HEALTH 2020

HEALTH
ANNUAL REPORT

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Cover photo: a mother and child rest in a stabilisation center for malnourished children with medical complications in North Darfur.

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ACRONYMS

ANC	Ante-Natal Care
ARI	Acute Respiratory Infections
CSO	Community-Based Organisation
DHSS	District Health System Strengthening
EmONC	Emergency Obstetrics and Newborn Care
EPI	Expanded Programme on Immunisation
FMoH	Federal Ministry of Health
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HBB	Helping Babies Breathe
HSS	Health System Strengthening
ICCM	Integrated Management of Childhood Illness
KMC	Kangaroo Mother Care
LLITNs	Long-Lasting Insecticidal Treated Nets
MICS	Multiple Index Cluster Survey
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ORE	Other Resources Emergency (emergency thematic funding)
ORR	Other Resources Regular (thematic funding)
ORS	Oral Rehydration Salts
PHC	Primary Health Care
PNC	Post-Natal Care
PPE	Personal Protective Equipment
RR	Regular Resources
S3M	Simple Spatial Survey Method
SDG	Sustainable Development Goal (or Sudanese Pound)
SMoH	State Ministry of Health
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

A year after the start of the political transition and the signing of a peace agreement, humanitarian needs continue to rise across the country. These needs are primarily driven by poverty, conflict and climate change, and are exacerbated by decades long underdevelopment. The Sudan 2021 Humanitarian Needs Overview (HNO) points to 12.7 million people – 28 per cent of the population – in need of humanitarian assistance throughout 2021. This is 3.4 million people more compared to 2020.

During the year 2020, Sudan faced prolonged and complex political, socioeconomic and health crisis, characterised by deterioration of the Sudanese pound, sharp rise in commodity prices, as well as shortages in bread, fuel and medicines. This critical situation was exacerbated by the COVID-19 pandemic, with the first case declared in March 2020, and the start of the second wave back in November 2020, with an average of 240 cases per day. The impact of COVID-19 on access to life saving services has been enormous and a significant portion of people were not able to access the services they needed.

On top of this, during 2020 several areas in the country were affected by an unprecedented flooding either from the Nile or due to heavy rains, rendering more than ten million people at risk of contracting water-borne and vector-borne diseases. This resulted in significant numbers of vulnerable communities, internally displaced people and refugees, particularly women and children, being severely impacted.

Despite the immensely challenging operational environment, that was characterised by the economic crisis, COVID-19 pandemic and the fragile health system, UNICEF significantly contributed towards increasing the access of integrated high impact health and nutrition services to more women and children (including internally displaced persons and refugees). For example, for the first time in ten years immunisation activities have reached children in the Jebel Marra region in Darfur.

UNICEF's success was possible thanks to strategic partnerships and technical cooperation with a wide range of stakeholders including, governmental and non-governmental partners, UN agencies as well as with civil society and community-based organisations. Some of the health results achieved include:

- UNICEF supported the scale-up of 3,000 health facilities and provided 163 solar refrigerators and cold rooms that contributed to the provision of integrated health services to nearly 16.7 million boys, girls, women and men in different geographic areas including those affected by humanitarian crises.
- In partnership with the Ministry of Health at federal, state and locality levels, a total of 1,618,767 children under-five years of age have accessed integrated management of childhood illness (IMCI) services, while 1,468,425 children (87 per cent) and 1,273,504 (76 per cent) infants under-one year of age were vaccinated against pneumonia and measles, respectively.
- Through UNICEF support, more than 8.2 million children under-five years of age were vaccinated against polio (cVDPV2) during the first round of the nationwide polio vaccination campaign.
- 9.2 million people, including 1,559,001 children under-five years of age in 12 high-risk states were provided with long-lasting insecticidal nets (LLINs) to protect them from malaria and other vector borne diseases.
- During the first wave of COVID-19, UNICEF led the infection prevention and control (IPC) pillar and has been the largest provider of personal protective equipment (PPEs) in Sudan.

In 2021, UNICEF will continue its strategic partnerships and technical cooperation with various stakeholders in order to scale-up integrated, quality lifesaving health and nutrition interventions, through strengthening the health system, improving access to hard-to-reach population, and advocacy for domestic resource mobilisation.

Given that 65 per cent of the Sudanese population are under 25 years of age, getting things right for children, adolescents and youth in the immediate and longer term, will to a great degree determine how successful Sudan will be in the future. Urgent action is needed to make a critical difference in the most vulnerable children's lives in the next months, and years to come.

SITUATION IN SUDAN

Sudan is the third largest country in Africa occupying approximately 1.9 million square kilometres (almost half the size of the European Union) and is home for a rapidly growing population of 41 million people. More than half of Sudan's population are children. Spurred by a high population growth of 2.4 per cent, Sudan is experiencing a demographic shift towards a youth-based population. However, limited livelihood opportunities exist for youth, resulting in an increased risk of militarisation and recruitment of unemployed adolescents and youth into militias as well as in temporary and permanent migration within Sudan but also increasingly beyond its borders

Bordering some of East Africa's most unstable countries, Sudan receives high numbers of refugees from neighbouring Ethiopia, Eritrea, Chad, Central African Republic and South Sudan. At the beginning of 2021, Sudan hosted more than one million refugees and asylum seekers, including more than 810,000 South Sudanese refugees; the second largest figure in the region (after Uganda)[1] as well as some 60,000 Ethiopian refugees who recently fled conflict in the Tigray region. As such, Sudan is both a temporary and a long-term host country for refugees, asylum seekers, and migrants as many choose to move onwards to North Africa and Europe and Sudan stands prominently at the crossroads of the large, complex and constantly evolving Horn of Africa migration route.

Migration and displacement are fueled by political instability, poverty, conflict and climate change. The already dire situation of children and families has been exacerbated amid the ongoing severe and acute economic crisis. National poverty levels have risen drastically, with the most vulnerable populations bearing its brunt. Incomes, wages and purchasing power have fallen, driving 9.6 million people - almost a quarter of the entire population of Sudan - to severe food insecurity. With over half of households not able to meet basic daily food requirements[2]. Vulnerable communities have resorted to reducing meals, switching to cheaper and less nutritious foods, selling livelihood and household assets, to the detriment of future generations and at the risk of creating poverty traps[3]. Others have spent less on health and education and have for example withdrawn their children from schools.

COVID-19: an additional burden

Sudan's health systems is on the brink of collapse with significant shortages of medicines across the primary health care system and hospitals. In 2020, thirteen out of Sudan's eighteen states, experienced one or more outbreaks of chikungunya, dengue fever, rift valley fever or diphtheria. Medical facilities across the country faced shortages of essential drugs, further weakening the national response. The economic crisis has dangerously degraded the already weak, underdeveloped and heavily underfunded primary healthcare system and weak, ageing water and sanitation services.

The COVID-19 pandemic compounded the already dire public health situation in the country. UNICEF has shifted personnel and resources towards the efforts to prevent and reduce the spread of COVID-19 in-country and to prepare and strengthen Sudan's capacity to respond to the crisis, while also looking to secure the continuity of other ongoing and critical humanitarian life-saving response activities.

Looking to the future

Yet in this glooming picture there is hope. The new transitional government, and signed peace agreement present an unprecedented opportunity to get things right. Establishing peace, ending the economic crisis, as well as the engagement and empowerment of young people and women who were so critical to the change process, have been clearly put at the fore by Abdalla Hamdok, Prime Minister for the Transitional Government of Sudan.

The current momentum calls for action to capitalise on a potential shift to an enabling environment. It presents an opportunity to work on sustaining peace, capacity-strengthening and community empowerment. Going beyond treating the symptoms of vulnerability - such as acute malnutrition, poor health status or poor learning achievements - and focusing on opportunities to strengthen the capacities of service providers, systems and communities.

UNICEF, given its mandate spans across the humanitarian-development-peace continuum, continues to take a lead role in working in close collaboration with key UN and NGO partners in developing a

humanitarian, development and peace nexus (HDPN) approach to coordination and programming in Sudan. This includes response to emergencies and lifesaving needs, investment in preparedness and resilience, seeking durable solutions for displaced people, supporting conflict prevention, social cohesion and peacebuilding, planning for longer-term development, and building and working with national capacities.

HEALTH SITUATION IN SUDAN

The health system in Sudan is fragile, with health indicators being consistently low and enormous disparities exist between urban and rural and between rich and poor.

Access to health services is often a big challenge for many Sudanese families.
Only 70 per cent of the population has access to a health facility within 30 minutes travel from their home (and 80 per cent has access to health facilities within one-hour's travel).[4]

And when a health facility is reached, care is of insufficient quality.
Only half of the people who visited a health facility were attended to by a skilled health worker[4]. Consequently, the coverage of health services for mothers and children is one of the lowest in the region. For example, only a quarter of sick children suffering from diarrhea were brought to a health centre for treatment. Of these children, only 27 per cent was provided with treatment for diarrhea (oral rehydration solution).

As a result, still too many infants die from preventable or treatable conditions.
The significant reduction in under-five mortality, from 128 (1990) to 68.4 (2014) per 1,000 live births, contrasts with the limited progress in neonatal mortality[5]. According to the United Nations Inter-Agency Group for Child Mortality Estimation (UNIGME) report for 2018, while the under-five mortality rate has further declined to 60 per 1,000 live births, the neonatal mortality stands at 29 per 1,000 livebirths. Children continue to die mainly from preventable or easily treatable conditions such as acute respiratory infections (inducing pneumonia), diarrhea and malaria. Malnutrition is often an underlying cause or mortality – a silent killer.

Not only child mortality but also maternal mortality is high.
Maternal mortality is related to a lack of skilled birth attendants and antenatal care. Maternal mortality was estimated at 295 per 100,000 live births, with most deaths due to home deliveries without the presence of skilled birth attendants and the lack of emergency obstetric care at medical facilities[6]. Even though 85 per cent of pregnant women conduct at least one antenatal care visit, the proportion of those who conducted at least four antenatal care visits is just over half. Only 34 per cent of young mothers and their newborns receive post-natal care services[7]. In addition, 69 per cent of women receive their tetanus toxoid vaccination.

Not all children are reached with life-saving vaccinations
The annualized EPI coverage as of end of November 2020, indicated that 84 per cent (1,313,458) of children under one year of age received their third dose of pentavalent vaccine with a drop-out rate of 3 per cent compared to the first dose of pentavalent vaccine. Around 82 per cent of children (1,1,281,745) received their first dose of measles while those who received their second dose equal 64 per cent (1,091,399 children).

Outbreaks of communicable diseases are common.

[1] UNHCR: Sudan Population Dashboard: Refugees and Asylum-seekers (as of 28 February 2019).

[2] Integrated Food Security Phase Classification estimates from World Food Programme (WFP), 2019. West Darfur State was not analysed by the state-level technical working group; counting West Darfur, figures were estimated around 6.2 million.

[3] Impact of economic crisis: household economic situation and coping mechanisms: Khartoum state.

[4] Simple Spatial Survey Method (S3M-II), 2018

[5] Multiple Index Cluster Survey (MICS), 2014

[6] Inter-agency Estimate for Trends in Maternal Mortality: 1990 to 2015, 2000 to 2017, WHO, Geneva, 2015-2019

[7] Simple Spatial Survey Method (S3M-II), 2018

In 2020, Sudan suffered from the COVID-19 Pandemic and other vector-borne diseases. The inadequate health coverage combined with poor water, sanitation and hygiene (WASH) infrastructure among other factors, contributed to the rise of diseases. Thirteen out of Sudan's eighteen states, including the eastern states, Gezira, Sennar, River Nile, and the Darfurs experienced one or more outbreaks of chikungunya, dengue fever, rift valley fever or diphtheria. Medical facilities across the country faced shortages of essential drugs, further weakening the national response.

A doctor examines an infant in the neonatal unit in Damazine hospital, Blue Nile ©UNICEF Sudan/Noorani

RESULTS

UNICEF's health programme contributes to Sustainable Development Goal (SDG) Three: *ensure healthy lives and well-being for all at all ages.*

During 2020, despite the unprecedented challenges faced due to the COVID-19 pandemic, UNICEF worked with partners to reach vulnerable children and their communities. This was achieved through applying a holistic and integrated approach, which enabled UNICEF and partners to successfully continue to provide lifesaving health services. UNICEF's strategy was to invest in focusing on system strengthening activities, whilst adapting to health and movement restrictions imposed by COVID-19.

Through strategic technical, policy and financial investments, UNICEF advanced the rights of children and women in Sudan with high-impact health and nutrition programmes including in humanitarian situations. Additionally, UNICEF supported the Ministry of Health and other implementing partners including local and international non-governmental organisations (NGOs) to respond to different epidemics including cholera, malaria, diphtheria, dengue fever and other (vector-borne) diseases.

This section provides an assessment of the results achieved, constraints and challenges against the planned results.

OUTCOME 1

By 2021, more children under the age of five years and women of reproductive age utilise high-impact, quality health and nutrition services.

Indicators	Baseline (2019)	Target 2020	Results 2020
Government contribute to cover budget requirements for non-GAVI bundled vaccines (measles, polio, tetanus toxoid, BCG).	35% (23% for vaccine cost and 100% of injection supplies cost)	45% (34% of the traditional vaccines and 100% of the injection devices)	0%
Percentage of states with cold chain functionality of above 80 per cent	66.7%	83.3%	94%
Number of district health systems strengthening targeted states in which barriers and bottlenecks related to child survival are monitored.	8	10	9
Number of UNICEF-targeted boys and girls under-one year in humanitarian situations receiving the first dose of measles vaccine.	712,330	780,487	708,210
Number of children under-five accessing integrated management of childhood illness (IMCI) services.	883,478	987,700	1,618,767
Percentage of women who received four or more antenatal care visits.	51% (2014)	70%	50%

Despite the enormous challenges Sudan faced during 2020, in addition to the already fragile health system, UNICEF contributed towards the increase in access to high impact integrated lifesaving health and nutrition services to more than 16.7 million people. UNICEF technical, financial and logistical support to the Government of Sudan has been instrumental in achieving these results.

Maternal, newborn and child health services were scaled-up both at the facility and community levels, where over 3,000 health facilities continued to provide lifesaving services for children while simultaneously supporting the COVID-19 response. However, the service uptake for maternal and newborn care was lower in 2020 compared to 2019. As a result, the skilled birth attendance rate and the proportion of newborn babies who received post-natal care within two days of delivery declined from 88 per cent in 2019 to 76 per cent in 2020 and from 66 per cent in 2019 to 53 per cent in 2020 respectively.

A total of 1,618,767 children under-five-year olds received care through the integrated management of childhood illnesses (IMCI) approach, which was a two-fold increase from 2019. Further, 1,312,340 children (84 per cent), and 1,281,745 (82 per cent), under-one-year olds were vaccinated against pneumonia and measles, respectively, during four rounds of accelerated routine immunisation sessions supported by UNICEF, targeting the 113 lowest performing localities.

To mitigate the risk of COVID-19, UNICEF delivered 30 per cent more medical kits and supplies than in 2019. This included ready-to-use therapeutic food (RUTF), integrated management of childhood illness (IMCI), primary healthcare (PHC), interagency emergency health (IEHK) and midwifery kits among others. In addition, over 160 solar direct drive (SDD) refrigerators and cold rooms were delivered by UNICEF ensuring vaccine potency and cold chain systems functionality of over 80 per cent in 17 of the 18 states.

UNICEF led on the infection prevention and control (IPC) and the risk communication and community engagement (RCCE) pillars of the COVID-19 response. Having provided over 62,163 community volunteers and health workers with personal protective equipment (PPE), UNICEF was the largest provider of PPE in Sudan.

Following UNICEF's advocacy, the Government of Sudan contributed USD 5.6 million to fill the funding gaps for the first round of the nationwide polio outbreak response vaccination campaign and the mass long-lasting insecticide treated nets (LLINs) distribution campaign. This was critical to immunise 8.2 million children under-five against polio and protect 9.2 million people (99.1 per cent) in twelve high-risk states from malaria.

The Government of Sudan also demonstrated strong commitment to continue contributing to the costs of the traditional vaccines and RUTF. However, the significantly deteriorated socio-economic situation in the country, the competing priorities including the funding needs for the COVID-19 and polio outbreak response and the mass LLIN distribution did not allow the government to further pay for traditional vaccines, unlike in 2019. UNICEF's interventions to fill these gaps have maintained intact vaccine and RUTF stocks through the year.

OUTPUT 1.1

The health system at national and sub-national levels is strengthened to develop evidence-based, multi-sector policies, plans and budgets to ensure equitable and high-quality health and nutrition services. This results in the improvement of health and nutrition outcomes for children, adolescents and women

Despite the critical challenges Sudan faced during 2020, UNICEF continued to advocate with the Government of Sudan to deliver results for children, adolescents and women.

The Government of Sudan demonstrated strong political will in developing multisectoral plans/policies to tackle the root causes of different health issues. The government contributions for the two rounds of the national polio vaccination campaign and the mass LLIN distribution campaign have been critical to bridge the funding gap of USD 5.6 million. The government also demonstrated

strong commitment to continue contributing towards the costs of the traditional vaccines and RUTF. However, the significantly deteriorated socio-economic situation in the country, as well the competing priorities including the funding needs to the COVID-19 and polio outbreak response, did not allow the government to further fund the traditional vaccines.

UNICEF also supported the development and implementation of national guidelines to maintain lifesaving services during the COVID-19 pandemic. This was critical, given that more children would have died because of the lack of essential services caused by the COVID-19 disruption of the health system, than those who would have died of COVID-19 itself.

Contribution by the government to cover budget requirements for non-GAVI bundled vaccines (measles, polio, tetanus toxoid, BCG)

As a result of UNICEF's advocacy efforts, the Government of Sudan contributed an amount of USD 4,073,793 to close the funding gaps in the operational cost of the two rounds of the nationwide polio vaccination campaign. This was critical to immunise more than 8.2 million children under-five against polio (cVDPV2), which had emerged in the country after having previously been eradicated. However, the government has also demonstrated strong commitment to continue contributing towards the costs of the traditional vaccines despite the competing priorities such as the COVID-19 pandemic, and the significantly deteriorated socio-economic situation in the country. With UNICEF support, the Government of Sudan managed to fill these gaps and succeeded in maintaining intact vaccine stocks through the year. Accordingly, 8,241,132 children under-five (97.2 per cent) were vaccinated against polio during the first round of the campaign. Also 1,312,340 (84 per cent) and 1,281,745 (82.2 per cent) children were vaccinated against pneumonia and measles respectively, while 1,313,458 children (84 per cent) received the third does of the Penta vaccine (annualized coverage)

UNICEF will continue advocating with the Government of Sudan aiming at higher government investment in health, that will result in total ownership of the routine immunisation services that includes the procurement of traditional vaccines.

Percentage of states with cold chain functionality of above 80 per cent

Through support from UNICEF, the Federal and State Ministries of Health maintained the functionality of the cold chain to ensure potency of vaccines for children and mothers during this challenging period.

The cold chain is the system used for storing vaccines in appropriate temperatures. It consists of a series of links that are designed to keep vaccines within the recommended temperature ranges, from the point of manufacture to the point of administration. An unbroken cold chain is the backbone of any immunisation programme, which is very essential for maintaining the quality and safety of vaccines by ensuring the desired temperature. A high-quality cold chain allows health workers to deliver lifesaving vaccines to every child.

To this effect, UNICEF provided 163 solar direct drive (SDD) refrigerators and cold rooms, which have resulted in replacement of the outdated ones and maintaining the country cold chain system. This support had contributed to the improvement in this indicator where 94 per cent of the states (17 out of 18 states) obtained cold chain functionality above 80 per cent. This resulted in the vaccination of more children with penta3 and measles vaccines than those vaccinated in 2019.

Number of DHSS targeted states in which barriers and bottlenecks related to child survival are monitored

Government staff at national and sub-national levels improved the skills and knowledge required for conducting bottleneck analysis and developing evidence-based, multi-sector focused policies, plans and budgets to improve health and nutrition services. Through UNICEF support, the Ministries of Health in nine states (Blue Nile, East Darfur, North Darfur, South Darfur, West Darfur, White Nile, Gadaref, Kassala, and Red Sea) have strengthened capacity to conduct bottleneck analysis in over 43 targeted localities, using UNICEF's seven-step health systems strengthening approach (HSS) through which root causes of inequities are identified and joint action plans developed with partners to improve access and uptake of health and nutrition services.

UNICEF directly supported State Ministries of Health technically and financially to address gaps in skill and knowledge as well as those related to supplies, in order to build a more resilient and reliable health system.

OUTPUT 1.2

Integrated high-impact health and nutrition services are delivered for vulnerable children, adolescents and women, through facility and community levels in development and emergency setting

The challenges Sudan faced during 2020 have pushed the already fragile health system to the verge of collapse. While the demand for services was high, the uptake was paradoxically low, associated with fear of exposure to COVID-19 and lack of health workers and supplies, among other factors.

UNICEF Sudan supported its health service implementing partners (both government and non-governmental organisations), to strengthened health service delivery at both the community and facility-levels. This was done through capacity-building of the respective healthcare providers, provision of essential supplies and commodities, supporting fixed, mobile and outreach services and community engagement. This support resulted in maintaining the functionality of more than 3,000 health facilities for the provision of lifesaving health and nutrition services for nearly 16.7 million children, adolescents and women while at the same time supporting the COVID-19 response.

Consequently, 1,312,340 (84 per cent) and 1,281,745 (82 per cent) children under-one year of age were vaccinated against pneumonia and measles respectively through four rounds of accelerated routine immunisation services, targeting the 113 lowest performing localities. In addition, more than 8.2 million children under-five (97 per cent) were vaccinated against polio during the first round (out of two) of a nationwide outbreak response vaccination campaign. During this campaign, Kara (conflict-affected area), in South Jebel Marra was reached by vaccinators for the first time in ten years. In addition, 1,618,767 sick children under-five were treated for common childhood diseases.

Further, 9,170,594 people (99 per cent), including 1,559,002 children under-five years in twelve high-risk target states were provided with LLINs to protect them from malaria and other vector-borne diseases. Given the unprecedented flooding and associated higher rates of malaria in the year, we expected this to significantly contribute to reduce malaria and other vector borne related morbidities and mortalities.

Number of UNICEF-targeted infants under-one year in humanitarian situations receiving the first dose of measles vaccine

During 2020, UNICEF supported the Ministry of Health at federal and state levels through capacity development and ongoing monitoring, as well as the procurement of vaccine and cold chain supplies including 163 solar direct drive (SDD) refrigerators and cold rooms. UNICEF also continues to provide support for the development of all the immunisation-respective communication materials. This support has resulted in the coverage of around 708,210 infants under-one year of age in need of humanitarian assistance, including IDPs and refugees, with the first dose of measles vaccine.

Number of children under-five years accessing integrated management of childhood illness (IMCI) services

UNICEF maintained its support to the scale-up of maternal, newborn and child health and nutrition services both at the facility and community levels. During 2020, UNICEF supported the training of 492 health workers at facility and community-levels in nine states. The training focused on integrated management of childhood illness (IMCI) service delivery and provision of essential supplies (such as 371 IMCI kits, 954,000 sachets of oral rehydration solution, 3,800,000 tabs of zinc supplementations). As a result, a total of 1,618,767 sick children under-five years had access to IMCI services (which is a two-fold increase from 2019), where they received medical consultation and treatment for malaria, diarrhea and acute respiratory infections.

In addition, over 1,559,000 children under-five years of age in twelve high risk target states were provided with long-lasting insecticidal nets (LLINs) during a mass distribution campaign, to protect them from malaria and other vector-borne diseases.

Percentage of women who received four or more antenatal care visits

To ensure continuity of the maternal and newborn health services, and to mitigate the risk of the COVID-19 pandemic (which caused a decrease in the availability of medicines and other medical supplies), UNICEF delivered around 30 per cent more medical kits and supplies than the amount provided in 2019. This included 263 obstetric kits, 647 midwifery kits, 274 newborn resuscitator sets, as well as sufficient iron folate tablets, sufficient enough to cover 500,000 pregnant and lactating women. UNICEF Sudan also supported the training of 239 community midwives and 49 medical doctors on essential midwifery and newborn health services.

Through this support, UNICEF Sudan reached 50 per cent of pregnant women with four or more ante-natal care visits during which the progress of the woman's pregnancy was monitored, she was counseled on pregnancy and childbirth related issues and provided with iron/folate supplements.

Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)

UNICEF led on the infection prevention and control (IPC) and the risk communication and community engagement (RCCE) pillars of the COVID-19 response. During the first wave of the COVID-19 pandemic, UNICEF supported the training of over 4,400 health service providers at the community and health facility levels on infection prevention and control (IPC).

Over 62,000 health workers and community volunteers benefited from the personal protective equipment (PPEs) provided by UNICEF to protect themselves and the people they serve from COVID-19 and other infections, while delivering essential health and nutrition services. Having delivered PPEs worth of around USD 8 million, UNICEF was the largest provider of PPEs in Sudan.

OUTPUT 1.3

Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.

UNICEF airlifts its biggest PPE shipment to help Sudan contain COVID-19 outbreak

In response to the COVID-19 pandemic, over 16 million people in Sudan received information and have enhanced knowledge on prevention and access to health services through different and innovative forms of communication. Active and influential community groups were identified such as *resistance committees*, religious and activist leaders, women and youth groups and police officers. These community groups have enhanced awareness through online trainings on the transmission, symptoms, and prevention of COVID-19 as well as other diseases.

These groups played essential roles in the disseminating of information about COVID-19 and became a base for the 'early warning system'. This system was created for the timely collection and dissemination of essential preventive information about the disease to ensure people are aware and prepared.

As a result of UNICEF advocacy efforts in collaboration with other partners, the COVID-19 messages reached about 80 per cent of the planned target. As a result, more than 90 per cent of the participants of a survey conducted by UNICEF, demonstrated sufficient knowledge about symptoms, transmission of, and precautions against COVID-19.

In addition to the COVID-19 response, UNICEF and partners responded to other emergencies during 2020, including the floods in Sennar and Khartoum states, malaria, polio, and water-borne disease such as cholera. UNICEF collaborated with the Ministry of Health and other partners to promote immunisation against polio. The efforts of UNICEF and partners resulted in 97 per cent of children under-five years of age being vaccinated against polio in the first round that took place on 28 November 2020.

A child receives the measles vaccine in a health clinic on the outskirts of Nyala, South Darfur

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MONITORING

Coverage with essential health services as well as the health status of children and women in UNICEF-targeted areas are monitored monthly and annually using the Health Information Management System (HMIS), detailed questionnaires and checklists (used by State and Federal Ministries of Health and implementing partners). This date provides information on numbers of children and women covered by the respective health interventions provided. Distribution of bed nets (LLINs) is usually monitored using the standard tools at all stages starting from the training of the distributers up to the end beneficiaries.

UNICEF continue to support its implementing partners to conduct monitoring and supportive supervisory visits. UNICEF field staff undertake regular field visits and also conduct periodic joint monitoring visits to UNICEF project-supported areas to monitor and verify progress of implementation and to ensure that the services being provided are of acceptable quality and that there are no stock-outs of essential supplies.

UNICEF will continue to provide support to the transitional Government of Sudan through investing in health system strengthening, with a focus on the improvement of information, reporting, monitoring and data management systems.

PARTNERSHIPS

UNICEF has strategic partnerships and technical cooperation with a wide range of stakeholders including, governmental and non-governmental partners, UN agencies as well as with civil society and community-based organisations. UNICEF is taking a lead role in working in close collaboration with key partners supporting and providing health services include.

- The UN Agencies provide technical support, supplies and equipment and funds for operational costs of health interventions.
- The NGOs play the critical role of delivering health and other humanitarian services in for IDPs and host communities, as well as people living in hard-to-reach areas. UNICEF co-operates with NGOs in coordination with the national and state ministries of health. UNICEF-NGO relationship is governed by signed project cooperation agreements.
- The State Ministries of Health are the health authorities responsible for the development, implementation and supervision of health care services for the entire population of the country.

Other critical UNICEF partners include the Governments of Sweden, Germany, China, Japan, Canada, the United Kingdom, the United States of America, as well as the European Union, the Global Fund, GAVI the Vaccine Alliance, and various UNICEF National Committees.

During 2020, despite the unprecedented challenges faced due to the COVID-19 pandemic, UNICEF worked with partners to reach vulnerable children and their communities. This was achieved through applying a holistic and integrated approach, which enabled UNICEF and partners to successfully continue to provide lifesaving health services

In 2021, UNICEF will continue enhancing its strategic partnerships and technical cooperation with various stakeholders in order to scale-up integrated, quality lifesaving health and nutrition interventions, through strengthening the health system, improving access to hard-to-reach populations, and advocacy for domestic resource mobilisation.

CLIMATE-RELATED ISSUES

Climate change presents a particular challenge to women's and children's health who are more likely to suffer from the harmful effects of extreme weather events. For years Sudan continue to suffer from the effect of climate change including floods and drought, and hence emergencies and disasters.

These events had contributed to the increase in number of the displaced population (IDPs and eefugees) and resulted in poor access to the basic services including health services for the affected population.

During 2020 several areas in the country were affected by an unprecedented flooding either from the Nile or due to heavy rains, rendering more than ten million people at risk of contracting water-borne and vector-borne diseases. UNICEF and partners responded to these floods by distribution of mosquito nets and supporting other measures for the prevention and management of those diseases. Also, UNICEF contributed by supporting the provision of mobile and outreached health services for these vulnerable groups where they are.

UNICEF policy on disaster risk reduction and climate change adaptation continues to focus on women and child health, including building health systems that are capable of dealing with gradual and sudden hazards and maintaining quality of care during disaster and emergency conditions. One example is the solarisation project for more than 184 rural health facilities and immunisation services.

At the same time, gender needs and perspectives are always taken into account as women are the most vulnerable group affected by climate change events. UNICEF continue to support the health education and promotion sessions aiming at women empowerment within local communities for their participation and involvement to protect themselves.

IMPORTANCE OF FLEXIBLE FUNDING

This generous funding from our donors provided UNICEF with greater flexibility to respond to the needs of children in a timely and efficient manner. It has contributed to the expansion and scale-up of the different essential health services throughout the country, benefiting around 16.7 million people, where more than 3,000 health facilities continued to provide lifesaving services to children. Over 1,618,000 children under-five years of age were treated from childhood illnesses while more than 4,952,000 under one-year old children were vaccinated against measles and pneumonia and 8.5 under five children were vaccinated against polio.

Part of this fund was utilised to mitigate the risk of COVID-19 pandemic through the training of service providers on infection prevention and control and the provision of recognised quantities of personal protective equipment. Thanks to the flexibility of these funds UNICEF was able to rapidly scale-up the response to the sudden impact of COVID-19.

CHALLENGES

The COVID-19 pandemic was the major challenge for the health sector in 2020. Not only the direct response to the pandemic (infection prevention and control, risk communication) but also the indirect response (continuity of critical social services) required UNICEF to rapidly scale-up its interventions.

The COVID-19 containment measures (such as restriction on movements and gatherings) resulted in decreased access to the health services and the delay in implementation of activities. This most severely impacted the training, supervision and community awareness raising activities, as well as delivery of supplies. The Government of Sudan identified fixed isolation centres across the country to receive and manage COVID-19 patients and established hotlines for telemedicine. With technical and financial support from UNICEF to the Ministry of Health, guidelines were developed, and PPEs were procured and distributed to health facilities, to ensure the continuity of essential health and nutrition services.

Many allocated funds were dedicated to emergency interventions. This made it difficult to initiate long-term and large-scale investments to further strengthen the primary healthcare system in Sudan. UNICEF Sudan is leveraging these emergency funds to support the humanitarian-development nexus in the health sector but is also exploring strategic partnerships for significant scaling-up of some of the critical interventions, which will have long-lasting impacts in the country.

A budget gap for routine immunisation service delivery, which was identified in 2020 as a result of local currency devaluation and difference between official and UN exchange rate, resulted in low vaccination coverage during the first half of 2020 (penta3 coverage up to May 2020 was only 68 per cent). In order to overcome this challenge and raise the expanded programme on immunisation (EPI) coverage, five rounds of accelerated routine vaccination campaigns were implemented in 113 low performing localities.

During 2020, in addition to COVID-19, Sudan witnessed critical socioeconomic challenges that led to the continuous rise in the cost of living and aggravation of the shortages in fuel, bread and medicines. This critical situation, coupled with heavy rains, the flash flooding of the River Nile and its tributaries and the fight of diseases (such as malaria, dengue, chikungunya, measles and polio), has exacerbated the existing inequities in access to lifesaving health and nutrition services for children, adolescents, pregnant women and mothers throughout the country. The entire health system has become more fragile and overstretched at all levels.

LESSONS LEARNED

- **Mapping of health facilities:** This enabled UNICEF to understand the impact of COVID-19 on lifesaving health and nutrition services. It also strengthened internal reporting systems to analyse trends on service updates. The information gathered has enabled UNICEF and the Government of Sudan to react and plan corrective actions. For example: to mitigate the impact of COVID-19 on vaccination services, the data enabled UNICEF and the Government to prioritise the 113 lowest performing localities and to implement four rounds of accelerated routine vaccination services.
- **The engagement of partners:** Learning from the Ebola outbreak experience, UNICEF engaged partners to ensure continuation of lifesaving health and nutrition services for children amid the COVID-19 pandemic. Without this continuation of services, more children would die of the indirect impact of COVID-19 rather than as a result of COVID-19 itself. An example of this is the necessary continuation of vaccination campaigns.
- **Mobilising the private sector:** UNICEF deployed its Partnership Engagement Specialist to the Federal Ministry of Health (FMoH), to mobilise the private sector in Sudan to support the COVID-19 response. Accordingly, the private sector contributed a great deal, by providing significant amounts of in-kind support including hosting the Federal Ministry of Health's call centre, provision of vehicles, PPE and oxygen supply, among others. Their engagement on the risk communications and community engagement (RCCE) pillar was also instrumental to curb the spread of the outbreak. UNICEF's strategic support, beyond mobilising the private sector to contribute, has also fostered the Ministry of Health's capacity to further engage this unexploited sector to respond to the wider health needs.

- **A decentralised approach to health emergencies:** This resulted in timely deployment of responses. COVID-19 containment measures made it difficult for movement of supplies and teams. Therefore, maintaining local level emergency stock, as well as involvement of the affected communities was crucial for timely deployment of lifesaving interventions.
- **The use of non-medical, fabric face masks**: A good alternative to surgical masks for the general public under the age of 60 (as long as they have no underlying health conditions). This means the distribution of surgical masks can be focused on COVID-19 frontline workers such as medical staff.

- **COVID-19:** One of the learned lessons from the COVID-19 pandemic in 2020 is the need to expand the national capacity of the Health Sector to deal with emergencies and disease outbreaks so as to avoid any potential disruption in the essential service provision. Partnership and coordination mechanism were established with all the relevant stakeholders in order to reduce future transmission and mitigate the impacts of COVID-19 which is still not over, and to ensure better health service continuity.

  This had resulted in the readiness and preparedness of the country health system in terms of investing more on the isolation centers for the management of COVID-19 patients, training of more health service providers, prepositioning of the required essential supplies e.g PPEs and IPC, redistribution and remobilization of resources across the health system and continued awareness raising of the general population on COVID-19 prevention.

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  UNICEF continue to provide support to the Ministry of Health with its mass and social media plans and harness its social media channels to reach people with accurate information and prevention messaging. Also, remarkable quantities of infection prevention and control (IPC) supplies and personal protective equipment (PPEs) were procured and distributed, (mainly by UNICEF), to health workers throughout the country. This has resulted in increasing the infection prevention and control measures at hospitals and other health facilities.

  These interventions went parallel with the adoption of alternative ways to maintain services and reduce the exposure for beneficiaries and providers of these services e.g. teleworking modality to reduce crowding. Awareness raising and behaviour change communication activities targeting the general population were intensified through the dissemination of COVID-19 related messages via all the radio and television stations all over the country, social media, SMS messaging by the mobile phone companies in addition to the establishment of a phone hotline for telemedicine. These measures altogether have resulted in assuring and minimizing fear amongst both the health service providers and the publics.

FUTURE WORK PLAN

UNICEF Sudan has initiated the mid-term review of its Country Programme 2018-2021. The year 2021 will be crucial for the new leaders and staff in the Ministry of Health at national and state-level. UNICEF will support the transitional Government of Sudan in strengthening monitoring and data management systems to improve the quality of services. Further, UNICEF will work with the State Ministries of Health on strengthening the supply chain management at all levels, including improving warehousing conditions and ensuring timely supply delivery to states, localities and communities. UNICEF will also continue advocating for increased government contributions to essential health and nutrition interventions and supplies.

In 2021, UNICEF will also continue enhancing strategic partnerships and technical cooperation with a wide range of stakeholders including the Global Fund, GAVI The Vaccine Alliance, its sister UN agencies (OCHA, WHO, UNFPA, UNHCR, WFP), to deliver services, and will continue developing partnerships with non-governmental and civil society organisations in remote and hard-to-reach areas to scale-up integrated lifesaving health and nutrition interventions.

To increase the demand for health services at the community-level, UNICEF will support community engagement and the deployment of community health volunteers to sensitise house hold members on key family practices and, importantly, to benefit from the available health services (ante- and post-natal care, immunisation) and the use of the bed nets.

UNICEF will consider the following key priorities during the year 2021:

- Focus on domestic resource mobilisation for health, through advocacy with the government as well as through the mobilisation of the private sector.
- Invest in health system strengthening, with a focus on the improvement of information, reporting and monitoring systems, especially in specifically targeted states.
- Improve access to quality maternal, neonatal and child health care services, at both community and health facility-levels, as well as ensuring continuity of services during critical and unforeseen situations.
- Strengthen preparedness and response to health emergencies. Support in the preparation, training and deployment of the rapid response teams in the event of emergency interventions.
- Strengthen community awareness, communication and social mobilisation for generating demand for the different health services as well as promotion of preventive care.
- Strengthen supply chain management, with a focus on immunisation and emergency supplies.
- Continue the procurement and distribution of essential health supplies, focusing on the PPE and other IPC commodities.

Given that 65 per cent of the Sudanese population are under 25 years of age, getting things right for children, adolescents and youth in the immediate and longer term, will to a great degree determine how successful Sudan will be in the future. Urgent action is needed to make a critical difference in the most vulnerable children's lives in the next months, and years to come.

CASE STUDY: IMPROVING MATERNAL AND NEWBORN HEALTH IN WEST DARFUR STATE

Background

Despite Sudan's progress in achieving child survival and health outcomes, the agenda for ensuring the survival and development of young children and their mothers is still unfulfilled. The significant reduction in under-five mortality, from 128 (1990) to 70 (2014) deaths per 1,000 live births, contrasts with the inferior progress in neonatal mortality, which fell only from 40 (1990) to 33 (2014) deaths per 1,000 live births. This trend is reflected by the high maternal mortality ratio, which is reported at 216 deaths per 100,000 live births (2010), with most deaths due to delivery by unskilled birth attendants at home and the lack of comprehensive emergency obstetric care.

The Sudan Multiple Indicator Cluster Survey (MICS) conducted in 2014 showed that West Darfur state lags far behind other states as it has the highest under-five mortality in the country (91.4 deaths/1,000 live births), and a neonatal mortality rate of 39.2 deaths/1,000 live births.

Available data suggest that the three most important immediate causes of neonatal deaths are infections, asphyxia and preterm birth. The difficulty in curbing neonatal mortality lies in the fact that most neonatal deaths remain unseen and undocumented due to the high proportion of home deliveries. Over 50 per cent of these neonatal deaths are believed to take place at home where 87 per cent of deliveries occur. Timely access to skilled health care during pregnancy, childbirth and in the postnatal (immediately following birth) and emergency obstetric care can prevent more than 74 per cent of these deaths.

UNICEF response

To contribute to the reduction in the maternal, child and newborn mortality, UNICEF invests in improving access to quality essential maternal and newborn care services in West Darfur state. In 2020, UNICEF supported the training of 100 community midwives and provided them with the necessary supplies. This training aimed to build the capacity of the only maternal and newborn health service providers available at community-level, and to update their knowledge and skills on essential and emergency obstetric and newborn care services.

The community midwives (in two batches), received in-service training on early essential newborn care package including 'helping baby's breath' and the 'kangaroo mother care' at Geneina Midwifery School and Geneina Hospital. The first batch of trainees, which was composed of 50 community midwives, received their training during the period 22 to 25 June 2020. They represented five out of the eight state localities (El Geneina 21 midwives, Habila 4 midwives, Forbaranga 6 midwives, Beida 2 midwives and 17midwives from Kerenik). The second batch received their training during the period 6 to 9 July 2020 and representing all the state localities: (El Geneina 32 midwives, Beida 4 midwives, Forbaranga 1 midwife, Kulbus 3 midwives, Kerenik 4 midwives, Sirba 3 midwives, Habila 2 midwives and 1 midwife from Jebel Moon.

The training continued for four days and was facilitated by obstetricians and pediatricians. Although the implementation of these training courses was delayed, mainly because of the containment measures applied by the Government of Sudan as a response to COVID-19 pandemic (including lockdown and restriction of movement), UNICEF and the West Darfur State Ministry of Health still managed to successfully implement the training in June and July 2020.

Results:

- The trained community midwives gained new knowledge on infection prevention, early essential newborn care package. They also gained new skills in 'helping baby's breath' and 'kangaroo mother care'.
- The training has strengthened relations between the midwives and the State Reproductive Health Directorate and provided a good environment for information and experience sharing.
- Reports received from participating community midwives (for the first time in years), when they returned home after the training, indicated that, in six months' time, they provided antenatal care

services to 3,400 pregnant women and early newborn care services to 2,120 newborns. At the same time, they organised awareness raising sessions for their local communities benefiting 49,399 people on issues related to maternal and newborn health.

- The training was an opportunity for the state reproductive health programmes to update the community midwife databases with details on distribution, age, employment status and experience. This information was used in the analysis of this report and will be used to inform future programme activities.

Lessons Learned:

- In-service training for the community midwives is a vital tool for the improvement of maternal, child and neonatal health and hence reduction of their mortality.
- This type of training was considered as a motivation for the community midwives to continue developing their skills and improve their performance in their respective fields.
- Replacement and replenishment of the midwifery kits during the training was a major benefit of such gathering where it is difficult for the health managers to reach each midwife separately.
- Such type of training, even seen by the midwives themselves, is a major step towards safe deliveries and improved maternal and newborn care services in far remote rural areas.
- Community midwives could conduct health promotion and awareness raising activities in their community to encourage community participation and engagement and to increase demand for the available health services.
- The community midwives will contribute to the strengthening of the health management information system, as they are a good source of health information and reporting from remote areas.

STORY: ENSURING THAT LIFESAVING VACCINATIONS CONTINUE, EVEN DURING COVID-19

Mounira Abdallah's working day starts early in the morning, as she arrives at the UNICEF-supported health center in White Nile state. Mounira has worked with the expanded programme on immunisation for more than 19 years.

'I start work early in the morning. After first preparing for the day, I vaccinate children and when that is complete, I start trying to contact those that didn't come to their appointment. During the COVID-19 pandemic, I have noticed that the number of vaccinated children has decreased, due to parents being worried about corona', Mounira says.

One of Mounira's first clients of the day is nine-month-old Intisar Mohamed, who has arrived at the health center with her mother, Hala Ibrahim. After checking Intisar's vaccination card, Mounira administers the measles vaccination, ensuring she takes all necessary precautions against the spread of COVID-19. As Mounira has had so much experience with vaccinations, the procedure goes quickly and smoothly. Even Intisar smiles and laughs once it is finished. Hala expresses her heart-felt appreciation to the health workers and Mounira for wearing protective equipment during the vaccination and ensuring that Intisar is protected.

'I insisted on coming to the center and vaccinating my child, despite the corona-outbreak, to make sure that she is protected from dangerous diseases. I will encourage all my neighbours to take their children to complete their routine vaccinations. The center is open as usual and the health workers are taking all the measures to prevent corona spread', Hala says.

At the end of her visit, Hala thanks the health workers and the Government of Sudan and UNICEF for all the help provided to ensure vaccinations continue to be available to protect their beloved children.

Intisar receiving her measles vaccine in White Nile State. ©UNICEF Sudan/Almugtba Khider

For more stories, please check UNICEF Sudan's website: stories

EXPRESSION OF THANKS

UNICEF Sudan would like to extend its heartfelt appreciation to all donor partners who continued to support us or even scaled-up their support during 2020. It was not an easy year, yet UNICEF and partners reached millions of girls and boys with (often) lifesaving interventions, which would not have been possible without the generous funding received. Thanks to the support, UNICEF can continue its mission to meeting the needs and fulfilling the rights of the most vulnerable children, their families and communities.

Thematic or flexible funding for UNICEF's health interventions is crucial as it provides us with greater flexibility to respond to the needs of children in a timely, well-planned and efficient manner. It allows us to have a bigger and more effective impact on the lives of vulnerable and marginalised populations in a highly volatile, complex and dynamically evolving context like Sudan.

FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. The form is available on line at this link: English version or French version.

FINANCIAL ANALYSIS

TABLE ONE: Planned health budget for 2020 (in US dollars)

Output	Funding type	Planned budget	Funded	Shortfall
Output 1.1 Evidence-Based Planning for Health and Nutrition	RR	1,080,399	464,508	615,891
	ORR	1,202,774	650,482	552,292
	ORE	249,760	-	249,760
	Total	**2,532,933**	**1,114,990**	**1,417,943**
Output 1.2 Integrated High-Impact Health and Nutrition Services.	RR	650,000	229,487	420,513
	ORR	14,161,424	2,439,645	11,721,779
	ORE	5,371,739	1,615,033	3,756,706
	Total	**20,183,163**	**4,284,165**	**15,898,998**
Output 1.4 Knowledge on Key Family Practices	RR	403,351	-	403,351
	ORR	2,294,987	442,005	1,852,982
	ORE	-	-	-
	Total	**2,698,338**	**442,005**	**2,256,333**
Total	RR	2,133,750	693,995	1,439,755
	ORR	17,659,185	3,532,132	14,127,053
	ORE	5,621,499	1,615,033	4,006,466
	Total	**25,414,434**	**5,841,160**	**19,573,274**

TABLE TWO: Thematic Contributions Received for health in 2020 (in US dollar)

Donors	Grant Number*	Contribution Amount	Programmable Amount
SIDA - Sweden	SC189901	521,003	484,533
	Total	**521,003**	**484,533**

TABLE THREE: Thematic expenses for health in 2020 (in US dollars)

Row Labels	Expense
Other Resources - Emergency	**1,311,939**
21-01 Maternal and newborn health	9,763
21-02 Immunisation	1,111,188
21-03 Child Health	137,639
21-07 HIV prevention	2
21-08 Early childhood development	53,347
Other Resources - Regular	**860,774**
21-01 Maternal and newborn health	146,468
21-02 Immunisation	198,497
21-03 Child Health	366,247
21-07 HIV prevention	1

21-08 Early childhood development	149,561
Grand Total	**2,172,713**

TABLE FOUR: Expenses for health in 2020 (in US dollars)

Row Labels	Expense
Other Resources - Emergency	**16,571,309**
21-01 Maternal and newborn health	7,331,471
21-02 Immunisation	3,566,487
21-03 Child Health	5,369,233
21-07 HIV prevention	9,257
21-08 Early childhood development	294,861
Other Resources - Regular	**18,508,921**
21-01 Maternal and newborn health	3,498,374
21-02 Immunisation	5,501,338
21-03 Child Health	9,301,689
21-07 HIV prevention	41
21-08 Early childhood development	207,479
Regular Resources	**4,842,409**
21-01 Maternal and newborn health	2,740,797
21-02 Immunisation	935,639
21-03 Child Health	1,030,913
21-07 HIV prevention	5
21-08 Early childhood development	135,055
Grand Total	**39,922,639**

TABLE FIVE: Expenses by specific intervention codes in 2020 (in US dollars)

Row Labels	Expense
21-01-01 Community and home based maternal and newborn care	239,681
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	2,251,172
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	2,618,567
21-01-99 Technical assistance - Maternal and newborn health	5,609,875
21-02-01 Demand for immunisation (C4D)	83,157
21-02-02 Immunisation supply chain, including cold chain	5,088,029
21-02-03 Evidence generation and policy advocacy for immunisation	3,648
21-02-04 Purchase of vaccines and devices	-157
21-02-05 Immunisation operations	4,013,407
21-02-07 Yellow fever supplementary immunisation activities	6,471
21-02-12 Continuous social mobilisation and communication	174,098
21-03-01 IMNCI / Integrated Community Case Management (ICCM) - Community	226,342
21-03-02 IMNCI facilities	28,380

21-03-07 Malaria bed nets	1,610,582
21-03-09 HSS - Community Health System	6,545
21-03-10 HSS - Health systems procurement and supplies management	8,794,793
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	147,480
21-03-12 HSS - public finance management for Health	30,623
21-03-16 HSS - Management Information Systems	44,429
21-03-17 HSS - Health real time monitoring	140,051
21-03-18 Public health emergencies, including disease outbreaks	2,288,303
21-03-98 Technical assistance - HSS	20,926
21-03-99 Technical assistance - Child health	985,355
21-07-09 PMTCT program support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	9,246
21-08-09 Social and behavioural change communication for ECD	396,619
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	23,380
26-02-01 Situation Analysis or Update on women and children	40,396
26-02-02 MICS - General	-288
26-02-04 Stimulating demand for and capacity to use data	16
26-02-06 Analysis of data	1,290
26-02-07 Data dissemination	7,611
26-02-08 Programme monitoring	26,184
26-02-09 Field monitoring	151,524
26-03-03 Children, adolescent and youth engagement and participation	5,724
26-03-04 Community engagement, participation and accountability	362,270
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	139
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	16,125
26-03-99 Technical assistance - Cross - sectoral communication for development	367,549
26-05-03 Country Programme evaluations (including UNDAF evaluations)	64,909
26-05-06 Building global / regional / national stakeholder evaluation capacity	1,981
26-05-11 Building global / regional / national stakeholder research capacity	1,610
26-06-04 Leading advocate	1,046,594
26-06-06 Supporter engagement	726,867
26-07-01 Operations support to programme delivery	3,697,921
27-01-06 HQ and RO technical support to multiple Goal Areas	24,908
27-01-15 CO programme coordination	35,062
27-01-16 CO advocacy and communication	216,169
28-07-04 Management and Operations support at CO	262,498
Grand Total	**41,898,061**

TABLE SIX: Planned budget for 2021 (in US dollars)

Output	RR	OR	ORE	Grand Total
Output 1.1 Evidence-based planning for health and nutrition	214,000	1,044,000	0.00	**1,258,000**
Output 1.2 Integrated high-impact health and nutrition services.	160,000	33,539,571	3,550,500	**37,250,071**
Total Budget	**374,000**	**34,583,571**	**3,550,500**	**38,508,071**

All expenses are provisional and subject to change.

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