

Sudan

Executive Summary

Sudan remains a protracted emergency and development crisis, affecting at least 3.24 million children and is very challenging operating context. However, in 2015 there were reasons to celebrate. The 2014 multiple indicator cluster survey (MICS), officially launched in June 2015, revealed the decline in under-five mortality during the last five years from 83 per 1,000 live births to 68 per 1,000 live births; increased access to improved water source from 60.5 per cent to 68 per cent; improved sanitation facilities from 27.1 per cent to 32.9 per cent; increase in net attendance ratio from 71.8 per cent to 76.4 per cent and an increase in birth registration from 59.3 per cent to 67.3 per cent. Nonetheless, national figures do mask regional inequalities.

The top priorities and challenging issues for children in Sudan are child malnutrition (severe acute malnutrition-SAM) affecting 550,000 children, three million children aged 4-23 years out-of-school and preventable disease outbreaks. Through partnerships, UNICEF enabled 131,227 children to be treated for SAM, representing an increase of 12 per cent in comparison to 115,805 in 2014. In education, 464,228 out-of-school children (46 per cent of girls) were enrolled in school. In health, over nine million children aged of six months to 15 years received vaccination through a national campaign for which UNICEF mobilized 15 million of doses of vaccines and ensured social mobilization of communities. About three million pregnant women and under-five-children benefited from the distribution of treated bed nets in five Darfur states.

In supporting children's increased access to improved water and sanitation services, 1,414,061 people (against a target of 1,400,000) in emergency and underserved areas were provided with improved sustainable water services. Out of these, new water sources benefitted 353,347 underserved and emergency-affected people.

A total of 255,368 people gained access to improved sanitation facilities in emergency and underserved areas, out of which, 34,708 emergency-affected people gained access to new improved sanitation facilities. As a part of the water, sanitation and hygiene (WASH) in School programme, 84,680 school children gained access to improved drinking water sources and 46,462 school children (against an annual target of 60,000) gained access to improved sanitation facilities. In terms of hygiene, 1,828,683 people (against a target of 1,560,000) were reached with messages on improved hygiene.

UNICEF Sudan remained the main advocator and interlocutor for the protection of children including in humanitarian situations. A total of 163,155 children (74,419 girls) - victims of violence, exploitation, abuse and affected by armed conflict and displacement - benefited from psychosocial services in 18 states. With the establishment of the diversion system, 869 children in conflict with the law gained access to non- custodial family and community justice services.

UNICEF strengthened its evidence-based policy and advocacy in 2015. This resulted in increased commitment of the Government of Sudan in tackling malnutrition with the Government joining the Scaling Up Nutrition (SUN) movement as its 56th member and the Presidential endorsement of a Food Security and Nutrition Council to oversee the

implementation of the four-year Multi-Sector Strategy to Address Malnutrition (2014–2018). In addition, the Government endorsed a five year Nutrition Investment Case developed by UNICEF, the World Food Programme (WFP) and the Federal Ministry of Health. The Ministry of Health also endorsed the national Infant and Young Child Feeding Strategy in May 2015, which led to the roll out of coordinated programming to prevent malnutrition, complementing the scale-up of treatment services through Community Management of Acute Malnutrition (CMAM) across Sudan, supported by UNICEF and WFP. In support of the CMAM scale-up plan, the Government allocated resources and purchased ready-to-use therapeutic food, presenting an unprecedented window of opportunity to redouble efforts to prevent and treat undernutrition in Sudan.

With increased availability of data through MICS and the published out-of-school children study, amongst others, UNICEF was able to strongly influence the attention and engagement of national and external donor communities to increase investment in preserving child rights in Sudan. This included a donor briefing on the MICS findings, organized in September 2015.

In 2016, UNICEF Sudan will focus on the mainstreaming of the Sustainable Development Goals (SDG) for children, influencing the finalization of the Poverty Reduction Strategy Paper Poverty Reduction Strategy Paper (PRSP) 2017-2021, the development of costed sector strategic plans of health, education and WASH for 2017-2021. The achievement of 75 per cent of recruitment within the new revised Country Programme Management Plan (CPMP) 2015-2016 represents a major gain for the acceleration of the operationalization of the programmatic shifts which were adopted after the 2014 Mid Term Review and the strengthening of a culture of managing for results.

Humanitarian Assistance

During 2015, children in Sudan were affected by armed conflict, floods and disease outbreaks (including measles and viral haemorrhagic fever). Many were forced to flee their homes and are internally displaced or arrived in Sudan as refugees. A total of 1.9 million children are displaced across Darfur and a total of 138,914 South Sudanese children have sought refuge in Sudan since December 2013.

Sudan experienced a countrywide measles outbreak, with 3,750 cases and 71 deaths in all 18 states. UNICEF launched a three-round nationwide campaign to immunise children aged six months to 15 years: 4,371,988 children were expected by the end of 2015. Other health interventions enabled 1,880,000 conflict-affected people to access primary health care services, particularly through the provision of primary healthcare kits.

Nationwide, 93,311 boys and girls were protected and assisted through child friendly spaces, allowing many to experience a return to healthy routines and normalcy despite exposure to armed conflict. UNICEF assistance also enabled 2,005 (male - 1303, female - 702) separated and unaccompanied children to be reunified with their families or to receive long term alternative care arrangements. The UNICEF-led Child Protection sub-sector produced important contextualised child protection minimum standards for Sudan.

A total of 98,378 conflict-affected boys and girls (51 per cent girls) were able to continue studying and learning through safe learning spaces constructed and supported by UNICEF. 98,378 children had improved learning experiences, by receiving education-in-emergency supplies and recreational materials.

At least 131,227 children aged six to 59 months were prevented from probable death following timely SAM treatment. A total of 383,786 caregivers received infant and young child feeding (IYCF) counselling, helping to promote behaviour change, leading ultimately to the prevention and reduction of malnutrition and stunting. The UNICEF-led Nutrition Sector headed the development of a multi-sectoral strategy to tackle malnutrition in emergencies in Sudan to inform programming priorities for 2016.

In WASH, 353,347 conflict-affected people benefited from access to new improved drinking water sources, 255,368 conflict-affected people (56 per cent females) received access to safe means of excreta disposal, and 1,828,683 conflict-affected people were reached with hygiene messages and sensitisation activities. The UNICEF-led WASH Sector rolled out a three-year improvement agenda aimed at improving sector performance, response to emergencies in areas with difficult access through improved coordination, better response structure, and strengthening the capacity of partners.

UNICEF responded to flooding in South Darfur, North Darfur, North Kordofan, Kassala and Red Sea states. In Red Sea State alone, flooding affected 742 households (with 590 children aged under five). UNICEF was able to respond with speed, providing life-saving nutrition, health and water interventions.

In Darfur, UNICEF prepositioned critical supplies in eleven key locations to cover around 110,000 vulnerable people. This allowed UNICEF to provide life-saving support to affected populations, at times within as little as 72 hours. The UNICEF-led Education Sector carried out a needs assessment in 29 internally displaced person (IDP) camps in Darfur, covering 129 schools. Major gaps were identified in teacher training, WASH facilities, and school infrastructure. The findings of the assessment helped to improve planning, response, and strengthen advocacy around education in emergencies.

In White Nile State, 91,764 South Sudanese refugees (64,235 children) sought refuge in seven refugee sites, making White Nile the main receiving state of South Sudanese refugees. As a result of UNICEF interventions in White Nile, 14,633 school aged children returned to learning and are enrolled in 65 UNICEF-constructed classrooms. Access to safe water was improved with 695,000 litres of water reaching refugees per day, and 1,544 latrines were constructed for safer sanitation. Polio vaccination coverage reached 100 per cent in White Nile state; 95,988 children received middle upper-arm circumference (MUAC) screening, and 15 community-based Child Protection Networks were established in refugee sites and host communities. In August, UNICEF and the United Nations High Commissioner for Refugees (UNHCR) signed a Letter of Understanding, to improve accountability and coordination for the common work undertaken with refugees and host communities.

South/West Kordofan and Blue Nile States have high vulnerabilities emanating from conflict and natural hazards. In 2015, 18,315 (including approximately 11,000 children) people were displaced by conflict in Kordofan with 45,000 refugees (approximately 27,000 children) having also arrived from South Sudan since May. In Blue Nile, more than 116,000 people (approximately 69,600 children) are estimated to be displaced due to conflict and flooding. In the Kordofans and in Blue Nile, UNICEF responded to the humanitarian needs of children and their caregivers in an integrated way with child protection, education, health, nutrition, and WASH responses.

Mid-term Review of the Strategic Plan

During the first two years of implementation of the Strategic Plan 2014-2017, the realignment of the UNICEF Sudan country programme 2013-2016 to the new priorities, strategies and commitments of the strategic plan was completed. UNICEF Sudan managed to ensure that the cause of vulnerable children in Sudan affected by the protracted emergency crisis is maintained high on the global, regional and national agenda. UNICEF Sudan continued to raise key issues related to programming in a very challenging political and operational context, compounded by sanctions, the on-going conflicts in Darfur, Kordofan and Blue Nile states and the donor fatigue for the protracted humanitarian response.

Key lessons learned from Sudan include:

- 1) The push for the equity agenda and rights for children have been a catalytic for UNICEF's high level political advocacy to ensure that no children are left behind in accessing basic social services including those in conflict-affected areas.
- 2) The Monitoring of Results for Equity Systems (MORES) approach was mainstreamed into Sector Strategic Plans at federal and decentralized levels through the systematic application of evidence of accurate data and bottlenecks analysis. This has been helpful in operationalizing the new approaches of district health strengthening, the integrated management of childhood illness (IMCI), the scaling up of nutrition CMAM interventions, the development of state's WASH strategy, and the engagement of communities against practices of open defecation.
- 3) The Strategic Plan was a key driver for the strategic reflection and the completion in November 2014 of the Joint Mid-Term Review of the Country Programme 2013-2016. This resulted in the programmatic shift to refocus on equity, using sound evidence generated from Simple Spatial Surveying Method (S3M) and the bottlenecks analysis approach, targeting the most vulnerable children and the 72 most deprived localities. The streamlining of the results framework from 11 Programme Component Results/PCRs to three outcomes (defined around Supply, Demand and Enabling Environment) and from 45 Intermediate Results/IRs to 20 Outputs was very useful in promoting the new culture of results based management within the country programme and managing partnerships.
- 4) The Strategic Plan 2014-2017 served as a good framework for leveraging flexible multiyear thematic funds from bilateral donors such as Switzerland, focusing on the development agenda in addressing key issues of child protection and child rights.

Summary Notes and Acronyms

ALP - Alternative Learning Programme
BCP - Business Continuity Plan
C4D - Communication for Development
CATS - Community Approach to Total Led Sanitation
CBCPN - Community-based Child Protection Network
CBS - Central Bureau of Statistics
CERF - Central Emergency Relief Fund
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
DFID - UK Department for International Development
EMIS - Electronic Management Information System
EPI - Extended Programme on Immunization

EU - European Union
FAO - Food and Agriculture Organization
FGM/C - Female Genital Mutilation/Cutting
GAVI - Global Alliance for Vaccines and Immunisation
GTG - Gender Thematic Group
GPE - Global Partnership on Education
HAC - Humanitarian Action for Children
HACT - Harmonised Approach to Cash Transfers
HRBA - Human Rights Based Approach
ICT - Information Communication Technology
IDP - Internally Displaced Person
IMCI - Integrated Management of Childhood Illness
IMNCI - Integrated Management of Newborn and Childhood Illness
IYCF - Infant and Young Children Feeding
LEAD - Leadership, Empowerment, Advocacy and Development
LLIN - Long Lasting Impregnated Nets
LQAS - Lot Quality Assurance Sampling Survey
LTA – Long Term Agreement
M&E - Monitoring and Evaluation
MCH - Maternal and Child Health
MENARO - Middle East and North Africa Regional Office (of UNICEF)
MICS - Multiple Indicator Cluster Survey
MoE - Ministry of Education
MoH - Ministry of Health
MORSS - Minimum Operating Residential Security Standards
MOSS - Minimum Operating Security Standards
MRM - Monitoring and Reporting Mechanism
MTR - Mid-Term Review
MUAC - Middle Upper Arm Circumference
NCCW - National Council for Women and Children
NGO - Non-Governmental Organization
NYHQ - New York Headquarters
OCHA - Office for the Coordination of Humanitarian Affairs
ODFA - Office of U.S. Foreign Disaster Assistance
OIP - Office Improvement Plan
OR-R - Other Resources Regular
OR-E - Other Resources Emergency
PCA - Partnership Cooperation Agreement
PHC - Primary Health Care
PRSP - Poverty Reduction Strategy Paper
PSS - Psycho Social Support
RR - Regular Resources
RUTF - Ready to Use Therapeutic Food
RWP - Rolling Work Plan
SAM - Severe Acute Malnutrition
SDG - Sustainable Development Goal
SUN - Scaling Up Nutrition
SWA - Sanitation and Water for All
ToT - Training of Trainers
TSFP - Targeted Supplementary Feeding Programmes
UNAMID - African Union - United Nations Mission in Darfur

UNCT - United Nations Country Team
UNDAF - United Nations Development Assistance Framework
UNDSS - United Nations Department of Safety and Security
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
USAID/FFP - US Agency for International Development / Food For Peace
VAT - Value Added Tax
WASH - Water, Sanitation and Hygiene
WFP - World Food Programme
WHO - World Health Organization

Capacity Development

In 2015, a national communication initiative to promote essential family practices and create demand for services was launched and rolled out by the Government of Sudan, civil society and private sector partners. The two-year initiative will deliver an integrated package of high impact interventions reaching over 65 per cent of mothers and caregivers of under five children.

The nutrition CMAM scale-up plan and the endorsement of IYCF Guidelines assured capacity building for federal, state and facility service providers, benefiting 2,000 staff and 474 community-based IYCF counselling trainers. Training was cascaded in 16 states and resulted in opening additional 89 outpatient care sites in 133 localities.

The first batch of 233 trained community midwives from Darfur graduated in August 2015, with 200 more expected to graduate in 2017. Additionally, 120 nurses were enrolled in a three-year nursing course. The midwives graduates were dispersed to their localities, improving access to maternal and child health (MCH) services for 400,000 pregnant women.

In-service training of 30 cold-chain technicians, 802 community health workers and 420 IMCI community health promoters helped improve service delivery. School governance in 331 schools was strengthened with training of 2,013 Parent Teachers Association members and 475 mother groups' members who participated effectively in school enrolment campaigns. About 35,958 adolescents and youth participated in extracurricular activities in 100 child clubs.

UNICEF led a prevention communication strategy for Ebola, reaching nearly four million people through public communication, community engagement, house-to house visits and radio discussions. UNICEF trained 373 partners from partner organisations in WASH, while 5,180 community members were trained in water and sanitation services management and hygiene promotion. Psycho-social support (PSS) training packages was launched and will contribute to harmonising services.

UNICEF, WFP and the Central Bureau of Statistics (CBS_ launched the capacity gap analysis of 600 Government and non-government organization (NGO) partners.

Evidence Generation, Policy Dialogue and Advocacy

In partnership with the Central Bureau of Statistics, WFP, the United Nations Population Fund (UNFPA), World Health Organisation (WHO) and the United Kingdom's Department for International Development (DFID), the first nationwide household survey (MICS 2014) since the separation of South Sudan in 2011 was completed and widely disseminated. The availability and use of the MICS 2014 strengthened UNICEF's leadership role and credibility in evidence-based advocacy.

A Donors' Briefing Meeting on MICS 2014 Results was held in September 2015, involving four Ministries, donors, UN agencies and key NGOs. MICS 2014 is serving as the baseline reference data for the development of the PRSP, Strategic Response Plan, and the next United Nations Development Assistance Framework (UNDAF).

The official launch of the out-of-school study by the Minister of Education and UNICEF Sudan and in attendance of the EU Ambassador in October 2015 generated positive awareness and engagement of multilateral donors in funding the education sector. In addition, UNICEF contributed to the development of the costed education sector strategic plan 2017-2021 in close partnership with the World Bank and the EU.

UNICEF, Government and partners finalized the Nutrition Investment Case, which generated a high level political engagement from the Head of State and donors to reduce the high prevalence of stunting and wasting in Sudan for greater economic impact and child survival. Government has promised a financial contribution to the Investment Case.

In partnership with the National Council for Child Welfare (NCCW), a child-friendly budgeting study has started, aiming to the elaboration of a national strategy of child equity focussed budgeting. A child multiple deprivations analysis is underway using MICS 2014 data.

A nationwide gender review of WASH was finalized in 2015 which identified progress made, strengths and challenges in mainstreaming gender and achieving gender equality results in the Sudan WASH sector.

Baseline data for the Saleema Initiative were collected. This will generate lessons learnt for regional and global use and allow measuring changes in social norms, particularly in relation to female genital mutilation/cutting (FGM/C).

Partnerships

In this reporting period, UNICEF and the Government of Sudan signed 14 Rolling Work Plans 2015-2016 (RWPs) at both the national and state levels. Throughout 2015, UNICEF Sudan initiated new partnerships and maintained 75 active partnerships, including with an academic institution, 17 international NGOs and the private sector.

UNICEF Sudan started implementing the new Partnership Cooperation Agreements procedure in June 2015. To support a smooth transition and in compliance with the partnership principles, a series of orientation sessions and on-the-job training with UNICEF staff and partner organizations were successfully implemented. For greater impact, the training was complemented by Results-Based Management training for staff and partners. In addition, UNICEF continued to strengthen programmatic results and sustainability through enhanced community lead actions and ownership.

UNICEF is a Coordinating Agency for the Global Partnership for Education (GPE) in Sudan while the World Bank is the implementation agency. In terms of health, UNICEF has a long-standing partnership with the Global Alliance for Vaccines and Immunisation (GAVI) for national and state level to support procurement of vaccines and cold chain equipment, provision of technical support for immunization and social mobilization for all vaccination campaigns. The Global Fund to Fight AIDS, Tuberculosis and Malaria remained the global partner for HIV and malaria prevention.

UNICEF Sudan and WFP led advocacy efforts for Sudan to join the Scaling Up Nutrition movement. The Presidential endorsement of the Food Security and Nutrition Council in early 2015 resulted in Sudan joining the movement in November 2015. In terms of WASH, given Sudan's membership of the Sanitation and Water for All (SWA) global partnership, UNICEF and civil society organisations, advocated for fulfilment of Sudan's five SWA commitments on improved funding for sanitation, scaling up elimination of open defecation, improving overall sector and specifically sanitation coordination and sector monitoring and evaluation systems.

External Communication and Public Advocacy

The public advocacy within the UNICEF country programme agenda strategically expanded. Anchored within the organisation's equity agenda and the 'Fair Chance for Every Child' initiative, four key sectors were identified as priorities for 2015: malnutrition, health - with emphasis on immunisation, education - to address the high levels of out-of-school children in Sudan, and child protection (FGM/C and child marriage). Prioritisation was based on Sudan having one of the highest malnutrition rates in the region with two million children under the age of five being malnourished annually including 550,000 with severe acute malnutrition.

Within the context of an increasingly complex operating environment, advocacy efforts were anchored on the following core values: trusted authority for children's rights, voice for the most deprived girls and boys, knowledge-broker for information on children, convener with leverage on children's agenda. Strong statements were made on ending conflict and providing humanitarian access for children, the release of UNICEF supplies by Government of Sudan, and commitment to public sector investment. Bilateral meetings were held with key policy makers at the highest level, including the First Vice President, the Ministers of Finance and line ministries, to ensure that issues affecting the wellbeing, survival and protection of children are central to the national agenda. These efforts were complemented with a high profile visit from UNICEF's Deputy Executive Director. An advocacy package was also finalised.

Substantial media coverage was also ensured nationally and internationally, under an effective media monitoring system. Social media platforms were scaled up, with Facebook reaching over 10,000 people. However, products and content have mainly been in English, and a priority will be given to Arabic in the coming year. The website represented a challenge, and a dedicated staff member is now in place to ensure its efficient functioning.

South-South Cooperation and Triangular Cooperation

Following the endorsement of the National Infant and Young Child Feeding Strategy in May 2015, and in-line with the shift in office policy following the mid-term review during 2014, UNICEF is supporting the Ministry of Health and partners to roll out a network of community-based mothers' support groups. The groups are intended to provide high quality one-to-one counselling to parents and caretakers around child feeding issues, including solving breast-feeding problems and optimal feeding during diarrheal illness. This level of counselling is a new concept for Sudan and to ensure its success, UNICEF Sudan sought expert support from UNICEF Zimbabwe, where there is a well-established and proven national programme for community-based IYCF support. A technical specialist from UNICEF Zimbabwe visited for one month, and carried out master training for 46 UNICEF, Ministry of Health and partner NGO staff as well as the first state level training of trainers. By the end of September, 428 state level trainers of trainers (TOTs) had their skills improved in all 18 states. The TOT trainers are training the lead mothers who will establish community-based IYCF counselling groups. A total of 145 lead mothers have been trained in five localities in four states. The plan is to establish

660 IYCF counselling mother support groups in 22 localities in 11 states by the beginning of 2016.

UNICEF Sudan facilitated the participation of the Government of Sudan in a high level delegation to the African Girls' Summit in Zambia in November 2015, sharing experiences and innovation on addressing harmful traditional practices. The strong commitment by the Government led to the Launch of the National Strategy and Campaign on Child Marriage by the First Lady, and calling for countries within the African Union to pursue the same goal.

Identification and Promotion of Innovation

UNICEF Sudan is cognizant of the need for new solutions to the three million out-of-school children in Sudan. New sources of data, such as the MICS 2014 and the Global Initiative on Out-of-school Children, have enabled UNICEF Sudan to identify areas where innovative approaches to child learning can best succeed.

UNICEF in cooperation with the Ministry of Education, War Child Holland and Afhad University Babiker Badri Scientific Association for Women piloted an e-learning education programme to provide out-of-school children with access to education opportunities, especially in rural areas where no formal schools exist. Until now, the initiative focused on a numeracy trial, whereby community facilitators bring education directly to villages using an applied mathematics game on a tablet computer. The project has reached 589 children aged seven to nine from 19 rural, semi-nomadic or IDP communities across three states of Sudan (Gedaref, White Nile, and North Kordofan).

As part of the monitoring of the CMAM scale-up plan and IYCF program, an innovative tool called 'KoBo Toolbox' (adapted for humanitarian use by, amongst others, the United Nations Office for the Coordination of Humanitarian Assistance/OCHA), is being rolled out by the nutrition section to improve the collection, analysis and mapping information in seven states in Sudan. Child protection is also using KoBo to support the roll out of the National Psychosocial Support Training Package by conducting baseline surveys. The KoBo toolbox aims to replace paper and pencils with smartphones. It avoids lengthy data entries and data inconsistencies, and allows to capture figures, dates and GPS location. It can be used in remote locations, as it doesn't require any network for the data collection, while data are stored on a remote server when on line. Data can be expressed in charts, and broken down by states, localities or any question of the questionnaire, using an excel analyser downloaded from the website.

Support to Integration and cross-sectoral linkages

One of the key programmatic shifts following an intensive Mid-Term Review (MTR) process was to strengthen the inter-sectoral approach to programming. While the principle is entrenched as part of overall programme delivery strategy, UNICEF Sudan leads three joint multi sector programmes involving other UN agencies.

In 2015, UNICEF Sudan worked closely with local authorities and state ministries to operationalize the integrated multi-sector interventions in selected communities based on evidence. One experience was the Nutrition-Resilience project in the eastern part of Sudan which combines interventions of health, nutrition and WASH, led by community prioritization and action plans. A second joint programme covers all five Darfur states and is delivering integrated WASH and health services; and a third joint programme focuses on addressing integrated protection and health services, promoting the abandonment of FGM/C in 18 states of Sudan.

Also, in the conflict area of south Kordofan, multi-sector interventions covering health, nutrition, WASH, education and child protection plus communication for development (C4D) and monitoring and evaluation (M&E) have started in 19 communities in three localities. The mapping of gaps in basic services at community level using evidence from S3M data in the East and routine administrative data in conflict areas have served as evidence for a transparent selection of those communities involving local leaders.

UNICEF has established household monitoring for those multi-sector interventions at community levels, building on existing community monitoring systems for regular tracking of the core indicators of supply, demand and enabling environment defined jointly by State Government partners, local authorities and communities. The second S3M survey will be completed in 2016 in order to measure the progress in reduction of child illness, child malnutrition, and open defecation, out-of-school children, and issues related to protection of children.

Service Delivery

Some examples of service delivery activities supported by UNICEF Sudan are shared below.

Nutrition interventions were delivered by both national and international implementing partners as well as the Ministry of Health. They were monitored closely at field level through technical UNICEF staff as well as dedicated monitoring staff with the task of improving quality of service delivery.

Working with community midwives and over 1,000 community health workers, UNICEF supported the provision of integrated low cost, high impact maternal, newborn and child health services at community level. UNICEF provided essential drugs, including IMCI kits, primary health care (PHC) kits, obstetric kits, long-lasting impregnated nets (LLIN) and equipment for effective service delivery, and conducted joint monitoring of the implementation through health officers in the field offices and with partners.

During 2015, UNICEF supported the delivery of water, sanitation and hygiene services enabling 353,347 people in underserved rural communities and in IDP and refugee camps, of which 84,680 school children gained access to new and rehabilitated improved drinking sources. A total of 1,060,714 emergency-affected people had their existing improved drinking water sources sustained through maintenance and chlorination.

Similarly, for sanitation, 255,368 people and 46,462 school children in under-served and emergency areas gained access to improved sanitation facilities. Of these, 31,008 people in emergency areas had their improved sanitation facilities sustained through rehabilitation, replacement and maintenance actions, and 1,828,683 people were reached with messages on improved hygiene. UNICEF ensured that close monitoring of service delivery was undertaken to ensure timely and quality provision of WASH facilities and supplies and improved hygiene messaging. With support from the European Union (EU) funding, 594 new classrooms, 69 offices, 35 units of gender-sensitive latrines were constructed /renovated to benefit 22,969 children (44 per cent female).

Human Rights-Based Approach to Cooperation

In the light of the 2011 Concluding Observations of the UN Committee on the Rights of the Child, UNICEF ensured that the draft of Sudan's sixth and seventh Convention on the Rights of the Child (CRC) Periodic Report reflected actions taken to address these Observations and the

views of the rights holders, including children. UNICEF prepared a written statement to the Human Rights Council Interactive Dialogue with the Independent Expert on the human rights situation in Sudan, highlighting priorities and recommendations to the Government of Sudan in relation to children rights. Furthermore, UNICEF played a key role in implementing the UN Security Council Resolution 1612 on grave violations against children and related resolutions. To foster the enforcement of the Child Act 2010, UNICEF supported the Government to approve six simplified regulations that build accountability on the delivery of provisions contained in the Child Act, strengthening the capacity of over 550 justice and social welfare professionals. With UNICEF's constant advocacy on prohibition of child death penalty, the Government enforced the Constitutional Court Decision on applying on children cases, the Child Act (2010) which prohibits child death penalty instead of Criminal Act 1991.

UNICEF Sudan has integrated the 2012 Global Evaluation of UNICEF's application of the HRBAP's recommendations to address rights of most excluded and disadvantaged children, and sought every opportunity for integrated service provisions. More than 464,228 (46 per cent girls) out-of-school children including displaced, refugees, nomadic children, rural girls, and children with disabilities were included in the schools or accelerated learning programmes. Increased targeted services to 131,227 severely malnourished and 57 per cent of pregnant women with HIV were referred for antiretroviral therapy.

UNICEF Sudan, through the sections and zone offices continue to collect and analyse disaggregated data to examine how UNICEF addresses equity and relevant barriers in ensuring right holders are empowered to demand for services. To this end, UNICEF invested in capacity building of almost 35,420 duty bearers and rights holders in different sectors, 342 community-based child protection networks to ensure those services were timely delivered with improved quality. A total of 35,958 adolescents and youth improved their social and life skills.

Gender Mainstreaming and Equality

During the year 2015 UNICEF Sudan created gender friendly work spaces with appropriate facilities and assigned a focal person for protection from sexual abuse and sexual exploitation.

UNICEF Sudan technically and financially supported the development of the national strategy on ending child marriage and continues to support the campaign to abolish child marriage. UNICEF Sudan was part of the UN's Gender Thematic Group (GTG) Training Workshop to strengthen the overall United Nations Country Team (UNCT) performance on gender equality by mainstreaming gender into key policies, programmes and action plans and to enhance UN coordination by undertaking joint UN programmes on gender equality and/or women's empowerment. UNICEF Sudan committed to the 16 days of activism on violence against women in collaboration with the UN GTG, the Violence against Women and Children Unit, and civil society organisations (CSOs), under the theme of child marriage abandonment.

The national review of gender equality mainstreaming in WASH programming, undertaken in 2014 was finalized, providing a framework and action plan for gender equality mainstreaming in WASH sector programmes. The report is being disseminated widely.

UNICEF Sudan provided technical and financial support to the Ministry of Education (MoE) to implement enrolment campaigns, resulting in 205,265 previously out-of-school girls (21.2 per cent emergency-affected girl children) getting enrolled into the basic schools and Alternative Learning Programme (ALP) centres. The community involvement made a difference in the number of girls in school and the quality of education for girls and boys alike. UNICEF also

supported 8,260 most vulnerable girls with social assistance in the form of a school uniform, and all the children enrolled (205,265 girls) received adequate education supplies in order to offset the direct cost of schooling. UNICEF supported the Girls Education Department in the MoE to conduct a mapping exercise to review the gaps in implementing the action plan of the girls' education sub-sector strategy 2014-2016.

Environmental Sustainability

UNICEF Sudan conducted an analysis of the El Nino effect and response plans were developed in the nutrition and WASH sectors. UNICEF participated in the regional Horn of Africa initiative to monitor the food security and nutrition situation of countries affected by drought and flood. A preparedness plan was developed for the projected deterioration in the nutrition, health, WASH and food security situation in 2016, brought on by the effects of El Nino in Sudan.

UNICEF continued its following up actions on the groundwater level monitoring and analysis in the different Darfur states in cooperation with the Government (Groundwater and Wadies Directorate). Data from groundwater monitoring automatic loggers by UNICEF are being extracted and technical reports on the lowering of the water levels of some locations were identified. Based on that, further distribution of the information and awareness-raising sessions for the community and authorities were conducted.

Furthermore, the use of environmentally-friendly technology such as solar power instead of diesel-run generators (which are costly and environmentally unfriendly) for operating health and WASH facilities continued to be implemented throughout Sudan. In this respect, UNICEF is using solar driven refrigerators for the EPI programme support, and solar powered submersible pumps to deliver water to rural communities and IDP and refugee camps in Darfur, Kordofan and Blue Nile states were provided. Implementing the environmentally friendly and sustainable Community Approaches to Total Sanitation (CATS) enabled an additional 30 communities to become open defecation free while 255,368 people (in underserved, IDP and refugee settlements) and to have access to the use of an improved sanitation latrine for hygienic disposal of adult and children's faeces. A partnership with Plan International will train 210 CATS facilitators to take the initiative to scale in priority states and localities.

Effective Leadership

A senior staff retreat was organized in January 2015 to review the successes and challenges from 2014, management accountabilities, funding situation, decentralization to field offices, the status of the Mid-Term Review (MTR) follow-up, and the preparation for the CPMP. The recommendations of this meeting were followed throughout the year by the Country Management Team (CMT) to ensure effective implementation.

The set of indicators monitored by the CMT, sections and field office levels were revised for increased efficiency and effectiveness within the developed framework of accountability.

The standing CMT agenda included the review of management indicators, work processes, management accountabilities, UN coherence, the performance of governance committees, Harmonised Approach to Cash Transfers (HACT) implementation, status of implementation of audit recommendations, monitoring of the action points tracking system and calendar of events. The CMT introduced agenda items for presentations, on rotational basis, for section and field offices, to report to the CMT on their management indicators, identifying areas of successes / challenges faced by the sections and field offices. The governance of the CMT enhanced the management ability to make risk-informed decisions.

All audit recommendations were closed within the specified time frame. The risks identified by the Enterprise Risk Management exercise were updated, and mitigation measures were assessed and incorporated into the office's CPMP submission for the UNICEF regional Programme and Budget Review. The office has been successfully implementing HACT since 2014, with improved quality of spot checks and programme visit reports. This has been mainly due to the recruitment of a hiring of the dedicated international professional staff member, a capacity shared with the UNICEF Egypt office, with support from the UNICEF Middle East and North Africa Regional Office (MENARO). The Business Continuity Plan (BCP) was updated during the year, and planning assumptions were tested in the various offices with security level four. Daily emergency meetings helped to provide updates on emergency situations needs and the humanitarian actions which required effective and timely response.

Financial Resources Management

Contribution management and funds allocation and utilization, including the allocations to field offices, were main items on the CMT agenda, as well as the weekly programme meeting. These helped to ensure correct and timely utilization of grants and quality timely reporting to the donors. No funds were lost in expiring grants. The grant utilization at the end of December was 100 per cent for Regular Resources (RR), 96 per cent for Other Resources-Regular (ORR) and 96 per cent for Other Resources-Emergency (ORE).

UNICEF Sudan maintained optimum cash balances and month-end balance were kept within the established benchmarks. However, the accuracy of cash forecasting continued to be an area for improvement, and was therefore included in the set of management indicators reviewed by the monthly CMT meeting. Bank reconciliations were uploaded timely within UNICEF New York Headquarters (NYHQ) set deadlines and open items were monitored and cleared timely.

A bank optimization exercise was carried out, and as a result the number of bank accounts were reduced from eight to two (Sudanese Pounds and US Dollars) managed by main office in Khartoum. Financial transactions were centralized at Khartoum level in preparation for the roll out of the UNICEF Global Shared Services Centre (GSSC). The main duties of the some staff in the field offices were revised to include their responsibility in conducting HACT assurance activities, financial spot checks, thus providing high level support to the programme implementation. By the end of October, 68 per cent of spot checks planned during the year had been implemented.

The office maintained no DCTs outstanding over nine months at the end of each quarter of 2015. Thirty-one work processes were reviewed during the year.

The monthly closure activities were carried out regularly to ensure old items are cleared in a timely basis. The Table of Authority was regularly reviewed to ensure proper segregation of duties.

Fund-raising and Donor Relations

Funding for Sudan remains very limited due to sanctions, donor fatigue and competing emergencies in the Middle East. This situation is likely to persist in 2016.

In 2015 UNICEF Sudan appealed for US\$116.9 million for emergency programming; the appeal was 41.75 per cent (US\$ 48.8 million) funded. While this was an increase in funding from 2014, was accompanied by an increase in needs.

Notably, donors such as the United Nations' Central Emergency Relief Fund (CERF) and Common Humanitarian Fund (CHF) have been critical to UNICEF's ability to respond to the competing emergencies within Sudan including the recent measles outbreak, South Sudanese refugee crisis, and East Darfur amongst others. The Government of the United States of America remained a key supporter to UNICEF Sudan through the Office of Foreign Disaster Assistance/OFDA, Food for Peace/FFP (in-kind ready-to-use therapeutic food/RUTF) as well as support to the South Sudanese refugees through the Bureau of Population, Refugees and Migration/PRM. The Government of Japan, a long term partner of UNICEF, continued to play a critical role in the humanitarian response for children in the Darfur states.

To bridge the divide between emergency, recovery and development, multi-year funding essentials, notably from DFID, Qatar, Norway and Sweden.

For the implementation of the rolling work plan, UNICEF mobilized an overall US\$ 30.1 million (49 per cent of ORR).

A total of 101 reports were submitted to donors on time. The office increased its focus on results-based management and its capacity to strengthen the quality of reports, through the adoption of an improved workflow process.

Evaluation

UNICEF completed one independent evaluation of the Youth Leadership, Empowerment, Advocacy and Development (LEAD) end-project, funded by Canada for US\$11 million in 2011-2015. The report is being finalized. Evidence-based findings generated by the evaluation revealed that the Youth LEAD Project created a unique opportunity for young people of two states who gained skills and capacities that increased their chance of employability and stimulated a positive force for their contribution to the resilience of their families and development of their communities. The availability of a relevant comprehensive set of interventions as key priorities for youth and enhanced institutional services have been well appreciated by young people and their communities.

However, the evaluation recognized the gap of the unmet expectations of effective employment of young people in productive businesses, due to the absence of large public-private partnerships. UNICEF noted the recommendation to ensure quality design for the project including a clear Theory of Change and to develop a national comprehensive framework and leveraging partnerships to ensure adequate links of demand and supply for youth employment, which represents a key challenge for young people in the Middle East.

UNICEF engaged Government of Sudan, donors and civil society as part of a global initiative to conduct an evaluation of the humanitarian response of the protracted emergency crisis in Sudan, for the purpose of learning and increased accountability of results.

UNICEF established partnerships with WFP and CBS to conduct a capacity gaps analysis of 600 implementing partners (Government and NGOs) across all 18 states. This will provide a foundation for strengthening capacities on results-based management (RBM), M&E and effective programme delivery in 2016. In addition, UNICEF Sudan established an independent third party monitoring system to assess effectiveness of service delivery to children especially in hard to reach areas. The lessons learned have already been useful in strengthening managing for results.

Efficiency Gains and Cost Savings

The UNICEF Sudan operations budget was carefully scrutinized during the year to ensure value for money and increased efficiency and effectiveness, and was able to achieve cost savings. A move to new office premises will yield an annual savings of US\$264,000, in addition to an estimated savings of US\$90,000 in cost of meetings and conferences which are now held in the office. The old vehicles disposed of by the Property Survey Board have been sold, and a request submitted to NYHQ for UNICEF Sudan to retain the proceeds (US\$250,000 from the sale of 14 vehicles) for capital investments.

A partnership was entered into with the private sector manufacturer of plumpy nut for the provision of storage space in five locations (Khartoum, Nyala, El-Geneina, Kadugli and El-Fasher) for US\$1,000 per month for all locations.

UNICEF continued to share premises with WFP and other UN agencies in East Darfur (Ed-Daein) and in the White Nile (Kosti), and plans to do the same in Red Sea state (Port Sudan) in 2016.

A Long Term Arrangement (LTA) for the provision of driver's services was maintained to meet the temporary needs for additional driver's services, and proved to be a cost effective and efficient modality for deploying drivers at a very competitive cost to UNICEF.

UNICEF Sudan's LTAs with audit firms for conducting HACT micro assessments and scheduled audits were maintained at a very competitive rate (US\$600 for micro-assessment and US\$650 per audit).

The Guest House in Nyala was closed, and adequate accommodation was provided to the staff within the new office building. The revenue from Guest House income was used to subsidize the office rent. The guesthouse in El-Fasher was also closed and staff moved to the United Nations–African Union Mission in Darfur (UNAMID) super camp.

Supply Management

From the US\$41.6 million supply plan, requisitions totalling US\$23 million (50 per cent programme budget and 55 per cent of the supply plan) were raised. Procurement Services and in-kind assistance (USAID/FFP) contributed US\$64 million and US\$1.8 million supplies respectively. US\$6.6 million in supplies were delivered to partners/beneficiaries, and US\$3.2 million in warehouses.

While offshore procurement offers quality essential supplies, new regulations restricting the importation of locally available supplies created delays in exemption for clearing supplies worth US\$2million for up to six months at Port Sudan. This accumulated US\$321,000 demurrage and delayed implementation. Locally procured supplies (except RUTF) with long delivery, which are expensive due to duties and value-added tax (VAT), are being imported.

Despite no market survey, 101 LTAs were signed with suppliers and service providers, and pre-qualified suppliers are being developed to consider packing local equivalents of standard warehouse kits. Orders from US\$ 20,000 are subject to third-party pre-delivery inspection. Locally procured RUTF undergoes batch quality inspection regardless of value. VAT claims of US\$ 4.5 million are outstanding with Government, despite follow-up.

Construction activities worth US\$7.7 million were undertaken, with quality assurance by a consultant construction company on LTA and construction engineer for managing construction.

In-country distribution of US\$5 million supplies originated from Port Sudan, Khartoum and field warehouses in Nyala, El-Fasher, El-Geneina and Kadugli. The Government provided additional warehouse capacity for WASH.

Security for Staff and Premises

UNICEF Sudan reviewed the Minimum Operating Security Standards (MOSS) requirements across the field offices, and is in the process of finalizing the additional measures.

In Darfur, upgrading of staff guest houses started; meanwhile, all international staff were moved into the UNAMID super camps to enable them to reside in safe accommodation. Once the upgrades are finalized, UNICEF guest houses will be MOSS compliant and staff will be able to return there.

After receiving reports from the United Nations Department of Safety and Security (UNDSS) on increased surveillance activities by some extremist groups, new Minimum Operating Residential Security Standards (MORSS) assessments were conducted for all staff residences, and measures were taken to ensure compliance.

To enable programme delivery, UNICEF, in coordination with UNDSS is revising specific Security Risk Assessments for hard-to-reach areas in Darfur and South Kordofan. Along with other UN agencies, UNICEF is part of the inter-agency effort to reach those locations. The country MOSS and MORSS for Sudan (excluding Darfur and Abyei) is being discussed and finalized before it is presented to the UN Security Management Team for approval.

Human Resources

The large number of human resource changes contained in the new CPMP following the Mid-Term Review in 2014 were a major focus, with 84 new and upgraded positions to fill. Professional and soft skills training was provided to staff whose posts were affected, to retool them for new jobs. The process will be concluded by an important orientation session in early 2016.

The 2014 initiative of bringing and keeping qualified young people on board continued, with some success: 23 young UN Volunteers (UNV) are under recruitment and 11 interns and volunteers were accepted this year.

Regular Performance Appraisal System discussions were closely monitored by the CMT. Completion rates were 42 per cent in March and 97 per cent in June for phase I, and 34 per cent in August and 96 per cent in October for phase II.

The 2014 Global Staff Survey results showed that UNICEF Sudan was strong in many areas such as staff security, shared goals and job satisfaction/motivation, but it also revealed there was room for improvement in personal empowerment, career/professional development, and work-life balance. An Office Improvement Plan (OIP) was developed in consultation with all staff. The OIP was monitored regularly by the Joint Consultative Committee. A document called "10 staff accountabilities" was developed to strengthen the staff accountability and empowerment within UNICEF Sudan, and is part of the orientation package for newcomers.

A total of 182 staff members received training during the year, with the 52 using online courses benefitting from the five per cent learning time. Out of the three planned group learning activities, two were conducted to assist the staff on abolished posts (soft skills and competency-based interviewing).

The organisation's training on Ethics training was also completed by 65 per cent of all staff. From December 2015 until January 2016, a 360 degree feedback exercise will involve all UNICEF Sudan managers, to enhance their leadership skills for better human resources management.

Effective Use of Information and Communication Technology

In 2015, in collaboration with the MENARO and NYHQ, Operations Support Centre, Organizer, and Helpdesk applications were developed on a SharePoint Online platform to support the country programme implementation. In addition, Equitrack (eTools) for monitoring programme activities and a RapidPro concept note for the nutrition supply chain, sanitation and EPI monitoring were finalized and technically supported. As a one-stop source of information and resources to support programme implementation and activities, Country Teams Sites migrated to one platform with a consolidated document library and teams' collaboration tools such as discussion board, latest news and events, and communities of practice.

In a continuous effort to reduce cost, the office continued on a daily basis to effectively use Skype for Business and other video conferencing facilities internally and externally to respond timely to ongoing emergency situations and complex operations issues. UNICEF Sudan maintained a well-managed presence in Facebook to advocate for children rights and issues.

Reduction of the information and communication technology (ICT) footprint to streamline operational services is an ongoing process. In line with the migration to Office 365 and other UNICEF global initiatives relating to cloud services, the Riverbed appliance at the country office was disconnected. The ICT staffing structure was restructured to better serve innovation and technology for programming. A helpdesk function will be established at the main office to serve as a single point of contact for offices across country.

The relocation of ICT systems and services with the move of Khartoum office was completed successfully without incurring additional costs.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 At least 3.8 million of the most vulnerable children (girls and boys) including children affected by humanitarian crisis have access and use scaled-up proven sustainable, high impact, integrated quality services for life saving, learning, development and protection in the most deprived localities in Sudan.

Analytical Statement of Progress:

The Sudan MICS 2014 findings, officially released in 2015, revealed a considerable decline in under-five mortality from 83 per 1000 live births in 2010 to 68 per 1000 live births in 2014. Child and infant mortality declined from 24 to 17 and from 60 to 52 per 1000 live births respectively, during the same period. There was an increase in Antenatal Care (at least four visits) from 46.9 to 50.7 per cent; skilled attendant at birth delivery increased from 74 per cent in 2010 to 77.7 per cent in 2014. Access to improved water source increased from 60.5 per cent in 2010 to 68

per cent in 2014. The net attendance ratio also went up from 71.8 per cent in 2010 to 76.4 per cent in 2014 with gender parity index going up from 0.94 in 2010 to 0.98 in 2014. Access of children to birth registration increased from 59 per cent in 2010 to 67.3 per cent in 2014.

However, the prevalence of global acute malnutrition remained above international emergency thresholds across Sudan at 16.3 per cent, and the prevalence of stunting increased from 32.5 per cent in 2010 to 38 per cent in 2014, with over half a million children requiring treatment from severe acute malnutrition (SAM) every year. Up to three million children aged 6-13 years were out-of-school, and although there was improvement in child vaccination with a 5.5 per cent increase in the proportion of children vaccinated with DPT3, the proportion of children who were fully immunized declined from 49 per cent in 2010 to 42.8 per cent in 2014. Measles vaccination coverage declined from 63.2 per cent in 2010 to 60.9 per cent in 2014 which partly explains the measles outbreak that occurred in 2015 despite the nationwide catch-up measles campaign that was undertaken in August 2014.

2015 was the first year of full implementation of the MTR programmatic shifts, with a refocus on vulnerable children in 72 targeted localities and a greater emphasis on decentralization. The shift defined the need for investment at household level through multi-sectoral integrated high impact interventions. A strategic partnership with the Government, international and national NGOs helped ensure delivery of equitable high quality services in health, nutrition, WASH, education, and protection for vulnerable populations in spite of the limited budgetary provisions.

In addressing these top priorities issues affecting vulnerable children, 131,227 severe acute malnourished children were treated in 2015 in comparison to 115,805 in 2014 (an increase of 12 per cent). In partnership with WFP, UNICEF assistance to the Federal Ministry of Health resulted to the scaling up of CMAM, with an increase from 28 per cent in 2014 to 35 per cent of the coverage of health facilities having integrated SAM treatment services: an additional 98 centres have been opened during the year. Responding to the measles outbreak, over nine million children aged of six months to 15 years received vaccination against measles. Furthermore, about three million pregnant women and under-five children benefited from the distribution of LLINs in five Darfur states. The proportion of women who were delivered by skilled birth attendants improved from 72.4 per cent in 2014 to 86 per cent in 2015. The proportion of health facilities providing IMCI services increased from 50 per cent in 2014 to 55.7 per cent in 2015.

UNICEF, in partnership with the Federal and State Ministries of Education and NGOs enabled 464,228 children (46 per cent girls, and 42 per cent adolescents) previously out-of-school and children affected by emergencies to enrol in basic education. The total number of out-of-school children was this reduced by 65 per cent in UNICEF targeted states in 2015. UNICEF's assistance focused on the main strategic interventions related to the availability of child friendly classrooms with gender-sensitive sanitation facilities, enrolment campaigns, and provision of essential education supplies including social packages to most vulnerable children. UNICEF assisted the Ministry of Health in collaboration with Ministry of Education to enable 84,680 schoolchildren (50.7 per cent girls) in 99 basic schools to gain access to improved drinking water sources. In addition, 1,414,061 vulnerable people in the most deprived localities and those affected by humanitarian crises were able to use improved drinking water sources, through new and rehabilitated sources as well as chlorination services.

UNICEF's financial and technical assistance enabled 239,174 child victims of violence, exploitation or abuse, and children affected by armed conflict and displacement to benefit from focused remedial, preventive and responsive child protection services in 34 localities. Moreover,

as a result of the continued advocacy and technical assistance of UNICEF, the Government of Sudan allocated more funds to the Social Welfare Sector through Zakat fund to support children victims of violence (less than 2 per cent of the national budget).

Despite the progress made, inequities in services coverage by geographic, rural- urban, gender and wealth quintile and barriers of access to essential commodities remain a concern. This is exacerbated by the restriction of access to conflict areas and high level of poverty. UNICEF and partners are working to find innovative strategies to mitigate these constraints; such as training over 800 community health workers and village midwives to deliver services at community level targeting conflict-affected areas like the Darfur region.

OUTPUT 1 CMAM services are strengthened to annually reach at least 250,000 severely malnourished children in the most high-prevalence and high burden localities (including nationwide interventions).

Analytical Statement of Progress:

Prevalence of acute malnutrition remains above international emergency thresholds across Sudan and the highest in the Middle East and North Africa region at 16.3 per cent global acute malnutrition according to 2014 MICS. Over half a million children require SAM treatment every year.

Progress against targets was steady. Some 35 per cent of health facilities have integrated SAM treatment services, increased from 28 per cent at end of 2014. This involved an additional 98 centres being opened during the year (96 out-patient and two in-patient). The CMAM scale-up started in early 2015 with master training, followed by state and then locality level service provider training. Following training, 1,962 health staff (1,552 at service provider level) have the skills to deliver the services.

About 131,227 children were treated for SAM (87.5 per cent cured, 1 per cent died, and 9.8 per cent defaulted). This was below the 2015 annual target of 200,000; however, it is substantially above the 2014 figure of 115,895. Reasons for not fully achieving the target included poor community mobilization, and a focus on building capacity before opening of any new centres. To address the poor community mobilization, intensified active case-finding is being supported by UNICEF and carried out by Ministry of Health and partners in 12 states in the last two months of the hunger gap (August and September). At least 523,000 children were screened using MUAC, and around 40,000 children referred for treatment of SAM (and 107,843 for MAM), contributing to doubling the number of children treated between the end of July and October.

As per the scale-up plan, the UNICEF contribution was to ensure scale-up functioning treatment services in the 72 most vulnerable localities and in IDP camps. The Ministry of Health contribution to the scale-up is provision of personnel, to ensure nutrition services are integrated as part of the primary healthcare facility, and to support the scale-up where UNICEF support will not reach. WFP ensure treatment services for moderate acute malnutrition are integrated in their areas of operation. By end October, of the existing 433 targeted supplementary feeding programmes (TSFP) supported by WFP, 277 also had out-patient services for severe acute malnutrition. This leaves 156 TSFP's with no out-patient services, an improvement from 182 at the beginning of 2015. UNICEF continued to maintain the supply pipeline for treatment of SAM in 15 of 18 states, with Ministry of Health providing for the remaining three states.

OUTPUT 2 By the end of 2016, at least 80 per cent of under five years children and 50 per cent of new-borns in targeted localities are benefiting from integrated management of childhood

illnesses, essential new borne care, postnatal care and immunization services at health facility and community level (including nationwide interventions).

Analytical Statement of Progress:

Sudan made good progress in sustaining the polio free status. The country received WHO certification for polio free status in April 2015. Inactivated polio vaccine/IPV was introduced into the routine immunization system in June 2015, and the country is preparing for the global switch from trivalent oral polio vaccine/tOPV to bivalent oral polio vaccine (bOPV) in April 2016. Because of the risk of polio importation from neighbouring countries like South Sudan and Ethiopia, the country will continue to conduct two sub polio campaigns in 2016 in high risk locations to prevent importation of wild polio virus.

Another measles outbreak in 2015 affected 3,750 children, with 71 deaths. Measles outbreaks are attributed to persistent low coverage of routine measles vaccinations. UNICEF procured over 15 million doses of vaccines for a phased nationwide campaign targeting 16,200,000 children (nine months to 15 years). By end October 2015, over nine million (56 per cent) children had been vaccinated against measles. The remaining children will be vaccinated in the last phase of the campaign in 2016. UNICEF, in collaboration with partners, facilitated high level advocacy for increased Government allocation for procurement of traditional vaccines.

The proportion of health facilities providing Integrated Management of Neonatal and Childhood Illnesses (IMNCI) services increased from 50 per cent to 55.7 per cent and integrated community case management of childhood illness was scaled up in four states; Kassala (5 per cent in 2014 to 39 per cent in 2015), White Nile, South Darfur and South Kordofan.

The investment in scaling up IMNCI services at health facility and community level is yielding positive results. According to MICS 2014, there was a marked improvement in the proportion of children receiving appropriate treatment for diarrhoea which increased from 15 per cent in 2010 to 59.3 per cent in 2014.

In collaboration with the Global Fund and state Ministries of Health, 1.5 million LLINs were distributed in four states, targeting pregnant women and under-five children.

The proportion of women who were delivered by skilled birth attendants improved from 72.4 per cent in 2014 to 84 per cent in 2015, due the increased number of village/community midwives and improved support supervision. In addition, the proportion of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child transmission also increased from 50 per cent in 2014 to 57 per cent in 2015, as a result of intense on job training of 1,046 health workers. UNICEF support the distribution of 4,370 food baskets to provide nutritional support for HIV infected or affected children.

OUTPUT 3 Annually, at least 1.4 million most vulnerable people in emergency-affected and underserved areas have equitable, sustainable and gender-sensitive access to new and rehabilitated improved drinking water sources.

Analytical Statement of Progress:

Although access to improved drinking water sources increased from 60.5 per cent in 2010 to 68 per cent (MICS, 2014), 32 per cent of the Sudan population (an estimated 12 million, half of them children) are still using unimproved drinking water sources.

In 2015, 1,414,061 most vulnerable people (101 per cent of 2015 target of 1.4 million people; 52

per cent females), in 54 priority localities and major IDP and refugee settlements within 11 states gained sustainable, equitable and gender-sensitive access to improved water sources. This was accomplished through a partnership with Government (Drinking Water and Sanitation Unit and State Water Corporations) and international and national NGO partners.

Within these achievement, 290,096 and 63,251 people gained access to new and rehabilitated water sources respectively; while 1,060,714 in conflict and disease epidemics zones were supported to sustain operation and maintenance and chlorination services for their existing water sources. Innovative technology options such as solar water pumping were provided to reduce community operation and maintenance costs, thus enabling system sustainability. Compact surface water rapid treatment plants were provided where groundwater was not feasible, such as in Jabellain and Al Salam localities in White Nile state.

The improved water supply interventions in the emergency areas directly contributed to the survival and protection of the new and existing caseload of IDPs and South Sudanese refugees and their hosting communities in the priority localities of Darfur, South and West Kordofan, Blue Nile and White Nile states. This was achieved through progressively increasing the number of litres of improved water per capita per day, a reduction of the distance from the water source and shortening of the queuing time, in accordance with the SPHERE standards.

To support sustenance of improved drinking water services, 49 communities (out of target of 100 for 2015) were enabled to attain Community Management of Operation and Maintenance for their WASH services. Consequently, in priority localities and IDP camps in Central and West Darfur states, the population of IDPs dependent on water supplies run on externally subsidized operation and maintenance systems was reduced from 207,000 in 2014 to 107,000 in 2015 (50 per cent reduction).

UNICEF assistance also enabled 84,680 school children (50.7 per cent girls) in 99 basic schools (141 per cent of 2015 target of 60,000 school children); and staff and visitors at 42 health and nutrition centres gained access to improved drinking water sources.

OUTPUT 4 At least 50 per cent of out-of-school vulnerable girls and boys in selected localities have access to formal and non-formal inclusive and equitable education opportunities

Analytical Statement of Progress:

According to the results of the 2014 MICS, between 2010 and 2014, the number of out-of-school children decreased from 28.2 per cent to 23.6 per cent. Furthermore, more girls are now in school with the gender parity index in basic education rising from 0.94 to 0.98.

In 2015, 464,228 out-of-school children (46 per cent girls and 21.2 per cent emergency-affected children) gained access to education opportunities in basic schools and ALP centres. This exceeded the annual target of 436,561 children. As a result, the overall number of out-of-school children decreased from 1,286,245 to 822,017, representing a 78 per cent reduction against the 2016 target in 98 localities (50 of which are priority localities).

This was achieved through UNICEF partnerships with Federal and State Ministry of Education and NGOs who supported enrolment campaigns and intensive door-to-door community mobilization in 83 low enrolment localities. Support also included distribution of adequate school and students' supplies and ALP textbooks reaching 464,228 children, and construction and rehabilitation of 594 classrooms, 69 offices, as well as 46 units of gender-sensitive latrines benefiting 22,969 children (44 per cent female).

Despite the progress, ensuring access to quality education for out-of-school children remains big challenge in Sudan. The main barriers include the economic constraints related to poverty and low government investment in basic education, insecurity, social norms and cultural barriers negative attitudes towards girls' education

To reduce the household burden of direct and indirect costs for education, 184,800 most marginalized, vulnerable school aged children (46 per cent girls) were supported with social assistance to attend schools. This is critical in Sudan, considering that households are expected to contribute up to approximately US\$2.50 per student towards running costs of the school, which is higher than the approximately US\$2.00 per student public spending.

UNICEF and partners enabled 98,378 emergency-affected children (51 per cent girls) regain access to education in Darfur, White Nile, Abyei, and Kordofan states. Some 31,895 six to thirteen year old students (45 per cent girls) benefitted from learning assistance through establishment, construction and rehabilitation of 149 learning spaces and provision of essential teaching and learning materials that assisted them to have access to education opportunities. Over 14,634 children (32 per cent girls) benefitted from improved learning environment through construction of 24 units of WASH facilities. The achievements in the education in emergencies sub-programme represented 32 per cent of the 2015 targets of 310,000 emergency-affected children, with only 29 per cent of the planned resources received.

OUTPUT 5 At- risk boys and girls, including adolescents, have improved access and benefit from age specific integrated psycho-social support, and child friendly policy, legal, diversion and alternative measures to detention and alternative care.

Analytical Statement of Progress:

With UNICEF's technical and financial support, State Councils for Child Welfare, State Ministries of Social Welfare (MoSW) and the Community-Based Child Protection Networks (CBCPN) were operational in 34 localities. Through the CBCPNs, 163155 children (74419 girls) in areas of armed conflict and displacement benefited from psychosocial services (PSS) through child-friendly spaces services, including recreational, sports, cultural and counselling activities and referral to specialized services. With the facilitation of UNICEF, and under the leadership of NCCW, the national launch was held of the minimum standard PSS training package. The package was developed and piloted in IDP and refugees setting (Darfur region, White Nile and South Kordofan in five localities) and paves the way for improving the quality and harmonization of PSS services including child-friendly spaces, schools and family-based services. With the support of CBCPN through schools and communities, mine risk education activities reached 121,000 individuals (60 per cent female). Continuous efforts to link the civil registry system with CBCPN and the health system in 17 localities in both South and North Darfur led to registration of 65,134 newborns (26,049 girls).

The national network on alternative family care system was strengthened by the NCCW which allowed registration of 2,679 unaccompanied and separated children (1,741 boys, 938 girls). This also led to the reunification of 2,005 children (1,303 boys, 702 girls) with their families. Three hundred were South Sudanese refugee children. Through the Alternative Care Programme of MoSW, 791 children (514 boys, 277 girls) were placed in foster family care/Kafala.

UNICEF's technical and financial support enabled 1,037(622 female) professionals working with children to improve their knowledge and skills; and thereby provide quality care and protection

services to 7,150 children (4290 boys, 2,860 girls) in 34 localities in Khartoum, South Darfur, South and North Kordofan, White, Blue Nile and Central Darfur. Among these children, 1,818 (860 boys, 958 girls) were children victims of sexual violence. An additional 2,089 children (732 boys, 1,357 girls) children received counselling through the Family and Child Protection Units' helpline. A total of 769 children (608 boys, 161 girls) were diverted to family and community measures, which constituted 31 per cent of total number of children in conflict with the law. The limited resources, capacities of parents, turn-over of staff, and availability of data pose major constraints and impact on effectiveness of the child protection interventions.

OUTPUT 6 Strengthened national capacities and systems for results based planning, coordination and performance management including emergency preparedness and response at national level and in 12 targeted States.

Analytical Statement of Progress:

The MTR Report, including revised Country Programme Action Plan result matrix was signed by Government and UNICEF in April 2015. It ensured a secured agreed framework for the roll out of the new direction of the country programme of cooperation and serves as basis to revise the office structure.

A shift emerged as a result of the MTR, with a refocus on vulnerable children in 72 targeted localities, with an emphasis on decentralized UNICEF programming. The shift define the need for investment at household level through multi-sectoral integrated high impact interventions. To safeguard a clear vision on the new direction of the revised country programme, UNICEF Sudan has elaborated a compact with MENARO and NYHQ for the long-term transformative agenda for children in Sudan 2015-2021 post-MTR.

As a result, in 2015 there was a focus on laying the foundations for strengthening the UNICEF decentralized planning process; elaboration of State Rolling Work Plans through a consultative process with all the implementing partners and the leadership of the Department of Planning at the state level. Six national RWPs and 13 State RWPs were signed and Emergency Preparedness and Response plans were revised in three states (North, South and East Darfur). Whilst the signings were delayed - with the RWPs signed in April 2015 – this did not affect programme implementation which progressed at pace with overall country office utilization of 97 per cent against the allocated funds by the end of December.

In line with the operationalization of the programmatic shifts, a guidance paper and criteria for the prioritization of communities within target localities was drafted. A community-based working group was established and identified seven and 10 priority communities in East and South Darfur respectively for modelling integrated community-based interventions. Furthermore, with the aim to build improved evidence generation at household levels and strengthen existing Government system, an operational plan for multi-sectoral household monitoring in three localities in Kassala was agreed with Kassala State Ministry of Public Health.

In strengthening the implementation of the new Programme Cooperation Agreement (PCA) guidelines, training session were conducted for UNICEF and PCA partners on the principles of results-based management, with a particular focus on the logical framework approach. This is expected to further advance planning and performance management. Moreover, there is better and much improved monitoring and reporting of office management indicators established in 2014, and further revised and improved this year. Coaching sessions were conducted for staff in the field and Khartoum on monitoring these indicators within their respective sections and field offices.

Despite the progress made, strengthening national capacities on results-based management remains an area that need more investment, to ensure more effective planning and use of the available scarce resources for investment in child survival and development.

OUTCOME 2 Children, especially adolescents (both boys and girls), families and communities in the most deprived localities are resilient and adopt appropriate practices to reduce their vulnerability.

Analytical Statement of Progress:

MICS 2014 revealed the great effects of UNICEF and partners' investment in promoting good practices and behaviour of communities and families in favour of child survival. There was an increase of child breastfeeding rates from 44 per cent in 2010 to 55.4 per cent in 2014; an increase of access to improved sanitation facilities from 27.1 per cent to 33 per cent; and an improvement in the proportion of pregnant women attending an antenatal clinic at least four times during pregnancy from 46.9 per cent in 2010 to 50.7 per cent in 2014.

Despite the progress made, there are various social and cultural beliefs and practices in Sudan that impact on the achievement of this outcome. For example, the quality of feeding practices for infants and young children remains poor. Almost half of children are not exclusively breastfed for six months, while a third of children aged 6-8 months are not given any solid foods (MICS 2014). Furthermore, out of a population of 36 million, around 10 million (29 per cent according to MICS 2014) are practicing open defecation.

To address these challenging behaviour issues for children, in 2015, UNICEF Sudan's focus was on strengthening resilience and facilitating the utilization of social services by the communities through sensitization of poorest and the most vulnerable households for school enrolment, retention and completion. The Alshuffa'a Alsoghar Communication Initiative to promote six key essential family practices was launched by the Federal Ministry of Health, UNICEF and key partners. UNICEF worked with the Federal Ministry of Health to ensure that counselling messages were tailored to the Sudan context, and that training enhances skills to address the specific context and practices in the different states across Sudan and avoid general messages.

The prevention of malnutrition made significant progress in 2015 with the endorsement and roll-out of the national infant and young child feeding strategy. The national IYCF strategy covers community-based as well as facility-based counselling services, and UNICEF's contribution supports the community-based actions in 72 most at-risk localities and IDP camps. About 383,786 women and caregivers gained counselling skills on IYCF practices. In empowering resilience of communities to droughts and floods, the joint UNICEF/WFP/FAO Nutrition-Resilience project in the east of Sudan (Kassala state) began its implementation phase.

Using community motivators and community radios, UNICEF enabled 1,828,683 people to be reached with hygiene messages, and to gain knowledge on appropriate hygiene behaviour and practices. Using the CATS, UNICEF and partners enabled communities to establish a new social norm of using a toilet instead of defecating in the open fields. Approximately 255,368 vulnerable people in 54 of the most deprived and emergency-affected localities gained access to sustainable improved sanitation facilities.

In education, 464,228 poor and most vulnerable children gained access school with UNICEF's support in contributing to offset the household's cost of schooling in 200 child-friendly schools,

as a pilot in 12 states. The procurement and free distribution of teaching and learning materials and supplies benefited 173,000 children who received ALP text books and 11, 808 girls from poor households who received school uniforms.

In 2015, UNICEF focussed on evidence-based strategic approaches to addressing the high prevalence of harmful gender-based practices which remains a key concern in Sudan, as revealed by MICS 2014. These include the findings that 86.7 per cent of women were affected by FGM/C, 38 per cent of women age 20-49 years were married before age 18 and 63.8 per cent of children aged 1-14 years were victims of violent discipline. A dialogue to launch the National Strategy and End Child Marriage Social Change Campaign led by the First Lady took place in December 2015. The National Strategy will pave the way for more cross-sectoral interventions to abandon child marriage in Sudan. To date, 4,350,000 people have been of the communities' movements toward abandonment of FGM/C in 2,175 communities, with a total of 287 communities declaring public commitment to abandonment. This indicates progress toward social change that consequently impacts positively on reducing the prevalence of the FGM/C.

Financial barriers and the affordability of services remain the main bottlenecks of use of basic services in Sudan. For instance, although Sudan has a free basic education policy, households are required to contribute towards school running costs such as school maintenance, water, electricity, and supplementary teacher payments. To reduce households' burdens on direct and indirect costs of schooling, UNICEF provided school grants, social packages (uniforms and stationery), teaching and learning materials and other school supplies to learners in low income communities that lack a revenue base to support state contributions to school running costs. UNICEF is also working to ensure appropriate linkages between the health system and community structures at all levels. The increase of ANC mentioned above can also be partly attributed to the investments made by UNICEF and partners in capacity building of village and community midwives who provide antenatal, delivery and post-delivery services at community level. In 2015, UNICEF with support from the EU, graduated 233 community midwives from the Darfur region (South Darfur).

OUTPUT 1 Enhanced knowledge in 80 per cent of targeted communities for improved IYCF practices for children under-2 years in prioritized localities.

Analytical Statement of Progress:

Despite improvements in rates of exclusive breastfeeding in recent years shown in the 2014 MICS (from 41 per cent to 55 per cent), the quality of feeding practices for infants and young children remains poor. Almost half of children are not exclusively breastfed for six months, while a third of children aged 6-8 months are not given any solid foods (MICS 2014).

A notable accomplishment in 2015 was the official endorsement of the National Infant and Young Child Feeding Guidelines -the lack of which was identified as a bottleneck in 2014 - and the subsequent roll-out of the mother's support group network. Progress was faster than planned due to the strong ownership by the Ministry of Health and a partnership with the nationwide Women's Union. A cascade training approach was used: starting with master training at Federal level up to village level. Forty-six master trainers were initially trained, followed by 428 state-level trainers and 620 lead mothers. Each lead mother has established one mother's support group.

The National IYCF Strategy covers community-based as well as facility-based counselling services, and the UNICEF contribution supports the community-based contribution in 75 most at-risk localities and camps. The 620 lead mothers have been trained in 19 UNICEF high-priority

localities in 10 states. A total of 383,786 women and caregivers received counselling and advice on IYCF practices. In 2016, when mother's support groups are fully operational, reporting will concentrate on women who receive community-based counselling services.

The joint UNICEF/WFP/FAO project to improve communities' resilience to droughts and floods in Kassala state in the east of Sudan moved from the planning and inception phase to the implementation of identified activities in the second half of 2015. This first phase targeted 32 villages, with prevention and treatment activities implemented in nutrition and health. Additionally, the project built and/or rehabilitated protection infrastructure against floods and drought through gabion walls, watershed management dams, 'haffirs' and water reservoirs, terraces, check dams and mesquite scrub clearance. A particular success in the early months of implementation was the breakthrough in inclusion and targeting of women in activities in the very conservative communities among which the resilience project is being implemented. At present the project is leading the way on integrated multi-agency preparedness planning for the effects of the current El Nino which is bringing drought to Sudan.

OUTPUT 2 At least 80 per cent of mothers, including pregnant women, in selected communities in targeted localities have comprehensive knowledge and capacity to seek appropriate neonatal, child, and maternal health care, including HIV/AIDS (including nationwide interventions).

Analytical Statement of Progress:

Three hundred and eighty-six (386) communities are implementing community-based IMCI, which is a key intervention to improve child health. Approximately 386,000 mothers and caregivers in these communities were reached with key messages on essential family care practices including MUAC screening.

In 2015, UNICEF facilitated demand creation through improving the knowledge and skills of over 800 community health workers in the four target states of South Darfur, White Nile, Kassala and West Kordofan. The states were selected based on mix of criteria: Kassala, as the location of the UN joint project on resilience; and project in Kassala; South Darfur due to the poor child indicators; West Kordofan where there is, and; White Nile state which has a high number of South Sudanese refugees. The trained community health workers reached over 100,000 families in the conflict-affected states in West Kordofan state with first line treatment for pneumonia and malaria, as well as prevention messages.

Working with community volunteers, UNICEF facilitated social mobilization interventions to increase utilization of routine immunization services at 5,043 sites (fixed, outreach and mobile immunization sites). This included delivery of key messages on the immunization schedules, adverse effects, the importance of immunization cards retention, and timing of the next dose.

In addition to health facility interventions, 80 per cent of vaccinators conducted active home visits for defaulter tracing and awareness-raising, which resulted in a reduction in drop-out rates from 9 per cent to 6 per cent. During the measles outbreak response which occurred from April 2015, key messages were communicated in 104 high risk localities through the mass media, using megaphones and by community dialogue sessions.

More than 1,250 communities are providing home management of malaria, which is a lifesaving intervention especially in hard to reach areas. UNICEF provided direct support to 705 communities in Kassala, Gedarif, South Kordofan, North Kordofan, West Kordofan, South Darfur, West Darfur, North Darfur and White Nile.

Antenatal care centres providing prevention of mother-to-child transmission of HIV services increased from 358 in 2014 to 379. In addition, community mobilization interventions and on-job training to build health care providers capacities, led to an increase in the uptake of HIV testing of pregnant women and their partners to 22,850. Fifty-six per cent of pregnant women tested and received their results.

The low community awareness of available health services, compounded by traditional beliefs and practices, remain the main bottlenecks leading to low primary health services uptake in Sudan, and impact negatively on neonatal and child health.

OUTPUT 3 1.4 million of the most vulnerable people in emergency-affected and underserved areas use sustainable, equitable and gender-sensitive improved sanitation facilities and practice proper hygiene.

Analytical Statement of Progress:

MICS 2014 indicated that sanitation coverage had increased from 27 per cent to 33 per cent for improved sanitation facilities and open defecation had marginally reduced from 31 per cent to 29 per cent. In 2015, progress on improved sanitation was rather slow, with 255,368 people (18 per cent of the 2015 target and 56 per cent females) gaining access to sustainable improved sanitation facilities. Thirty-nine per cent (98,618 people, of whom 49 per cent were females) of were South Sudanese refugees and 29 per cent were IDPs (75,173 people, of whom 55 per cent females), mainly in North and South Darfur states. The main constraints were inadequate financial access by households to construct, use and maintain their own improved latrines, along with the very low budget allocation by the Government to support promotion of improved sanitation and hygiene activities at scale. Furthermore, social and cultural practices and beliefs around open defecation remain a bottleneck.

With UNICEF's financial and technical assistance and through the partnership with the Ministry of Health, 1,828,683 people (117 per cent of 2015 target of 1,560,000; 54 per cent females) were reached with messages on appropriate hygiene behaviour and practices. These results were realized in 34 priority localities and major IDP settlements within 11 states - North, South, East, West and Central Darfur, South and West Kordofan, Blue and White Nile, Kassala, and Red Sea.

Using CATS, UNICEF and partners facilitated the establishment of a social norm change approach of using a toilet instead of defecating in the open fields. In the underserved areas, especially in Kassala and Blue Nile states, this enabled 81,577 people (39,629 males, 41,948 females; against the annual target of 780,000) gain access to improved sanitation facilities and to live in communities certified open defecation free. Certification involved a process of communities reporting on ODF attainment, verification of communities' reports by the implementing partners, and final verification and certification by State sanitation team. The low achievement against the targets was due to inadequate funding secured for this intervention.

In addition, UNICEF support enabled 46,462 students (22,378 boys, 24,084 girls) – which was 77 per cent of the 2015 target of 60,000 - and staff from 105 schools to gain access to gender-sensitive and child-friendly latrines (gender segregated and sized for children) with adequate hand washing stations. Furthermore, 27 health and nutrition centres (70 per cent of 2015 target) were supported to have improved, gender-sensitive toilets.

OUTPUT 4 Schools in deprived localities are empowered to enhance quality and inclusive education.

Analytical Statement of Progress:

Empowering schools and communities through implementation of school-based improvement planning and monitoring based on child-friendly school standards and norms is a key priority in the 2015-2016 Rolling Work Plan.

A training package was elaborated around the development and implementation of school improvement planning initiative. Training in 200 schools was completed in nine priority localities in Gedaref, Kassala, and Blue Nile, and will be further rolled in 27 priority localities in five states of Darfur in 2016.

Subsequently, these schools are expected to complete self-assessment to produce reliable data on the status of the quality of the school facilities and education services, and to identify gaps for improvement. This will strengthen evidence-based planning from the school to national levels.

UNICEF's technical and financial support ensured 513 schools had functional school management committees, and strengthened school governance through training of 4,888 community members (35 per cent females) enhancing their participation in school decisions affecting them. The training covered 2,400 SIP committee members on development, implementation and monitoring of SIP, 2,013 Parent Teacher Association members, and 475 members of the mother groups trained in community mobilization for enrolment campaign, tracking and registration of out-of-school children, and school co-management.

UNICEF, with the Federal and State ministries of education and NGOs, supported training of 35,958 children and adolescents (51 per cent girls) on life-skills based education through 231 child clubs in schools in 57 localities (of which 38 are priority localities). Extra-curricular activities in the clubs provided an opportunity for the adolescent children to improve their cognitive, social and emotional skills and to participate in different activities/events in the schools, within the communities and to engage in peer-to-peer support in youth issues in and outside the school.

The national school health strategy and operational guidelines are under development and expected to be completed in January 2016. Promoting health and wellbeing through the schools in Sudan is a sound strategy, as school-age children make up more than 25 per cent of the population. Once completed, adolescent youth nationwide will benefit from the strategy.

The achievements for the number of functioning school management committees in selected localities is below target. Similarly, the number of adolescent girls and boys in formal and non-formal education participating in skills-based extra curricula activities was beneath the planned 2015 target. Both these shortfalls were due to delays encountered in the development and rollout of the school improvement packages.

OUTPUT 5 Communities, families and children, including adolescents, equipped with knowledge and life skills to protect them from separation, violence and traditional harmful practices.

Analytical Statement of Progress:

Violence and harmful practices remain high in Sudan, deeply rooted in gender-based discrimination and social norms that attribute a low status to children, especially girls. The MICS 2014 indicated 68 per cent of children have experienced a form of violence, 86.6 per cent of women 15-49 have experienced FGM/C, and 38 per cent of women aged 20-49 years were

married by their 18th birthday.

In spite of this situation, with the technical and financial support of UNICEF, the Government of Sudan, and other partners programmes, 170 adolescents were equipped with knowledge on CRC, the Child Act and its Regulations, to help reduce their vulnerability.

In the context of limited access and security, UNICEF with State Councils for Child Welfare and MoSW enhanced the capacities of communities to respond to child protection violations. More than 342 community-based child protection networks were strengthened in 342 communities. They played an important role in delivering information to families and communities, providing support to adolescents and children at-risk of violence, separation and harmful practices and referring them to social and legal services.

Through the Global FGMC Joint Programme of UNFPA and UNICEF, and the Sudan Free of FGM/C programme (UNFPA, WHO, DFID, UNICEF), the NCCW was supported to coordinate a multi-sectoral national effort to abandon FGM/C and create demand for social change through the *Saleema* initiative. As a result, an additional 287 communities declared collective abandonment of FGM/C, raising the number of communities to 2,175 (three in Central Darfur, 50 communities in South Darfur, eight in West Darfur, 35 in North Darfur, 30 in Blue Nile, 35 in South Kordofan, 40 in West Kordofan, 15 White Nile, 17 in River Nile and 12 in Sennar). *Saleema* community dialogues resulted in 14,832 parents declaring to leave their daughters 'uncut'. *Saleema* integration in health systems progressed, with testing taking place in 21 facilities across seven states.

With UNICEF's dedicated technical support and advocacy, efforts to end child marriage were boosted by the launch of a Sudan National Strategy to End Child Marriage in December 2015, which also accompanied by the Launch of Child Marriage Social Change Campaign led by the First Lady. The National Strategy will pave the way for more cross-sectoral interventions to abandon child marriage.

OUTCOME 3 Evidence and coordination enables Government, communities and partners to improve capacity and systems for equity-focused funding, advocacy , policies and legislation, strategies, planning and supply chain management to scale up results for children.

Analytical Statement of Progress:

In 2015, the availability of the first updated accurate nationwide data and statistics on the situation of children in Sudan since the South Sudan secession in 2011 through MICS 2014 significantly increased UNICEF's leadership position on evidence-based policy advocacy for vulnerable children. Strong statements were also made to conflicting parties to end conflict and improve humanitarian access for children, the release of UNICEF supplies by Government, a commitment to public sector investment especially in health and education, and the end of economic sanctions and debt relief.

UNICEF and GAVI undertook a joint effort to advocate for immunization sustainability with the Ministers of Health and Finance. UNICEF contributed to the national "one plan, one budget, one report" for the health sector, in line with the principles of the local compact signed in 2013 to harmonize donor and partner support and strengthen the use of Government systems. The Lot Quality Assurance Sampling Survey (LQAS) survey was conducted in four states (Gedarif, Kassala, Sinnar and River Nile) producing data on coverage of key maternal and child health interventions at locality level.

In 2015, the Government commitment and openness to tackle malnutrition increased with significant positive strategic changes in the policy environment. Nutrition was positioned at the top of the national agenda through the issuance of a Presidential decree for the formation of the Higher Council for Food Security and Nutrition chaired by the Vice President, as well as the disbursement by the Ministry of Finance of US\$8 million to the national Nutrition Programme for purchase of RUTF. Most recently, Sudan officially became the 56th country joining the global SUN movement, as a result of intensive technical policy advocacy.

In WASH, the Government commitment made in 2014 at the Sanitation and Water for All high level meeting regarding the funding of sanitation activities, saw the release to the MoH of approximately US\$210,000) for the purpose of sanitation.

In Education, 18 states developed equity-based and budgeted state education plans with UNICEF technical and financial support, which informed the development of the interim national Education Sector Strategic Plan 2015-2016. UNICEF and the development partners are currently supporting the Ministry of Education to develop the five-year Education Sector Strategic Plan for the period 2017- 2021.

For child protection, the MICS survey (2014) generated data and valuable indicators related to child protection including domestic, physical and emotional violence, birth registration, child marriage, FGM/C, child labour, orphans disaggregated by age, gender and states. This has informed the process of policies and programmes changes toward more targeting/equitable and effective child programmes.

The UN/Government Action Plan on Ending Child recruitment was finalized by the Government of Sudan pending the signature, which is planned for January 2016. This will further support the global “Children Not Soldiers,” campaign to end child recruitment in Government forces, and prevent and support protection of children in armed conflict-affected areas in Sudan.

UNICEF Sudan positioned public advocacy as a key priority, as reflected in the MTR programmatic shifts and the compact with MENARO and NYHQ. UNICEF has increasingly become a strong and trusted voice in advocating for the rights of children. Consultations were held with key policy makers at the highest level, including the Vice President, Ministers of Finance and International Cooperation, as well as line ministries to ensure that issues affecting the wellbeing, survival and protection of children are central in the national development agenda. These efforts were complemented with high profile visits from the UNICEF Deputy Executive Director, Regional Director, OCHA Chief of Operations, and the hosting of the UNICEF Regional Management Team Meeting.

UNICEF also made a strong and sustained call for the rights to protection, quality education and health care for all children, as well as unimpeded and unconditional humanitarian access for every girl and every boy in the conflict-affected areas of Nuba Mountains, Jabel Mara and some localities in the Blue Nile state.

UNICEF completed one independent post-evaluation of the Youth LEAD end-project, funded by Canada for US\$11 million in 2011-2015. The evaluation revealed that the Youth LEAD Project created a unique opportunity for young people of two states, who gained skills and capacities that increased their chance of employability and stimulated a positive force for their contribution to the resilience of their families, the development of their communities.

UNICEF engaged with the Government of Sudan, donors and civil society, as part of a global

initiative, to conduct an evaluation of the humanitarian response of protracted emergency crisis in Sudan for the purpose of learning and increased accountability of results.

As part of an established partnership with WFP and the CBS, UNICEF is conducting a capacity gap analysis of 600 government and NGO implementing partners across all 18 states. This will provide the foundation for strengthening capacities on RBM and effective programme delivery in 2016.

In 2015, UNICEF established a new mechanism of programme monitoring using the approach of independent third party monitoring, by contracting a consulting firm. A first report has been completed, will be used as key learning tool for improving UNICEF programmatic approaches and operational service delivery.

OUTPUT 1 Strengthened national capacity to advocate, legislate and plan for scaling up nutrition.

Analytical Statement of Progress:

An important result achieved at the end of 2015 was the joining of Sudan into the Scaling Up Nutrition (SUN) movement. This was made possible following the Presidential endorsement of the National Nutrition and Food Security Council, and the increased Government commitment to tackling the problem of malnutrition, including the allocation of US\$8 million for the national CMAM scale-up.

The Federal Ministry of Health, UNICEF and WFP developed a case for increased multi-sectoral investment in nutrition in Sudan, with costing of an evidence-based package of interventions that are known to have an impact on reduction of stunting, wasting and child mortality. The Investment Case shows the impact of increased investment in preventing malnutrition in terms of amount of stunting, wasting and child deaths averted and the resultant impact on the national economy. The Investment Case is due to be launched by the Federal Ministry of Health, UNICEF and WFP, under the leadership of the First Vice President, in early 2016. Following the launch, much work is still required to improve the inclusion and costing of a wider multi-sectoral package of required interventions, and project their contribution to the reduction of malnutrition.

Seven states in Sudan have passed legislation on mandatory fortification of salt. A major achievement was the signing of a Letter of Understanding between the Ministry of Health, private industry and UN agencies (UNICEF, WFP and WHO) detailing roles and responsibilities in promoting use of salt iodization. Red Sea state, which manufactures 95 per cent of the salt available in Sudan (the remaining five 5 per cent is imported iodized salt) passed its state-level law in 2013, an important milestone in ensuring availability of only iodized salt in Sudan.

During 2015, 11 states elaborated a state-level plan for roll-out of community-based activities in their states and 13 states now have a functioning CMAM database. Training supported by was carried out in all 18 states to further strengthen the accuracy and completeness of data collected and included in the database. With the roll-out of the community-based IYCF strategy, the database will be strengthened during 2016.

OUTPUT 2 The Decentralized Health Systems Strengthening (DHSS) approach is scaled to targeted localities to improve coverage of child survival interventions in the most disadvantaged localities.

Analytical Statement of Progress:

UNICEF and Ministry of Health started operationalization of the Decentralized Health Systems Strengthening (known as DHSS) approach as a systematic outcome-based approach to equitable programming and real-time monitoring. Data on 11 selected maternal and child health interventions (antenatal care, skilled birth attendance, immunization, infant feeding, handwashing, breastfeeding (initial and continuous), tetanus toxoid, iron supplementation, post-natal care and diarrhoea management) was collected from 12 localities in the four target states using a simple sampling method (Lot Quality Assurance Sampling Survey/LQAS) that allows the manager to use the “few to describe the whole,” and is time and funding efficient.

The LQAS was undertaken in four states - River Nile, Gedarief, Kassala and Sinnar - in collaboration with the Liverpool School of Tropical Medicine and MAGPI. Fifty-two senior officials from federal, state and locality levels in the four target states were training in planning, implementation and analysis of local data to improve programme coverage .The training on LQAS provided the participants with a good understanding of the tool, the results it can produce and how to use the results. The survey was conducted in May 2015, and based on the results a bottleneck analysis and planning for key maternal and child health interventions at state and locality level will be conducted.

UNICEF, the Global Fund and the national malaria programme developed and implemented the long LLIN Tracking System which comprises seven elements: (1) macro-quantification; (2) procurement and supply management; (3) process assessment of the campaign; (4) periodic assessment survey; (5) bio-efficacy testing, (6) routine distribution of LLINs through primary health services, and; (7) behaviour change communication to strengthen the information system and bed net utilization. Comprehensive monitoring and supervisory visits were conducted to the service delivery sites in 15 states and the Darfur Region.

UNICEF participated in the Joint GAVI appraisal in August 2015, where clear recommendations were made to strengthen health systems to improve immunization outcomes. Some 311,859 children under the age of one year in humanitarian settings received the first dose of and 1,880,000 people accessed to primary health care services with UNICEF support.

OUTPUT 3 A compact on the Sudan Sanitation and Water for All commitments is established and operationalized to scale up improved sanitation and water services.

Analytical Statement of Progress:

The structure was drafted for the compact for the implementation of Sudan's five commitments on Sanitation and Water for All (SWA), focus on having a specific Government budget for sanitation, scaling-up sanitation, establishing overall WASH and sanitation coordination mechanisms, and developing equity-based M&E system.

UNICEF is working with the Ministry of Water Resources and Electricity and Ministry of Health to finalize issues of leadership and the coordination for the WASH programme and the sector

The Investment Case for the WASH Sector, which is a crucial strategic instrument for sector advocacy and fund raising, has begun, with the analysis of sector bottlenecks and coverage disparities using best practices from nutrition sector investment case. With MENARO guidance obtained, the main exercise will be conducted in 2016.

On WASH equity-based monitoring systems, UNICEF assistance succeeded in initiating the process with the framework for the system being negotiated with the Government partners for implementation, initially in two states, South and West Kordofan.

To improve the overall WASH sector coordination and institutional arrangements, UNICEF in partnership with Drinking Water and Sanitation Unit and MoH, made some progress towards sector coordination and management with the establishment of 20 high level national and state WASH coordination bodies. These include the WASH (humanitarian) Sector Coordination at national level and in 10 states (Central, East, North, South and West Darfur; South Kordofan, Blue Nile, Gadaref, Kassala and Red Sea), and the Sanitation High Committee at the national level and Sanitation High Councils in eight states (Central, East, South and West Darfur; North Kordofan; Blue and White Nile; Gadaref; and Kassala). Additionally, sanitation and hygiene teams are now functional in 11 states: Central, East, North, South and West Darfur, South and West Kordofan, Blue and White Nile, Kassala and Red Sea.

Other important achievements included capacity building of 373 (203 males, 170 females) in WASH bottleneck analysis, M&E and CATS; strengthened WASH sector institutions for gender equality focused WASH programming with the completion of the national review of gender equality in WASH; and the development of a framework and action plan for gender equality mainstreaming into the Sudan WASH sector.

OUTPUT 4 Sound evidence-based education plans are developed, implemented and monitored at sub-national level in synchronization with national level.

Analytical Statement of Progress:

The Ministry of Education and UNICEF launched and disseminated the Out-of-school Children Report in September 2015, providing evidence on the estimates of out-of-school children, their profiles, and recommendations on strategies and policies to address them. The sector coordination mechanisms were also strengthened through regular coordination meetings and policy dialogues with the Federal Ministry.

The Electronic Management Information System (EMIS) software was developed with the technical support of the National Information Centre and piloted with UNICEF's technical and financial support in six states and expected to be rolled out in all 18 states in 2016. The Ministry of Education issued a 2012-2013 statistical book disaggregated by gender and location and the following report 2013-2014 is under preparation for printing.

UNICEF technically supported the Federal and States' Ministries of Education in the drafting and finalization of the Interim Basic Education Strategy 2015-2017. The strategy was drafted based on the data available from EMIS, the Education Rapid Survey and the states statistical reports. The lack of data on Sudan's public expenditure undermined the credibility of the strategic plan. UNICEF and the World Bank started the process of conducting a comprehensive education cost and finance study. Preparatory work was completed, and the study is expected to begin by early 2016. This information will inform the development of a costed Education Sector Strategic Plan 2017-21. The preparation for the Education Sector Strategic Plan is on track and Funding for the Education Sector Development Grants from the GPE is expected in early 2016.

To improve school construction, UNICEF provided technical support to the Ministry of Education to develop school construction standards, to ensure that school infrastructure developments are consistent with child-friendly schools principles. Forty engineers were trained on the standards. UNICEF continued to support the States' Ministries of Education to implement and monitor their state level sector plans in 18 states.

During the year, a basic education situation analysis study was carried out in 32 localities of the five Darfur states. The study is aimed at identifying schools and communities for better targeting to address their infrastructural, and teacher capacity needs

OUTPUT 5 Evidence and enabling environment for child protection is available and used to sharpen the child protection system and legislative framework.

Analytical Statement of Progress:

UNICEF provided technical and financial support to key Government and civil society institutions to enhance evidence-based actions. As a result, the Family and Child Protection Units administrative data collection system was sharpened, with inclusion indicators related to sexual offences committed against and by children, diversion of child offenders cases outside the judicial system, referral of children in need of care and protection to social welfare services and consideration of the minimum age of criminal responsibility for child offenders.

With UNICEF's consistent advocacy on the prohibition of the child death penalty, the Government enforced the Constitutional Court Decision on applying Child Act (2010) which prohibits child death penalty instead of the Criminal Act 1991 on children's cases.

Six regulations supported the implementation of 2010 Act were approved. Adding to already developed regulations related to implementation of Child Act 2010, a regulation on prohibited sanctions in education settings was developed and submitted for approval. This regulation addresses issues raised by the Committee on the Rights of Child related to prohibition of corporal punishment against children.

With advocacy and technical support from UNICEF, the findings of the assessments of the FGM/C laws were used to enhance the enforcement of those legislations at state level and to obtain commitments to develop FGM/C laws in five state. Four of these (Northern State, River Nile, Blue Nile and White Nile) have developed initial drafts of abandonment of FGM/C laws.

The first phase of the establishment of monitoring and evaluation for measurement of the Saleema Initiative was completed.

UNICEF submitted five quality and timely Global Horizontal Notes and one Annual Report to UN Secretary General. In order to strengthen Monitoring and Reporting Mechanisms (MRM) of grave child rights violations, 80 UNCT members and key child protection NGOs were sensitized and enhanced their contributions and commitment to the MRM, based on each agency's or NGO's mandate.

The Government requested UNICEF's technical support to the United Nations' requirements for the signing and implementation of an action plan to end child recruitment. UNICEF is conducting a knowledge, attitudes and practices study to better understand child recruitment across Sudan in Government forces, as well as in armed groups. This will further support the global "Children Not Soldier," campaign to end child recruitment in Government forces.

Despite the progress made, reliable, quality and timely information on child protection is still a huge challenge, which impacts on planning and responding to child rights violations. Moreover, the public budget allocation to the social welfare system is limited to salaries of Social Welfare staff and some operational costs.

OUTPUT 6 Evidence on the situation of the most vulnerable children is generated and utilized to increase the child-equity focus policies, strategies and scaling up social sectors systems and investments.

Analytical Statement of Progress:

The Key Findings Report of the MICS 2014 was widely launched and endorsed by the Government of Sudan. This is the first updated accurate nationwide data and statistics on the situation of children in Sudan following the South Sudan secession in 2011. This has significantly increased UNICEF's leadership position on evidence-based policy advocacy for vulnerable children. In addition, the full analytical MICS 2014 final report, disaggregated by state and wealth quintile, was finalized and endorsed by the National Committee of MICS. The report will be printed in February 2016 and disseminated at all levels after the ongoing clearance by NYHQ. The Child Poverty and Multiple Deprivations Analysis is ongoing in addition to the special study of trend and factor analysis of FGM/C and Child Marriage, using MICS data.

In partnership with the Ministry of Youth, an independent evaluation of the Youth LEAD Project supported by the Canadian International Development Agency was completed. The main findings and lessons learned of this evaluation will enable UNICEF to look at the effectiveness, impact and sustainability of initiative for youth and benefit further mainstreaming of adolescents within the country programme and UNDAF.

UNICEF engaged the Government of Sudan, donors and civil society, as part of a global initiative, to conduct an evaluation of the humanitarian response of protracted emergency crisis in Sudan for the purpose of learning and increased accountability of results

UNICEF worked with the Ministry of International Cooperation, the Ministry of Finance, WFP, and the CBS for the completion of the capacity gap assessment of Government counterparts and NGOs at federal and state level regarding RBM and M&E practices. This will serve as evidence for the development of a national capacity building programme on RBM in partnership with UN agencies. In addition, UNICEF contributed to develop programmatic and financial electronic system for monitoring "the Aid Effectiveness" in Sudan, in partnership with UNDP.

UNICEF championed the inclusion of child priorities into key national development agenda through the PRSP process within the donor working group. It also contributed to the design and operationalization of the process of developing the new UNDAF 2017-2021 which includes the independent evaluation and the Common Country Assessment. UNICEF Sudan is exploring the use of cash programming in humanitarian situation.

OUTPUT 7 Gender-sensitive information, management and performance monitoring, and national reporting systems are in place.

Analytical Statement of Progress:

During 2015, UNICEF Sudan built fundamental blocks that enabled the mutation of Equitrack systems into the new global E-tools platform. Sudan is one of the 12 piloting countries for this approach. Capacities of four staff were strengthened during the regional/global workshop held in Lebanon that will ensure the roll-out of E-tools during the first quarter of 2016. This web-based new platform will further enhance the online monitoring of results, reporting of effectiveness of partnerships and programmatic field monitoring and follow up actions as part of managing for results.

In 2015, the implementation of the global guidance of programmatic field monitoring with

compliance to the revised guidelines of HACT was enhanced, with over 50 per cent completion of 1,500 planned field visits by the end of November and the management response of actions points at PMT and CMT. This approach is expected to be boosted with the rollout of UNICEF electronic field monitoring tracker E-tools. Also, a new mechanism of using Third Party Monitoring was established. First summary and comprehensive analytical reports have been received and used to further enhance evidence on partner performance and beneficiary deliverables in hard-to-reach areas of Abyei, South Kordofan and White Nile States.

In 2015, UNICEF endorsed 59 sector indicators for Humanitarian Performance Monitoring and included these within new PCA submissions. This will assist in disaggregated (geographical and gender) data reporting supporting a more targeted approach to help delivery and monitoring of outputs. The number of indicators will be revised downwards in 2016.

To support the availability of sound evidence-based information for planning and leveraging partnerships for children at state level. Socio-economic profiles were developed by CBS at state level. The first quality useful brochures were printed and disseminated for two states (Kassala, Nyala), one state is in the finalization stage, and the last state is still processing the report.

Under the leadership of the CBS, Sudan Info database was updated with the latest MICS 2014 findings. Capacities of 25 Government partners from CBS and sectoral line ministries and 12 UNICEF staff were built on the use of Sudan Info as an evidence-based tool to monitor progress of children's situation in Sudan. Furthermore, in support for public advocacy efforts, national fact sheets and state profiles were developed and disseminated.

Weak accountability for monitoring, documentation and regular reporting; limited budgetary allocations for information management and M&E systems, and political sensitivities to access of data sets persist as hurdles impeding the achievement of functional information management, performance monitoring and reporting systems.

OUTPUT 8 Strengthened alliance and partnerships with traditional and non-traditional donors to leverage resources for children in support of the country programme.

Analytical Statement of Progress:

A Resource Mobilization Strategy and Action Plan was developed in collaboration with Programme Division and Emergency Operations in NYHQ. There was also engagement with Private Fundraising and Partnership Division in UNICEF Geneva to explore mechanisms for messaging and fundraising in protracted crisis. The funding landscape, however, remains limited and inadequate flexible funding continues to pose operational challenges for programme implementation.

Five key messages have been developed as part of the resource mobilisation strategy and these were used to frame presentations, talking points and briefing materials for engagement with private sector partners in Antalya as well as in country and external donor missions.

Resource Mobilization missions by the Representative to and the USA were facilitated. So far, 49 per cent of the ORR target has been obtained (US\$ US\$30.1million of the CPAP target of US\$60.9 million) and 42 per cent of ORE (US\$48.8 million of the Humanitarian Response Plan target of US\$116.9 million).

Substantive media coverage was ensured both nationally and internationally, and this was

guided by an effective media monitoring system which measured child rights, gender and UNICEF mentions, amongst other key indicators.

OUTPUT 9 Increased engagement with media at federal, state and community levels and other public platforms to facilitate behaviour and social change and promote the rights of children in Sudan

Analytical Statement of Progress:

One article and a human interest story on Ebola and the graduation of community midwives in Darfur were covered on the UNICEF Intranet and the global website respectively. Social media platforms, especially Facebook and Twitter, were scaled up significantly, however more effort is needed on the website.

There was some improvement in terms of access to UNICEF programmes and projects by local journalists including photographers and videographers. LTAs are in place to accelerate support to advocacy and fundraising efforts. Access by foreign journalists however remains a challenge.

Social media platforms; mainly Twitter and Facebook were scaled up, with Facebook “likes” growing from 4,615 at the beginning of the year to 7,066 by the end. Sixteen stories and 18 media advisories were published. However, most of the products and content were published in English, and as such, priority will be given to Arabic content in the coming year. The website was a challenge to maintain, and a dedicated staff member is now in place to take this forward.

The partnership with federal and state media to address behaviour change and shifts in social norms was sustained through continued engagement with seven radio stations, five television stations and 18 newspapers at federal level and 15 state and community radios. In the context of Ebola Virus Disease prevention, the capacity of 36 federal and over 500 state media practitioners to facilitate community engagement and public communication for prevention was strengthened, reaching over four million people over a period of three months.

Under the Youth LEAD project, a youth in media platform was piloted in West Darfur with 25 youth (13 female and 12 males) from two localities by building their knowledge and skills in radio programming on issues of concern to youth and as advocates for youth and adolescents. Lessons from this initiative will guide future work with adolescents and youth.

As part of the roll-out of the Alshuffa’a Alsoghar Communication Initiative, UNICEF in partnership with the Federal Ministries of Health and Information, developed the skills of another 25 federal level radio and television state to develop dialogue-based programmes to engage households and mothers of children under-five on the six essential family practices

OUTCOME 4 Cross-sectoral programme support

Analytical Statement of Progress:

In 2015, UNICEF Sudan management set out to achieve tangible results in strengthening operations management, systems and governance, and in attaining improved efficiency and effectiveness. The operations budget was carefully scrutinized during the year to ensure value for money and increased efficiency and effectiveness and to achieve cost savings.

In continuous efforts to comply with financial rules and regulations, the office maintained optimum cash balances and consistently kept the end of month balance within the established

threshold. Bank reconciliations were uploaded timely within NYHQ-set deadlines and open items were monitored and cleared timely. Throughout 2015, the office maintained zero outstanding balance for over nine month DCTs.

Supply constituted a critical component of the delivery of the country programme, valued in 2015 at US\$23.1 million, of which 23 per cent was locally sourced, and 77 per cent from offshore.

Better management of transportation from the Khartoum warehouse led to an overall reduction in delivery time from Khartoum warehouse to end-users. This has also led to a reduction in warehouse stocks from an average of US\$5.6 million at the start of the year to US\$2.7 million by year end. No stock-outs were reported during the year, mainly due to the increased use of LTAs and on-time delivery by local suppliers. Some 86 per cent of the US\$5.3 million of local purchases were undertaken using the LTAs.

Furthermore, UNICEF has been entrusted to handle the US\$6.5 million Global Fund/UNDP clearance and distribution of 2.9 million LLINs. Similarly, a US\$1.7 million USAID/FFP donation of 46,000 cartons of RUTF is in the process of being cleared for pre-positioning in field warehouses and direct distribution.

Supply chain management and the warehousing of supplies in the field have been identified as areas of priority for implementation. However, the challenge of access restrictions to some emergency programme locations has continued to hinder the delivery of supplies.

The country office in Khartoum relocated to new and more spacious office premises which will yield an annual savings of US\$264,000 in rent, in addition to an estimated savings of US\$90,000 in cost of meetings and conferences which are now held in the office.

Human resources dedicated half of 2015 to the implementation of the new CPMP, with 84 new and upgraded positions. Professional and soft skills training was provided to staff whose posts were affected, to retool them for new jobs. The process will be concluded by an important orientation session in early 2016.

Decentralization and increasing the capacity in the field to deliver for children was one of the strategic goals of the CPMP, resulting in an increase of 22 posts in the field and reduction of 16 posts in Khartoum. The 2014 initiative in bringing and keeping qualified young people and female on board was continued. Twenty-three young UNVs are under recruitment, and 11 interns and volunteers were accepted in 2015.

OUTPUT 1 Strengthened governance, supply and logistics capacity in support to services delivery to children.

Analytical Statement of Progress:

By end-November 2015, of the total US\$41.6 million annual supply plan, the value of orders was US\$23.1 million (55 per cent of the plan), of which 23 per cent were locally sourced, and 77 per cent from offshore. A total of US\$1.8 million in-kind assistance of RUTF was also received during the year. Owing to their controlled temperatures, the new RUTF stores in El Fasher, Nyala, El Geneina, Kadugli were also used for storage of pharmaceuticals.

Better management of transportation from Khartoum warehouse led to an overall reduction in

delivery time from Khartoum warehouse to end-users. This also led to reduction in warehouse stocks from an average US\$5.6 million at the start of the year to US\$2.7 million by year end. No stock-outs were reported during the year, mainly due to the increased use of LTAs and on-time delivery by local suppliers. By reporting date, 86 per cent of the US\$5.3 million of local purchases were undertaken using the LTAs. A process to establish local equivalent of standard recreation, basic education, hygiene, emergency non-food item kits and other core-pipeline supplies started with locally-based companies who have expressed interest to undertake kit-packing. Some US\$9.4 million of institution services contracts were, of which US\$7.7 million (82 per cent) was for construction of educational and WASH facilities, and 1.7 million (18 per cent) for other supply-related institutional services.

Due to superior in-country clearing, forwarding and warehousing capacities, enhanced by long-term logistics service providers, UNICEF has been entrusted to handle the US\$6.5 million Global Fund/UNDP clearance and distribution of 2.9 million LLINs. Similarly, a US\$1.7 million USAID/FFP donation of 46,000 cartons of RUTF is in process of being cleared for pre-positioning in field warehouses and direct distribution.

OUTPUT 2 Financial Management

Analytical Statement of Progress:

Improvement was seen in the timely submission of cash forecasts and replenishment of bank accounts. The office maintained optimum cash balances and kept the end of month balance within the established threshold of US\$500,000.

Consolidation of payment processing from Khartoum is completed, to prepare for the roll over to the GSSC. This freed significant amounts of time for field office operations staff to conduct HACT spot checks and take part in other risk management activities. The consolidation of transactions also helped the office in proving more accurate records of transactions in terms of quality assurance and reduction of transaction costs. In addition, introducing an operation service centre helped in tracking payments/liquidations and was an excellent monitoring tool for UNICEF Sudan.

DCTs amounting to approximately US\$34 million were liquidated in the 11 month period to November 2015. Out of this amount, US\$24.8 million (73 per cent) related to DCTs liquidated within six months of funds disbursement. The weekly review of the DCT status by the HACT Task Force and programme meeting continued. DCT over nine months was brought down to nil. PCA meetings were scheduled on a weekly basis to speed up the process of partnerships signature and programme implementation, which resulted in the increase of cash disbursements before 20 working days to 80 per cent.

Contribution management was boosted with a creation of a unit under the Deputy Representative. Zero balances were maintained for all expiring grants.

The office moved to new premises at the end of June 2015. Apart from providing a more secure and improved working environment for staff, the new premises will afford the office significant cost savings in the long term. The ICT infrastructure (network and Telecoms) was successfully migrated to the new office premises with minimum downtime in operations. End-user support was provided under the updated service level agreement for ICT. Resource-sharing and the use of collaborative tools were promoted, including the use of network devices, Lync 2013, video/audio conferencing and One Drive for Business. Servers and Data Centres were maintained and serviced as per global standards.

OUTPUT 3 Human Capacity

Analytical Statement of Progress:

The revised UNICEF Sudan CPMP was approved in June 2015. This entailed the recruitment of 84 new and upgraded positions. The recruitment is ongoing with the aim of having all the human capacity in place by the beginning of 2016. Professional and soft skills training was provided to staff whose posts were affected, to retool them for new jobs. There will be also an orientation session in early 2016. Forty-five consultancy contracts were processed to support the programme delivery for children.

Decentralization was one of the strategic goals of the CPMP, resulting in an increase of 22 posts in the field and reduction of 16 posts in Khartoum, increasing the capacity in the field to deliver for children. The 2014 initiative of bringing and keeping qualified young people and female staff members on board was continued. Twenty-three young UNVs are under recruitment; and 11 interns and volunteers were accepted this year.