

Based on UNICEF's situation analysis, its position in Sudan, and the role and scope of other development actors, UNICEF has decided to focus on the following child survival and development deprivations in the 2018-2021 Country Programme:

- **High levels of under-five mortality, particularly amongst neonates and infants;**
- **Half a million children under five suffer from severe acute malnutrition each year, and over two million children under five are stunted;**
- **Two-thirds of families do not have access to safe improved sanitation facilities, and one-third to safe and sustainable drinking water.**

5.4 Theory of Change

The Theory of Change describes how UNICEF will support Sudan to move from the current situation where:

Around 443,700 children aged under five die annually, half a million children under five have severe acute malnutrition each year, and over two million children under five are stunted

to the desired state, where:

By 2021, more children in Sudan survive and thrive.

There are four major preconditions for this:

- *If* more children have an improved nutritional status, **and**
- *If* fewer children and women get sick, **and**
- *If* less neonates die during delivery and post-natal period, **and**
- *If* fewer women die during pregnancy, delivery and the post-natal period.

These preconditions will be achieved:

- *If* Government at national and sub-national levels have strengthened capacities to develop evidence-based, multi-sector, equity-focused policies, plans and budgets to improve health and nutrition; **and**
- *If* the health systems and communities in targeted localities have strengthened capacities (equipment / commodities, training, supervision /monitoring) to deliver integrated high impact health and nutrition services; **and**
- *If* more severely malnourished children receive quality treatment with integrated WASH, Infant and Young Child Feeding services; **and**
- *If* women and care givers in the most vulnerable localities have improved skills and knowledge on key family practices including hygiene promotion and child stimulation; **and**
- *If* more families use sustainable WASH services.

Additional pathways of the theory of change for the nutrition, health and WASH components of the child survival and development programme are:

- *If* there is strengthened political and financial commitment on nutrition, health and WASH; good coordination between the various Ministries at national and sub-national levels with clear governance structures; **and**
- *If* the national and subnational governments are engaged and have the capacity to ensure the functionality of the coordination system for multi-sectoral action on nutrition and have the capacity to develop, plan, increasingly allocate budget, implement and monitor for scaling up of high impact health and nutrition interventions, both nutrition specific and nutrition sensitive intervention, across all key sectors and in humanitarian situations; **and**
- *If* the health facilities and service providers at decentralized levels including the communities themselves have the capacity to deliver immunization, integrated management of childhood illnesses, basic obstetric care, newborn care, child and adolescent prevention health and nutrition interventions including in humanitarian situations; **and**

- **If** WASH facilities and service providers at decentralized levels including the communities themselves have the capacity to deliver safe water, sanitation and hygiene services including in humanitarian situations; **and**
- **If** systems are strengthened to support the sustainable implementation of nutrition, health and WASH services at scale; **and**
- **If** more caregivers, women of reproductive age, including pregnant and lactating mothers, children under-five and adolescents have the capacity, resources and autonomy to access and use appropriate nutrition, health and WASH services and the capacity, resources and autonomy to adopt improved key family practices⁵⁶

The key assumptions of the Theory of Change are that the political status will remain stable and that there is a commitment from the Government of Sudan at all levels to allocate budget for nutrition, health and WASH services including resources for essential commodities (vaccines, essential drugs, micronutrient supplements, therapeutic foods, WASH supplies), and support for strengthened human resources, monitoring and surveillance, and supply chain systems. Other key assumptions are that there is a willingness to move towards more integrated and multi-sectoral programming for nutrition and health, there is leadership by relevant Ministries for a unified nutrition objective by way of a functional Food Security and Nutrition Council (FSNC) and that improved governance, in word and deed, will be expressed in national legislation, and the roll-out of actual nutrition and health services across sectors, and finally that donors will invest in sustaining and expanding nutrition, health and WASH services.

It is assumed that humanitarian crises will be within the range of preparedness. Major risks are natural disasters (particularly droughts, floods), armed conflicts and insecurity, disease outbreaks, inflation and resultant increases in food prices.

Details of the Theory of Change of Child Survival are in annex 1 in page 51.

5.5 UNICEF Programme Strategic Framework

Based on the analysis of the Theory of Change, UNICEF will contribute to the delivery of quality health and nutrition services at scale to reduce under-five mortality and stunting. Strategies will address the key bottlenecks limiting the delivery and uptake of nutrition, health and WASH services, mainly by improving the enabling environment, strengthening systems to support the sustainable scale up of interventions, improving the quality of service delivery and encouraging the uptake of services and key family practices by the most vulnerable populations.

The Programme Component will consist of two mutually reinforcing outcomes to which UNICEF will contribute through specific outputs:

Outcome 1: By 2021, more children under the age of 5 years and women of reproductive age use high-impact, quality health and nutrition services.

Output 1: Government at national and subnational levels have strengthened capacities and develop evidence-based and multi-sector, equity-focused policies, plans and budgets to improve health and nutrition.

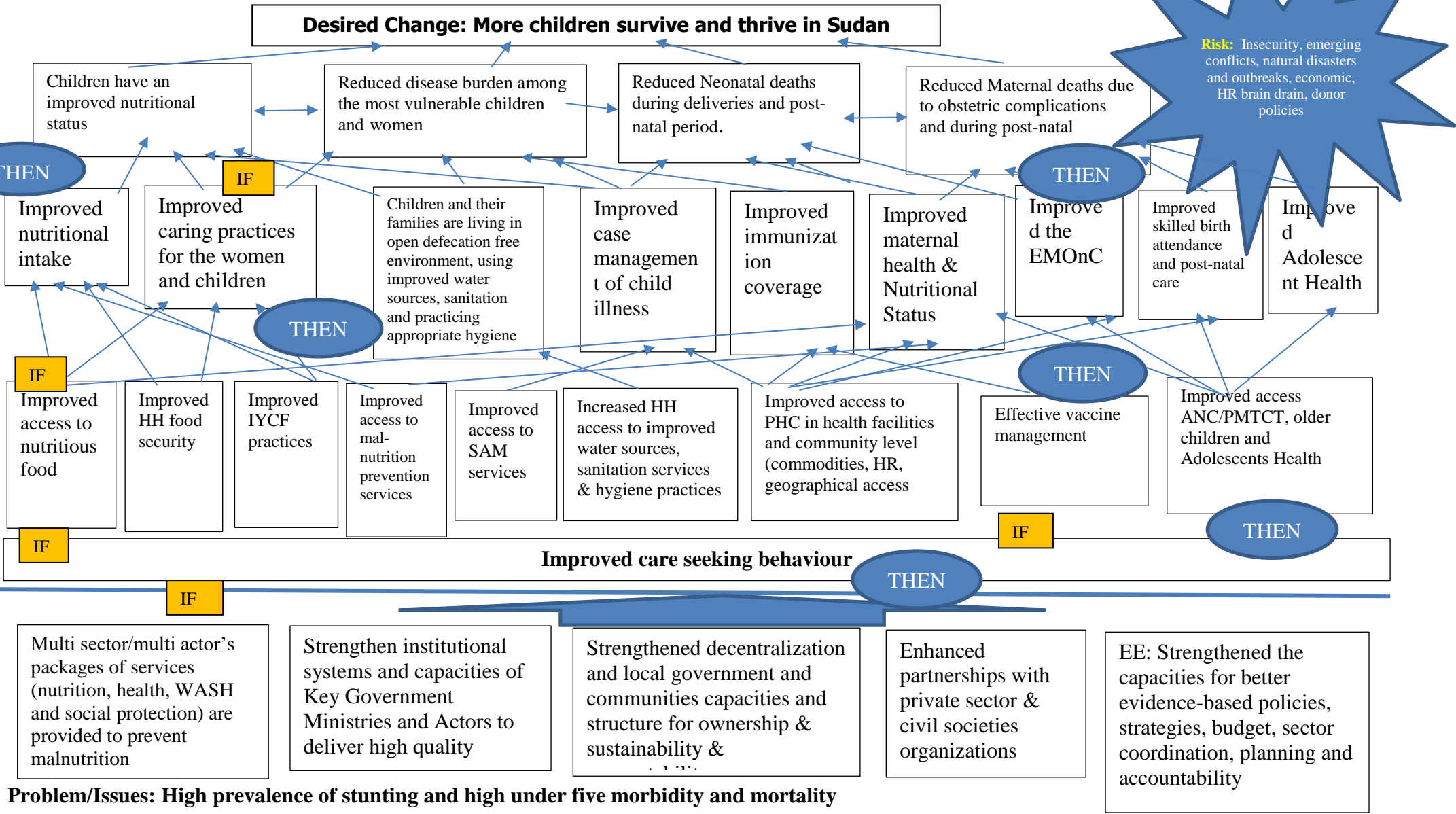
Output 2: Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services.

Output 3: More severely malnourished children receive quality treatment, alongside integrated water, sanitation and hygiene (WASH) and infant and young child feeding services.

Output 4: Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.

⁵⁶ [Exclusive breastfeeding](#); [Complementary feeding](#); [Increased micronutrient intakes \(dietary diversification, fortified foods, supplements\)](#); [Hygiene](#); [Immunization](#); Use of bednets; Early childhood stimulation; [Home care for illness](#) incl ORS for diarrhoea and antibiotics for pneumonia; [Care-seeking including ANC and skilled delivery](#)

Annex 1- Theory of Change: CSD



[REDACTED]

[REDACTED]

Note for the Record

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

