 By 2014, the education sector will have a functional EMIS and sound evidence-based education plans at state level

Analytical Statement of Progress:

In 2014, although UNICEF worked closely with federal and state ministry officials, slow progress was made on strengthening EMIS. However, significant progress was made on the development of 18 evidence-based state education sector strategic plans.

To strengthen education data entry and analysis, UNICEF provided financial and technical support to establish two EMIS laboratories in Central and East Darfur. UNICEF also provided financial support for the production of the 2010/11 and 2011/12 Education Year Statistics Book and the finalization of the 2012/13 Annual Education Book, which provide valuable gender disaggregated data on key education indicators. In an effort to boost knowledge and skills on data collection, entry, analysis and use of EMIS for evidence-based planning and decision-making, UNICEF provided financial and technical support for in-service training on EMIS to 575 MoE officials (40 per cent female) at federal, state, locality and school levels. Overall, this output area was constrained by the EMIS software, which is not user-friendly and as a result, delayed the compilation of the Annual Statistics Books.

EMIS functionality challenges were made worse by high turnover of IT staff seeking better paying jobs, limited technical capacity among ministry staff at federal and state levels, limited data quality checks and feedback mechanisms, and lack of government funding to ensure the sustainability of current investments. Sustained advocacy by UNICEF resulted in the MoH hiring a technical consultant to evaluate the current EMIS software and its management bottlenecks. The consultant's recommendations are currently being reviewed and UNICEF will address the EMIS software challenges in collaboration with the MoE and partners such as UNESCO, even if it means supporting new software to improve data quality and management and establish a functional EMIS system in Sudan.

As a result of partnership with the MoE and the UNESCO International Institute for Education Planning, 18 states developed evidence-based five-year education sector strategic plans. The state plans provided inputs for the national Education Sector Strategic Plan (ESSP) currently being developed with technical support from the World Bank. The ESSP will set investment priorities and targets for the next five years, with particular focus on reducing inequities in access to education between and within states, improving access to quality basic education, reducing dropout rates and increasing retention and completion rates.

OUTPUT 2 By 2014, children aged 6-13 years old have access to basic education and alternative learning program opportunities in selected areas

Analytical Statement of Progress:

UNICEF provided financial and technical assistance through both the humanitarian and development streams to improve access to education services for out-of-school children. Overall, 482,327 out-of-school children including those affected by emergencies, were enrolled through support to national, state, community level and door-to-door registration and enrolment campaigns led by the MoE in partnership with international NGOs (i.e. Plan Sudan, Save the children, ZOA, WCC, InterSOS, ADRA) and national NGOs (i.e. EL Massar, Labena, Babiker Badri Scientific Association, Women Union and parent teacher associations). This represents a 26 per cent reduction in the number of out-of-school children from the baseline number of 1.8 million in 2010 and is 53 per cent of the targeted 900,000 out-of-school children. However, the number of out-of-school children aged 6-13 years in Sudan has been increasing since 2010 due to lack of credible baseline statistical sources and continuous population movements. With technical assistance from MENARO, UNICEF Sudan supported the MoE to finalize a study on

out-of-school children, which estimated that the number is now well over 2.3 million. The study also assessed the pattern of children excluded from education and highlighted why they are excluded. The study will be published in early 2015.

In partnership with the MoE and the above mentioned CSOs, UNICEF supported over 606,198 students (45 per cent girls), through school construction and rehabilitation of classrooms and distribution of teaching and learning materials to study in improved child-friendly learning environments. Effective enrolment campaigns generated high demand for education and active community participation and support was observed in many areas where mobilization and enrolment campaigns were conducted.

Communities demonstrated increased enthusiasm and willingness to contribute to the construction and rehabilitation of classrooms and ALP centres. However, demand outstripped supply due to the inadequate number of available classrooms and child-friendly facilities, such as gender-sensitive water and sanitation to accommodate new students. Access to basic education and alternative learning opportunities was also limited due to conflict and insecurity in some states, inadequate state and donor funding for the education sector, shortages of teaching and learning materials, and lack of trained teachers and ALP facilitators.

OUTPUT 3 By 2014, CFS standards for environment friendly school design and construction, community participation and pre/in service teachers' training have been mainstreamed into the education system to improve quality of education within an inter-sectoral holistic framework

Analytical Statement of Progress:

UNICEF and partners successfully advocated with the Government to prioritize the mainstreaming of child-friendly schools (CFS) and capacity development for teachers and education managers in education annual plans. UNICEF supported the development of a teacher training strategy in partnership with the British Council and drafted CFS design and construction standards with the help of an international consultant. The review and approval of the two documents was delayed by government bureaucratic procedures. UNICEF is currently advocating with the MoE for approval of both documents.

Despite slow national-level progress, UNICEF, the MoE and partners made commendable efforts to improve the quality of education at the school level within the CFS framework by supporting in-service teacher training and community empowerment. To boost the capacity of service providers on the CFS model and the use of learner centred pedagogy, school co-management, coaching, mentoring and effective supervision and monitoring of schools, UNICEF supported the training of more than 4,799 teachers (47 per cent female), ALP facilitators and school heads. The MoE and UNICEF strengthened school and community linkages in 400 schools and ALP centres through financial and technical support for training 1,933 parent teacher association members (34 per cent female) on the CFS model and the application of CFS standards at the school level.

Progress was constrained, however, as the number of schools meeting the CFS minimum standards was very limited due to inadequate child-friendly facilities, inadequate financial resources, the shortage of trained teachers, ineffective school management and limited school level planning. Implementation was also constrained by poor coordination between federal and state MoEs and the absence of a holistic approach for mobilizing resources from other sector support to schools.

UNICEF and the MoE prioritized capacity building on school improvement planning and school-based monitoring and action to enhance achievement of this result. This will include the development of monitoring tools to ensure effective implementation of CFS standards in schools. School improvement planning and school-based monitoring will aid the identification of gaps hindering the provision of quality education services, and assist MoE staff and partners to strengthen engagement with children and communities and promote the development of school improvement plans as a practice in UNICEF-supported schools.

OUTCOME 11 Cross-sectoral programme support

Analytical Statement of Progress:

In 2014, UNICEF Sudan set out to achieve tangible results in strengthening operations management, systems and governance and in attaining improved efficiency and effectiveness. Early in 2014, a set of three levels of management indicators was developed in a participatory manner to be monitored at the levels of the CMT, section heads meetings and unit/zone offices. These were set out in the AMP, which was shared with all staff early in the year.

The office underwent an internal audit at the end of the first quarter in 2014. The implementation of the 19 audit recommendations was a major priority and continues to be monitored by the CMT. At the end of December 2014, five of the recommendations had been closed; closure of the outstanding recommendations will be pursued aggressively. As part of further effort to strengthen internal controls and systems, a Risk Control Self-Assessment was conducted in the last quarter of 2014. It highlighted high-risk areas requiring attention. Corrective measures were identified and their implementation will be closely monitored by senior management, especially in relation to the upcoming MTR.

As part of continuous effort to comply with financial rules and regulations, UNICEF Sudan maintained optimum cash balances and consistently kept end-of-month balances within the established thresholds. Bank reconciliations were uploaded in a timely way within HQ-set deadlines and open items were monitored and cleared in a timely way. UNICEF Sudan started HACT implementation on 1 January 2014. Through the functioning of the HACT Task Force, UNICEF Sudan effectively monitored the implementation of the HACT Assurance Plan and addressed the problem of overdue DCT, reducing the DCT overdue for nine months to zero at the end of December 2014.

With a throughput of US\$ 71.9 million in 2014, supply constituted a critical component of the delivery of the country programme, including US\$ 51.5 million for procurement services. Several long-term agreements were established, while others were shared/accessed through the United Nations Common Procurement Group to facilitate the efficient and effective procurement of goods and services. Supply chain management and the warehousing of supplies in the field were identified as priorities for implementation, pending funding availability. However, the challenge of access restrictions to some emergency programme locations continued to hinder the delivery of supplies.

Some efficiency gains and cost savings were achieved in 2014 in management and operations. To meet the increasing demand for operational support in emergency locations, UNICEF Sudan negotiated for shared facilities with WFP at a monthly rental cost of US\$ 500 and outsourced qualified and efficient driver services at very competitive rates. The main office in Khartoum identified and will be relocating to a new and more spacious location, with estimated savings of US\$ 1 million over the 10-year lease period. The field offices in Elfasher, Nyala and Geneina

were relocated to new premises, which also offered additional space for guest rooms for staff on field mission, resulting in an average monthly cost savings of US\$ 2,000 on rent.

As part of continuous effort to address human capacity needs, UNICEF Sudan streamlined the process of staff recruitment to ensure that the right people were brought on board into the right positions at the right time. A total of 49 positions were recruited in 2014, despite the persistent challenge of difficulties and delays in obtaining visas and travel permits. UNICEF Sudan established talent pools for regularly recruited positions and embarked on attracting more United Nations Volunteers, Junior Professional Officers and standby partners, who were engaged at affordable costs. Performance management showed a significant improvement as a 100 per cent completion rate was recorded for the 2014 PER/ePAS phases I and II.

OUTPUT 1 Governance and Systems

Analytical Statement of Progress:

Management priorities and key office results were extensively discussed at the expanded programme meeting, section meetings and the management retreat early in the year. One of the main outcomes of this retreat was the development of three levels of carefully selected management indicators to be regularly monitored at the levels of the CMT, section head meetings, and the sections/zonal offices. Another important outcome of this retreat was the finalization of the AMP, which was shared with all staff.

The review of management indicators was a standing agenda item at the monthly CMT meetings. The action point tracking system managed under the Representative's Office continued to be an effective tool for tracking progress on key actions agreed to at senior management meetings and other important forums.

UNICEF Sudan reviewed and streamlined the composition of 14 governance committees and increased the number of task forces to five, with specific focus on results and accountability, and ensured the effective participation of staff in zone offices. The CMT continued to act as the primary advisory body to the Representative and met on a monthly basis based on a calendar. The other committees met on a regular basis based on their approved terms of reference and a consolidated calendar of meetings, and the significant outcomes of these meetings were routinely fed into the CMT.

Work processes, increased to 31, were updated in a standardised format and made available to all staff via the Team Site and the common/knowledge management folder. The CMT endorsed the designation of focal points for all work processes. Staff training was conducted on supply and logistics, as well as on key human resources processes. In addition, orientation on other processes was facilitated by the focal points upon request.

Of the 19 recommendations of the 2014 internal audit, two were for action by HQ (DFAM and DHR) and 17 were for action by UNICEF Sudan. Five recommendations had been closed as of December 2014, nine are planned to be closed by the end of December 2014 and the remaining three are planned to be closed by March 2015. The status of audit recommendations is a standing agenda item for the CMT and the action plan to address the outstanding recommendations continues to be monitored very closely.

A Risk Control Self-Assessment was conducted in the last quarter of 2014, led by a specialist from HQ. The Assessment highlighted high-risk areas requiring attention. Corrective measures were identified and their implementation will be closely monitored by senior management.

OUTPUT 2 Financial Management

Analytical Statement of Progress:

UNICEF Sudan maintained optimum cash balances and consistently kept the end of the month balance within the established threshold. However, the accuracy of cash forecasting continues to be an area for improvement and has therefore been a fixed agenda item at the monthly CMT and the section/zonal office meetings. Bank reconciliations were uploaded in a timely way within HQ-set deadlines and open items were monitored and cleared in a timely way.

UNICEF Sudan started HACT implementation in January 2014. A reputable audit firm was contracted under a long-term agreement to conduct spot checks. Additionally, the HACT support mission from HQ and MENARO in November helped to streamline HACT procedures by addressing bottlenecks and explaining the revised HACT Framework procedures to staff and partners. The mission also aided the development of enhanced tools, which will be used to revise the HACT assurance plan and conduct spot checks, field monitoring and audits in 2015.

The HACT Task Force met on a weekly basis and made significant progress in addressing the problem of overdue DCT. In addition, the DCT status was discussed in the weekly programme meetings and the monthly CMT. Consequently, the DCT overdue by nine months was reduced from over US\$ 1 million at the beginning of the year to zero by the end of December 2014.

OUTPUT 3 Human Capacity

Analytical Statement of Progress:

The process of strategic reflection, which began in 2013, continued along with an MTR of the country programme. This yielded major plans in terms of programmatic shifts and geographic coverage and entailed some staffing changes that the human resources section will manage early next year.

With the new Staff Association Executive Committee, several initiatives were taken this year to boost staff morale and create a conducive work environment through events such as the monthly get together for staff, facilitating swaps between staff in emergency areas who wished to move laterally, and enhancing the Compressed Working Schedule arrangement for staff in hardship locations. Pink Initiative was taken on to improve the welfare and security of the national female staff in field office locations by providing them with secure and affordable accommodations, mainly in UNICEF guest houses at a small cost recovery contribution.

In 2014, recruitment improved significantly to ensure that the office brought the right people on board in the right positions at the right time. UNICEF Sudan initiated and developed candidate national talent pools for 13 positions. As a result, 52 candidates are now fully assessed, cleared, and ready for appointments. The use of these talent pools will reduce the recruitment timeline and help the programme effectively meet its objective of serving the children of Sudan. Regarding the regular recruitment load, UNICEF Sudan was able to recruit a total of 49 national and international staff, combined (including two Junior Professional Officers), as well as three international United Nations Volunteers and three standby partners. Focus has been maintained on attracting more and more United Nations Volunteers, Junior Professional Officers and standby partners, who are engaged at affordable costs.

At the beginning of 2014, a Learning and Development Plan, comprised of core group trainings and individual trainings, was developed based on finalised PAS/ePAS discussions.

Implementation of the Plan is on course. As part of the Plan, a training was organized for all supervisors and managers on competency-based interviewing. Other training sessions completed included VISION and sexual exploitation and abuse of authority.

UNICEF Sudan has acknowledged the excellent work done to manage staff members' performance, especially in terms of PAS and ePAS discussion and completion. Phase I was completed at 91 per cent in March and at 98 per cent in May; while Phase II was done at 53 per cent in August and 99 per cent in September. The completion rate reached 100 per cent by October 2014 for both phases I and II.

OUTCOME 12 Children in situations of natural disaster, armed conflict and IDPs receive adequate family-based care and are protected from violence, abuse and exploitation

Analytical Statement of Progress:

Children continue to face extreme risks and are exposed to direct and repeated violence, exploitation, recruitment, sexual violence, separation and explosive remnants of war in Sudan.

In 2014, UNICEF effectively facilitated child protection sub-sectors both at national and state levels and ensured that issues related to new displacement and South Sudanese children were reflected and endorsed in their work plan for the year. As a result, more than 320,165 children were supported by child protection sub cluster partners in nine states in 2014.

Substantial progress was achieved on the prevention and response to child recruitment, sexual and gender-based violence and mines/unexploded ordinances. More than 68,869 children (32,368 female and 36,501 male) were reached through psychosocial support and 11,374 children (5,733 male and 5,641 female) benefited from reintegration programmes. In addition, 235,851 children and adults were reached with mine risk education messages.

However, efforts to prevent and respond to sexual and gender-based violence continue to be affected by the political environment and the high sensitivity to the issue. UNICEF scaled up its advocacy and capacity building efforts to strengthen the referral pathways for victims of sexual and gender-based violence in Darfur.

Evidence generated from the assessment of civil society organisation humanitarian partnership, indicated that multi-sectorial and multistate partnerships proved to have many advantages in addition to cost savings. Key lessons learned included: in the planning stage, preparedness actions should be taken into consideration as a contingency for rapid response capacity at the locality level; coordinating follow-up on these partnerships remains a complex task where accountabilities need to be clarified; and where access to affected populations, especially children, is restricted, it was relevant and effective to strengthen the capacity of local government counterparts, the MoSW, community-based child protection networks and national NGOs as first front line responders.

Through monitoring and reporting mechanisms, 168 incidents of gross child violations affecting 165 boys and 117 girls were verified and support was sought. In partnership with UNAMID and the Resident Coordinators Office, UNICEF provided regular reporting to the Security Council Working Group on Children and Armed conflict and on Grave Violation under Security Council Resolution 1612.

Agreement on finalizing the National Action Plan to End Child Recruitment was reached with the Government of Sudan. Under the coordination of the NCCW and the Sudanese Armed Forces,

dialogue will continue with the United Nations in early 2015 to sign the Action Plan to End Child Recruitment.

Finalization of the Comprehensive Peace Agreement loose ends, final settlement in Darfur and peace talks were still the hot agenda item for the Government of Sudan and other parties involved. UNICEF and UNAMID joined efforts to ensure that all parties involved in the armed conflict and in the peace negotiation processes prohibited the recruitment of children.

In the context of the current challenges related to the protracted emergency in both Darfur and South Kordofan, UNICEF had to strengthen its presence in Darfur and continue political dialogue on protection of children with armed forces/groups. Limited financial and human resource capacity was the major bottleneck. UNICEF is intensifying its fundraising efforts and is working to modify its programme structure as part of the MTR to increase its presence in Darfur and other areas affected by armed conflict and displacement.

OUTPUT 1 By 2015, government and local community capacities to promote and sustain girls' and boys' rights to protection from violence, exploitation and abuse are strengthened in humanitarian and post-conflict settings

Analytical Statement of Progress:

Although progress continued towards at least five of the eight Core Commitments for Children benchmarks, increased risks to life and protection and physical insecurity suffered by conflict-affected populations, especially IDPs and South Sudanese children, continued to be alarming. Of particular concern was the increase in grave violations, including sexual and gender-based violence, endured by girls and boys.

As part of UNICEF technical support to the Ministry of Social Affairs to strengthen the national capacity to respond to family separation, family tracing and reintegration (FTR), more than 272 social workers and FTR networks were trained and the quality of FTR was enhanced. As a result, around 1,341 children (744 male and 597 female) out of 1,792 unaccompanied and separated children identified were successfully reunified with their families.

Substantial progress was achieved on the prevention and response to child recruitment, sexual and gender-based violence and mines/unexploded ordinances. More than 68,869 children (32,368 female and 36,501 male) were reached through psychosocial support and 11,374 children (5,733 male and 5,641 female) benefited from reintegration programmes. In addition, 235,851 children and adults were reached with mine risk education messages.

In addition, UNICEF effectively facilitated child protection sub-sectors both at national and state level and ensured that issues related to new displacement and South Sudanese children were reflected and endorsed in their work plans for 2014. With UNICEF advocacy and technical assistance, agreement on finalizing the National Action Plan to End Child Recruitment was reached with the Government of Sudan.

Lack of access to affected children and non-government controlled areas and limited availability of child protection staff at the local level continued to undermine child protection humanitarian efforts. UNICEF supported government and NGO partners to establish and enhance community-based child protection networks to contribute to child protection in the affected areas. Further, minimum standards for child protection in humanitarian settings and the Sudan handbook on community-based child protection networks were rolled-out in Darfur.

Efforts to prevent and respond to sexual and gender-based violence continue to be affected by the political environment and the high sensitivity of the issue. UNICEF will continue to scale up advocacy, capacity building and implementation of referral pathways for survivors of gender-based violence in Darfur and build the capacity of partners at the local level on child protection.

Document Centre

Evaluation

Title	Sequence Number	Type of Report
Report of a Simple Spatial Sampling Method (S3M) survey in Sudan.	2014/010	Survey
Development of the Standardized FCPU-Model	2014/009	Research
UNICEF Mid-term Review	2014/008	Review
Evaluation of UNICEF Sudan Country Office Field Delivery Structure	2014/007	Evaluation
"All Children in School by 2015	2014/006	Study
Child Friendly Community Initiative - Evaluation Report, Sudan	2014/004	Evaluation
Development of the Standardized FCPU-Model	2014/003	Study
Report of a Simple Spatial Sampling Method (S3M) survey in Sudan	2014/001	Research

Lessons Learned

Document Type/Category	Title
Innovation	eLearning Sudan