

# UNICEF SUDAN

## Consolidated Strategy Note for the Country Programme of Cooperation 2018-2021 in Sudan



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## 1. INTRODUCTION

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This Consolidated Strategy Note presents the updated Situation Analysis of Children in Sudan, as well as UNICEF's priorities and strategies for the Country Programme of Cooperation 2018-2021. It focuses on five key programme sectors; child survival and development; education and learning; child protection; and policy, evidence and social protection. The 2018-2021 country programme aims to accelerate progress for child survival, development and protection through innovative strategies and integrated approaches, more decentralization, public-private partnerships and UN synergies. Looking forward, UNICEF will take a two-track approach: with humanitarian response plans ensuring protection and timely action, while at the same time the agency invests in longer-term social service investments, as well as evidence-based policy advice, upstream work, advocacy, evidence generation and technical assistance.

UNICEF's strategy has been defined at a time when Sudan stands at a crossroads. In 2017, the country remains in a protracted emergency, with long-term conflict affecting millions of children. This has been compounded by cyclical natural disasters and economic underdevelopment, including persistent and chronic malnutrition as well as more recent crises including an influx of refugees from neighbouring countries, and an outbreak of acute watery diarrhoea. However, a changing geopolitical context presents hope for the future. A National Dialogue and ceasefire efforts in Darfur and other conflict-affected areas bring the prospect of a sustainable peace. Enhanced cooperation between the Government and the international community has been witnessed, with new partnerships to respond to the migration crisis. In January 2017, the US Government eased sanctions that have been imposed on Sudan since 1997. There is the possibility that the US will fully lift sanctions, an action that could create a platform for sustainable development. If Sudan were removed from the list of states that sponsor terrorism, this would open the door to debt relief and investments from international financial institutions and the World Bank. This will be critical, with the general global donor financial contractions and the recent diversion of donor support to humanitarian action to regional crises in Syria, Yemen, Iraq, and South Sudan.

Looking forward to 2018-2021, UNICEF aims to respond effectively and efficiently to the needs of Sudan's 39.5 million people, who face critical challenges, including chronic poverty and inequality.

- Almost three quarters of children (74.7%) are affected by multi-dimensional child poverty;
- 2.3 million children are in need of humanitarian assistance;
- Neonatal mortality has remained static at 30 deaths per 1,000 live births since 2006;
- Two million children under the age of 5 suffer from acute malnutrition, of whom 550,000 are severely acutely malnourished and at risk of death
- Stunting has increased (from 32% in 2010 to 38% in 2014)
- Low coverage of sanitation facilities (33%) and poor hygiene practices with none of the states being open-defecation free;
- Around 3.1 million children out of school;
- High levels of female genital mutilation/cutting -FGM/C (86.6%);
- High levels of violence against children, as well as child marriage.

That said, there have been some improvements in social indicators during the 2013-2017 Country Programme: reduction of under-five mortality from 83 deaths per 1,000 live births in 2010 to 68 in 2014; increase of use of improved drinking water source from 60.5% in 2010 to 68% in 2014; increase of birth skilled attendant at birth delivery from 72.5 % to 77.7%, increase of primary school

net attendance ratio from 71.8% in 2010 to 76.4% in 2014; increase of birth registration from 59.3% to 67.3%. These improvements show the potential of investing in the social infrastructure of the country.

The new country programme was informed by the principles of Results Based Management (RBM) – an approach that has become mainstream within UNICEF Sudan, since an all-staff training in RBM in September 2016. A Strategic Moment of Reflection held in November 2016 also informed the programme document, with expert advice from the UNICEF Middle East and North Africa Regional Office (MENARO), UN agencies, the World Bank, and key donors.

The 2018-2021 Country Programme is evidence-based, taking into account the findings of a number of recent research projects. This includes the Child Multiple Deprivations Study conducted in November 2016, the Evaluation of Humanitarian Action in North Darfur 2010-2015 completed in 2016, the Sudan country study on cost and financing of general education 2012-2015 approved by Government in May 2017, along with a Gender Review of the country programme of cooperation 2013-2017 finalized in May 2017. Timely data from these projects was analysed using an equity approach. Analytical work was also used to develop theories of change for the new Country Programme priorities.

There is national buy-in for the new UNICEF Sudan Country Programme of Cooperation. This follows a comprehensive series of consultations with Government counterparts, NGOs, and UN agencies through sector platforms and the multi-sector CPD Review and Validation Workshop. The new country programme is well aligned with the UNDAF 2018-2021, national priorities of the 25-year National Development Plan and sector strategic plans.

The strategy also aligns with best practice at a global level, the UNICEF Strategic Plan 2018-2021 and the Sustainable Development Goals 2030. It integrates UNICEF's new global guidance related to conflict sensitive programming, following an in-country workshop facilitated by UNICEF HQ jointly with UNDP and UNAMID in February 2017. It also aligns with the New Way of Working in crisis – agreed upon at the World Humanitarian Summit. Sudan is one of the pilot countries for this initiative, with UNICEF playing a leadership role. UNICEF is continuing to position itself as one of the top three UN Agencies in the country in the view scope programme multi sector interventions and field office presence.

## **2. OVERALL COUNTRY CONTEXT FOR CHILDREN**

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The UNICEF 2018-2021 Country Programme has been developed during a transformational period for Sudan. This strategy draws on a deep understanding of the country's political context, the latest available data from nationwide surveys and studies, as well as lessons learned from recent evaluations of UNICEF's programming, all outlined below.

### ***Key challenges and opportunities***

The past 12 months in Sudan has been marked by significant geopolitical and socioeconomic changes, which have impacted on UNICEF's strategy development. The January 2017 decision by the United States to ease sanctions on the Government imposed in 1997 could provide a solid platform for sustainable development. Furthermore, the Sudanese Government's National Dialogue recently concluded with the promise of establishing a fair political system, agreed upon by the Sudanese people. Meanwhile, current ceasefire efforts in Darfur and other conflict-prone regions bring hope for sustained peace. These three factors point to the potential expansion of foreign direct

investment and economic growth, moving the country from a humanitarian to development context. This brings with it the promise that Sudan could accelerate progress towards the Sustainable Development Goals.

However, it is important to acknowledge that Sudan faces a range of critical challenges. Sudan ranked 165 out of 188 countries and territories in the 2016 Human Development Index. This reflects its struggle to address humanitarian crises, as well as climate change and chronic underdevelopment. Despite ceasefires, approximately 1.1 million internally displaced children<sup>1</sup> in Sudan continue to lack opportunities to reach their full potential. Sudanese children remain heavily affected by conflict, floods, droughts, epidemics and critical levels of food insecurity and malnutrition. Six years after the secession of South Sudan in 2011, the situation in Abyei remains unresolved, and there is ongoing conflict in Blue Nile, South Kordofan, and parts of Darfur. Ongoing conflict and the famine declared in February 2017 in South Sudan have led to an estimated influx of 379,692 refugees to Sudan<sup>2</sup>, 85 per cent of whom are women and children. The country also continues to be a host, origin and transit country for refugees and migrants, including unaccompanied and separated children.

In the past decade, Sudan has attained lower-middle-income status, in spite of the negative impact of nearly two decades of economic sanctions and the loss of oil revenue following the secession of South Sudan. This status, however, masks disparities between states, especially in terms of children's access to basic social services such as education, health, water and sanitation. It also masks the fact that about 46.5 per cent of the population lives in poverty<sup>3</sup> with rural areas most affected.

Climate change is a threat to Sudan, where over 60 per cent of the country is desert or semi-desert. The country has the highest rate of deforestation (2.4 per cent) among developing countries<sup>4</sup>, while ground-water depletion is another major concern. Rainfall, most recently due to El Niño, is becoming increasingly erratic and has severely affected some regions. It is predicted that dry spells will increase in frequency and length, triggering climate hazards and increasing food insecurity, competition over resources and internal migration. Children will bear the biggest brunt of climate change, which could reverse the gains made in child survival and development, especially for the poorest and most vulnerable.

Demographic shifts are also likely to pressure Sudan in the short to medium-term. Nearly 51 per cent of the country's population of 39.5 million<sup>5</sup> is below the age of 18 years. With population growth at 2.4 per cent,<sup>6</sup> Sudan is experiencing a demographic shift towards a youth-based population. This shift is happening at the same time as rapid urbanization, with over a third of the population now living in urban areas. Rural-urban migration is being driven by conflict, drought and desertification, as well as the search for better economic opportunities and access to basic services. UNICEF is advocating that the youth bulge be adequately reflected in government policies and programming in order to harness the potential for inclusive economic growth.

Government spending on basic social services has been increasing, but it remains below the needed levels. The country's pro-poor spending increased from 4.6 per cent of the gross domestic product (GDP) in 2012 to 5.4 per cent in 2014<sup>7</sup> from 32 per cent of the public expenditure to over 45 per cent

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<sup>1</sup> Humanitarian Needs Assessment- HNO Sudan, 2017.

<sup>2</sup> Office of the High Commissioner for Human Rights bulletin, 31 March 2017.

<sup>3</sup> National Baseline Household Survey, 2009.

<sup>4</sup> Sudan National Forests Corporation, Forests National Corporation Report, 2013.

<sup>5</sup> Projection by Sudan Central Bureau of Statistics 2009-2018.

<sup>6</sup> Ibid.

<sup>7</sup> World Bank: "Sudan, State-level public expenditure review, meeting the challenges of poverty reduction and basic service delivery", Poverty Reduction and Economic Management Unit Africa Region, the World Bank, Report No. ACS880, 3 May 2014.

during the same period. However, these budgets are allocated predominantly to recurrent costs, and are therefore only sustaining existing, inadequate services. For example, 94 per cent of the basic education expenditure is for recurrent costs. While pro-poor spending is increasing, it still represents only a small fraction of overall spending. In 2016, Sudan spent just 1.3 per cent of its GDP on education<sup>8</sup>, while in 2014, it spent just 1.8 per cent of its GDP on health. There are some positive signs of change. The launch of the Sudan Nutrition Investment Case and the National Reproductive, Neonatal, Maternal and Child Health Strategy in 2016 both offer important opportunities for strengthening national investment in the social sectors.

### *Current situation of children and women in Sudan*

Quality health, education, sanitation and water services, as well as social norms protecting children are critical to the future of Sudan. Disaggregated figures from national surveys show that inequity remains a critical issue. A thorough understanding of the current situation of children and women has informed the 2018-2021 strategy. Key focus areas are analysed below.

There has been uneven progress in child survival and health outcomes. The significant reduction in under-five mortality, from 128 (1990) to 70 (2014) deaths per 1,000 live births,<sup>9</sup> contrasts with much slower progress in neonatal mortality, which only fell from 40 (1990) to 30 (2014) deaths per 1,000 live births.<sup>10</sup> Maternal mortality remains high at 216 per 100,000 live births (2010)<sup>11</sup> with most deaths due to delivery by unskilled birth attendants at home and the lack of comprehensive emergency obstetric care. The estimated HIV prevalence rate is 0.3 per cent among adults aged 15 to 49 years, with an estimated 5,600 new infections annually.<sup>12</sup> The limited availability of services is a concern: only 4 per cent of pregnant women living with HIV receive antiretroviral medicines to prevent mother-to-child transmission.<sup>13</sup>

Malnutrition have not radically improved during the past 30 years. Global acute malnutrition has remained largely unchanged, in fact it has increased slightly from 15.8 per cent in 1987 to 16.3 per cent in 2014<sup>14</sup>. Stunting rates followed the same upward trend from 32 per cent in 1987<sup>15</sup> to 38 per cent in 2014,<sup>16</sup> while the levels of acute malnutrition remain above the World Health Organization (WHO) emergency threshold in 11 out of the 18 states. Some key drivers for malnutrition are poor water and sanitation, high disease prevalence and negative social norms and feeding practices. On average, only 15.1 per cent of children aged 6 to 23 months receive a minimum acceptable diet. There are stark disparities when this figure is disaggregated on a state-by-state basis. Only 0.3 per cent of children in Kassala receive a minimum acceptable diet, compared to 49.8 per cent in Northern State.<sup>17</sup> High child malnutrition is a key development challenge for Sudan: malnourished children are at risk of lifelong physical and cognitive impairment, resulting in poor educational outcomes. Malnourished girls grow up with higher risk of giving birth to low-birth-weight children, thereby perpetuating a vicious intergenerational cycle. The Government has recognised this, and since 2016, it has invested \$10.8 million to support the scaling-up of treatment of acute malnutrition.

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<sup>8</sup> Education finance study, 2017.

<sup>9</sup> State of the World's Children 2016.

<sup>10</sup> Ibid.

<sup>11</sup> Sudan Household Health Survey, 2010.

<sup>12</sup> Joint United Nations Programme of HIV/AIDS (UNAIDS) 2016 report.

<sup>13</sup> UNAIDS, Prevention Gap, 2016.

<sup>14</sup> Sudan Multiple Indicator Cluster Survey (MICS), 2014.

<sup>15</sup> SERISS survey, 1987.

<sup>16</sup> Sudan MICS, 2014.

<sup>17</sup> Ibid.

Nearly one-third of households practise open defecation in Sudan. Access to sanitation, at 32.9 per cent in 2014<sup>18</sup>, has improved little over the past decade. On average, 68 per cent of households have access to an improved drinking-water source, however there are significant geographic disparities. Only one-third of households in Red Sea, White Nile and Gedarfif states have access to improved water sources. Around two-thirds of existing schools do not have improved sanitation facilities and a quarter of them do not have improved drinking water facilities,<sup>19</sup> which negatively impacts children's attendance and enrolment, particularly for girls. The high prevalence of poor hygiene practices, including open defecation, inadequate treatment and storage of drinking water, and suboptimal hygiene practices, contribute to the high incidence of diarrhoeal diseases and malnutrition among children.

Positive gains have been made in the education sector in Sudan during the past programme cycle. The net attendance rate increased from 68.4 per cent in 2006 to 76.4 per cent in 2014,<sup>20</sup> while the Gender Parity Index in primary school improved from 0.94 in 2010 to 0.98 in 2014.<sup>21</sup> However, around 3.1 million children aged 5 to 13 years remain out of school, of whom 52 per cent are girls. These children are living mainly in conflict-affected or rural areas, as well as in nomadic or poor families. There is a gap of more than 10 percentage points in primary-school completion rates between boys (84.8 per cent) and girls (74.3 per cent).<sup>22</sup> Attendance in early childhood education programmes among children aged 36 to 59 months is 22 per cent, with a wide disparity between urban (45 per cent) and rural (14 per cent) populations. Key barriers to education continue to be out-of-pocket expenses, long distances to schools, a lack of qualified teachers, limited community participation in school management, insufficient government allocations and social norms.

Social norms harmful to children remain entrenched in Sudan, however there are some positive signs of change. Female Genital Mutilation/Cutting (FGM/C) prevalence is much lower among girls aged 0-14 years (31 per cent) compared to women aged 15 to 49 years (87 per cent)<sup>23</sup>. The Government of Sudan recently took steps towards including FGM/C in the Criminal Act and continues to support its ongoing campaign – the Saleema Initiative - to promote the status of uncut girls. Action plans on the protection of children in armed conflict were signed in 2016, one with the Government and one with the Sudan People's Liberation Movement-North. However, there are some child protection issues which remain entrenched to date. Child marriage continues to affect a large number of girls. About 38 per cent of women aged 20-49 years old were married before the age of 18 years, while 12 per cent were married before the age of 15 years.<sup>24</sup> Home is not a safe space for many children. About 64 per cent of children aged 1 to 14 years experience violent discipline<sup>25</sup>.

### ***Responding to lessons learnt***

The new country programme document draws on key lessons learned during the current programme cycle (2013-2017), and responds to recommendations made by the 2017 Gender Review, the 2014 evaluation of UNICEF Sudan field-offices and the 2016 evaluation of UNICEF Humanitarian Action in North Darfur child survival 2010-2015. In line with these recommendations, UNICEF will strengthen its decentralized programme-delivery capacity in 2018-2021. Geographical targeting will be guided by a set of multidimensional child-deprivation indicators and subnational risk assessments

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<sup>18</sup> MICS 2014

<sup>19</sup> National School Health Strategy 2017-2020, final draft.

<sup>20</sup> Sudan MICS 2014.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> MICS2014 FGM/C secondary analysis (Central Bureau of Statistics and the National Council on Child Welfare)

<sup>24</sup> Sudan MICS, 2014.

<sup>25</sup> Sudan MICS, 2014



and mappings. UNICEF will continue to strengthen the linkages between humanitarian, resilience and development programming, building upon its comparative advantage as one of the few agencies that engage in programming across all three spheres. Durable solutions to protracted displacement and strengthened linkages between the United National Development Assistance Framework (UNDAF) and the newly developed multi-year humanitarian strategy will be promoted.

The 2018-2021 strategy is aligned to the Sudanese Government's long-term vision set out in its 25-year National Strategy (2007-2031). This document prioritises the equitable distribution of resources and effective partnerships for sustainable development. UNICEF has been preparing its new country programme at the same time as Sudan has been finalising its National Strategic Development Plan (2017-2020) and Poverty Reduction Strategy Paper. These should both be finalized by the end of 2017.

### **3. UNICEF PROGRAMME IN SUDAN**

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#### **3.1. UNICEF Strategic Position in Sudan**

UNICEF is mandated to ensure that the rights of every girl and every boy, especially the most vulnerable, are fulfilled. UNICEF remains steadfast in its commitment to Sudan's girls and boys, despite the political context, operating environment and donor challenges.

UNICEF is a trusted partner of both the Sudan Government and donors. The agency is a knowledge leader about the situation of children in the country, and uses that knowledge for evidence-based advocacy. It also mobilises international and national technical expertise and best practice to support the provision of effective services. At the same time, it is flexible and able to quickly deliver for the most vulnerable children affected by emergencies.

UNICEF has the comparative advantage of being one of the few agencies that engages in both humanitarian and development programming, thereby strengthening the humanitarian-development nexus and promoting durable solutions to protracted displacement.

#### **3.2. Lessons Learned from current and past cooperation**

During the past 40 years, UNICEF has supported the delivery of tangible results for children in Sudan in a complex operating environment. UNICEF collaborates with the Government at both national and decentralised levels, and has close relationships with both authorities and the local population in each of Sudan's 18 States. UNICEF is constantly searching for new approaches to better deliver for the most disadvantaged children and their families. To this end, UNICEF has built the capacities of partners, from civil society to government ministries, to strengthen service delivery, systems and strategic plans, and to support positive social norms.

Looking to the future, UNICEF's role remains critical, anchored within its mandate, equity agenda, strategic plan and on-going cooperation agreement with the Government of Sudan. The protracted nature of conflict in Sudan calls for investments in programming that are flexible, lead to sustainable returns at household-level, and build communities' resilience to conflict, and other shocks and stress.

The 2018-2021 Country Programme draws on key lessons learned from the 2014-2017 cycle, including:

- The importance of embedding a risk-informed approach in all aspects of programming given the fragile context of Sudan;
- The need to continually strengthen the evidence-base in order to strengthen advocacy and the accountability of national stakeholders in evidence-based policies and planning;
- That UNICEF brings unique value through its field presence and ability to support the delivery of high-impact services at the decentralized level, as well the credibility it has as a trusted and respected advocate for children's rights at a national level.

In line with these lessons learned, UNICEF will strengthen its decentralized presence and support to programme delivery at state-level. The field offices will work on the planning, monitoring and implementation of programmes. At the federal level, UNICEF will focus on programme design, management and technical oversight, and upstream policy work. This work will strengthen national systems and institutional capacity. UNICEF will also continue to strengthen the linkages between humanitarian, resilience and development programming with a focus on:

- (a) strengthening data collection;
- (b) developing social protection systems to improve access to social services for the most vulnerable people;
- (c) advocating for greater public expenditure on children;
- (d) engaging children and young people as agents of change and stakeholders in decision-making, and;
- (e) empowering communities and improving accountability towards populations.

UNICEF will promote the humanitarian, development and peace nexus by increasing the linkages between the UNDAF and the newly developed multiyear humanitarian strategy. It will leverage support from key stakeholders to achieve this goal. This has been done previously, when UNICEF successfully convened partners to put malnutrition at the centre of the national agenda, in support of the Nutrition Investment Case and the Scaling up Nutrition (SUN) movement.

## 4. PROPOSED COUNTRY PROGRAMME 2018-2021

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### 4.1 Vision and Guiding Framework

The UNICEF Country Programme 2018-2021 is a transformative agenda for accelerating progress of the most vulnerable girls and boys in Sudan, who are affected by a protracted and acute humanitarian crisis and chronic underinvestment in basic social services.

#### Key elements of this vision are:

- i) Increased focus on the most vulnerable children, with girls focused approach to programme implementation;
- ii) Increased decentralization with a stronger field office presence and support to the most disadvantaged localities in Sudan;
- iii) Multi sector integration for greater impact on child survival, development and protection.
- iv) Promotion of social protection, especially cash transfers, to build resiliency.
- v) Strengthened upstream policy work based on solid data and effective monitoring.
- vi) Stronger partnerships with Government and State authorities, bilateral and multi-lateral donors, UNICEF National Committees, UN agencies, Bretton Woods institutions, new emerging donors, private sector, and civil society in order to leverage their resources to invest in children.
- vii) Mainstreaming of humanitarian action, gender equity and adolescent development and participation into all sectors.

#### Core Principles

The core principles to be used in the management and implementation of the country programme will be:

- i) Focus on system building and strengthening Rigorous generation and use of evidence for policy advocacy and strengthened results-based programming and management;
- ii) Promotion of greater efficiency and effectiveness approaches, including strengthening risk management and value for money;
- iii) Investment in Decentralization and Sudanisation
- iv) Integration of Communication for Development into programme planning and implementation, and;
- v) Ensuring an equitable and integrated approach to programming.

The 2018-2021 Country Programme will have three forms of programme scale:

i) **National:** At Federal level, UNICEF will provide technical and financial support to upstream policy work to generate appropriate evidence, advocate for new child-friendly policies and standards and promote equity-based investments in basic social services. UNICEF will provide adequate assistance to Government regarding the formulation, introduction of new policies and programmes that can be scaled up by government entities.

ii) **Nationwide:** UNICEF's nationwide programming support will be focused on providing technical, financial and materiel support for immunisation, the treatment of Severe Acute Malnutrition (SAM), and fighting against harmful social norms of FGM and Child Marriage.

iii) **Targeted:** UNICEF has identified the 12 states of Sudan that have the most significant child-centred deprivations, after a rigorous process of risk assessments and mappings. In these targeted

regions, UNICEF will support multi-sector service delivery, systems strengthening and behavioural change. The total population of these 12 States is approximately 22.1 million, including 11.3 million children under-18 (3.5 million children under-five).

## **4.2. Country Programme priorities**

The overall goal of the country programme 2018-2021 is to contribute to national efforts to enable all children and adolescents in Sudan, especially those in the most vulnerable situations, to have their rights progressively fulfilled and to develop to their full potential in an inclusive and protective environment.

The country programme consists of five components:

- 1) child survival and development;
- 2) education and learning;
- 3) child protection;
- 4) policy, evidence and social protection, and;
- 5) programme effectiveness.

In line with the draft UNICEF Strategic Plan 2018-2021 and the policies and strategies of the Government of Sudan, the country programme of cooperation is aimed at achieving equitable outcomes for the poorest, most-in-need and hardest-to-reach children. This will be achieved through addressing humanitarian needs while building the resilience of families and communities against future shocks and linking with development interventions to achieve the Sustainable Development Goals. UNICEF will respond to emerging humanitarian situations in accordance to the Core Commitments for Children in Humanitarian Action.

Strategic emphasis will be given to strengthening policies and plans at the national and subnational levels that enhance social inclusion, build organizational capacities to deliver equity-based and resilient social services and promote positive and healthy behaviours and attitudes among individuals and communities, including children. Conflict-sensitive programming will also be central, considering the large number of localities hosting displaced or refugee populations and the occurrence of inter-tribal conflict. Risk-informed programming will also be a key cross-cutting approach to maximize the UNICEF contribution to effective preparedness and response to hazards and natural disasters. Emergency preparedness and response, disaster risk reduction and climate-change adaptation will be mainstreamed into the programme outputs.

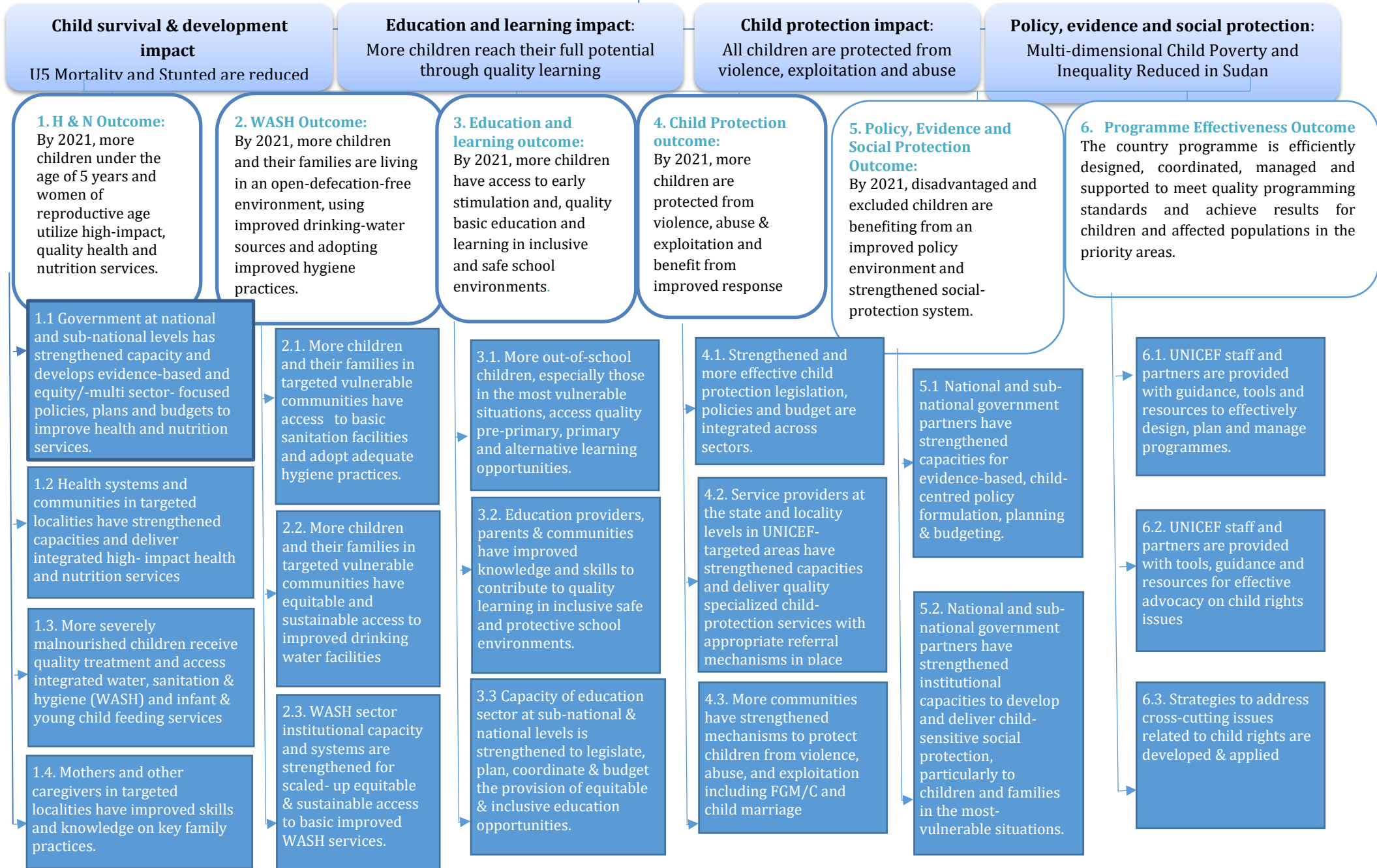
The programme was developed in close collaboration with the Government to ensure alignment with the priorities defined in the National Strategic Development Plan 2017-2020. It will contribute to all five outcomes of the UNDAF 2018-2021, particularly the social services outcome, as well as the Multi-Year Humanitarian Strategy 2017-2019 and the Integrated Strategic Framework for the Darfur.

## **4.3 Overall Results Structure**

The overall results structure of the country programme is reflected in the diagram presented on the next page. It contains six outcomes (one for development effectiveness) and 18 outputs. The integration of multi-sectoral, community-based, high-impact strategies and interventions will ensure

greater impact on equitable child survival and development, education and learning outcomes and the protection of children.

**Goal: Enable all children and adolescents in Sudan, especially those in the most vulnerable situations, to have their rights protected and to develop to their full potential in an inclusive and protective environment**



#### 4.4 Alignment of CPD with UNICEF Strategic Plan 2018-2021, SDGs and the UNDAF

Sudan 2018-2021 Country Programme is aligned to all five goals of the new UNICEF Global Strategic Plan 2018-2021. UNICEF's investment will contribute to the joint UN efforts within UNDAF, in particular Focus Area 3 related to social services, Focus Area 4 related to governance, rule of law and institutional capacity development and Focus area 5 related to community stabilization. It will also focus on eight of the 17 Sustainable Development Goals (SDGs).

SDG 2030	Draft UNICEF global Strategic Plan 2018-2021: Goal Area & Outcomes	Sudan-UNICEF CPD 2018-2021: Impact & Outcomes	UNDAF 2018-2021: Outcomes
<p><b>Goal 2:</b> End hunger, achieve food security and improve nutrition and promote sustainable agriculture</p> <p><b>Goal 3:</b> Ensure healthy lives and promote well-being for all at all ages</p>	<ul style="list-style-type: none"> <li>• <b>Goal Area 1: Every child Survives and Thrives</b></li> <li>• Outcome: Girls and boys, especially those that are marginalized and those living in humanitarian conditions, have access to high-impact health, nutrition, HIV and ECD interventions from pregnancy to adolescence, enabling them to survive and thrive.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact: Under-five mortality and stunting are reduced</li> <li>• Outcome: Increased use of high quality nutrition and health services</li> </ul>	<p><b>UNDAF Focus Area 3:</b> By 2021, the populations in vulnerable situations have improved health, nutrition, education, water and sanitation, and social protection outcomes</p>
<p><b>Goal 4:</b> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p>	<ul style="list-style-type: none"> <li>• <b>Goal Area 2: Every child learns</b></li> <li>• Outcome: Girls and boys, in particular the most marginalized and those affected by humanitarian crisis, are provided with inclusive and equitable quality education and learning opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact: More children reach their full potential through quality learning</li> <li>• Outcome: Improved equitable access to quality basic education with improved learning outcomes for children</li> </ul>	<p><b>UNDAF Focus Area 5:</b> By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion</p>
<p><b>Goal 16:</b> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p>	<ul style="list-style-type: none"> <li>• <b>Goal Area 3: Every child is protected from violence and exploitation</b></li> <li>• Outcome: Girls and boys, especially the most vulnerable and those affected by humanitarian crisis, are protected from all forms of violence, exploitation, abuse and harmful practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact: All children are protected from violence, exploitation and abuse</li> <li>• Outcome: More children benefit from improved response and prevention systems.</li> </ul>	<p><b>UNDAF Focus Area 4:</b> By 2021, national, state and local institutions are more effective and carry out their mandates efficiently including strengthened normative frameworks that respect human rights and fundamental freedoms and ensure effective service delivery</p> <p><b>UNDAF Focus Area 5:</b> By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion</p>
<p><b>Goal 6:</b> Ensure availability and sustainable management of water and sanitation for all</p>	<ul style="list-style-type: none"> <li>• <b>Goal Area 4: Every child lives in a safe and clean environment</b></li> <li>• Outcome: Sustained use of safe water and sanitation services, and adoption of hygiene practices and strengthened systems for a clean and safe</li> </ul>	<ul style="list-style-type: none"> <li>• Impact: Under-five mortality and stunting are reduced</li> <li>• Outcome: Increased access to equitable and sustainable basic WASH services</li> </ul>	<p><b>UNDAF Focus Area 3:</b> By 2021, the populations in vulnerable situations have improved health,</p>

SDG 2030	Draft UNICEF global Strategic Plan 2018-2021: Goal Area & Outcomes	Sudan-UNICEF CPD 2018-2021: Impact & Outcomes	UNDAF 2018-2021: Outcomes
	environment for all children, women, girls and boys, particularly the most disadvantaged and those affected by humanitarian crisis		nutrition, education, water and sanitation, and social protection outcomes
<b>Goal 5:</b> Achieve gender equality and empower all women and girls	<ul style="list-style-type: none"> <li>• <b>Goal Area 5: Every child has an equitable chance in life</b></li> <li>• Outcome: Girls and boys are provided with an equitable chance in life</li> </ul>	<ul style="list-style-type: none"> <li>• Girls are empowered for gender equality and child survival, development</li> </ul>	
<b>Goal 1:</b> End poverty in all its forms everywhere.		<ul style="list-style-type: none"> <li>• Impact: Multi-dimensional Child Poverty and inequality reduced in Sudan</li> <li>• Outcome: Disadvantaged and excluded children benefit from improved policy environment and strengthened social protection system</li> </ul>	
<b>Goal 10:</b> Reduce inequality within and among countries			

#### 4.5 Programmatic Integration

Programmatic integration is essential to UNICEF’s “Whole Child Approach”, which requires that each child must have access to all basic social and protection services in order to have their rights fulfilled. In the upcoming country programme, UNICEF will strengthen its cross-sector coordination in order to provide integrated packages of interventions to children living in the most deprived communities. Integration will accelerate UNICEF’s impact on child survival, development and protection.

UNICEF will mobilize partnerships with national institutions at federal and state levels, local authorities, communities, UN agencies, donors, civil society and the media. Coordination will be strengthened to ensure convergence at community level. Synergies will be promoted between stakeholders in targeted locations, covering all steps from planning, implementation, monitoring and evaluation and reporting of results.

Integrated packages will be geographically targeted, in keeping with UNICEF’s Equity Agenda. The most vulnerable communities will be identified based on evidence generated from Vulnerability and Multiple Deprivation analyses, Household Economic Profiling and multi sector assessments.

Below are examples of multi sector interventions that will be operationalized on the ground:

**Child Survival:** Health, nutrition, water, sanitation and hygiene programmes will be planned and delivered in an integrated manner. Water and sanitation facilities will be made available at primary health and nutrition posts. Meanwhile, the improvement of sanitation and hygiene practices at household and community levels will contribute to the reduction of diarrheal diseases and stunting.

**Education:** UNICEF and partners will ensure the availability of water and sanitation facilities in schools as part of the Child Friendly Schools programme. Schools will be hubs where children learn about new behaviours and social norms related to health, nutrition, WASH and child protection. Child protection will also work with the education programme to ensure that schools provide a protective environment against violence, abuse, exploitation and neglect.

**Child Protection:** Child protection will contribute to health outcomes by addressing FGC/M. Protection programmes will also build health professionals capacity to identify, treat and report child maltreatment and sexual assault. Child protection will work to establish inclusive mechanisms where other sectors can contribute to the Monitoring and reporting Grave violations against Children (MRM). The child protection programme will contribute to the implementation of social protection programmes, including cash transfers.



## 4.6 Monitoring and Evaluation

The Integrated Results and Resources framework will form the basis for monitoring and evaluation in the new country programme, alongside Value for Money Analyses. Part of the programme will focus on strengthening national and sub-national capacities and systems for monitoring and reporting on the country programme performance indicators and will employ a variety of monitoring tools at all levels to ensure quality results. Programme will be tracked through joint field monitoring, partner reports and Third Party Monitoring (TPM). These mechanisms will track the quality of our implementation and outputs against global standards. Direct feedback from beneficiaries during key interviews and focus group discussions will also inform programme decisions.

UNICEF will support the development and operationalization of a web-based platform to monitor its nutrition (severe acute malnutrition), health and WASH supply chains managed by line ministries. Real-time monitoring will reduce the risk of stock-outs of commodities. UNICEF will establish synergies with UNDP to maximize the use of digital platforms such as the UNDP-supported 'Raik Shino' initiative that will promote adolescent participation by gathering their opinions and feedback in an interactive manner. For those with limited access to digital technology, focus group discussions and the adolescent 'citizen monitor' programme will provide platforms to participate offline.

UNICEF will support the Central Bureau of Statistics to undertake the Multiple Indicator Cluster Survey 6 in 2019 and a Simple Spatial Survey in 2020. An evaluation is planned on the efficiency and effectiveness of Sudan's cash transfer programme in 2019, which will inform the programme's scale-up. UNICEF will establish partnerships with academic institutions and conduct quantitative and qualitative research projects to better understand the factors contributing to increased stunting, and persistent high rates of open defecation, FGM/C, child marriage and out of school children. Other studies and thematic evaluations will be completed as part of the Integrated Monitoring and Evaluation Plan for the 2018-2021 period. UNICEF will participate actively in the National Household Budget/Expenditures survey funded by the African Development Bank and World Bank.

### **Other key monitoring activities include:**

- **Mid- and end-of-year reviews:** These will be held with the Government and civil society partners to present evidence from programme monitoring, assess progress against results and take stock of lessons learned for future programme adjustments.
- **Field based monitoring:** UNICEF field based staff will be supported by Khartoum to do the day-to-day monitoring of programme implementation. UNICEF has six field offices and five sub offices situated in close proximity to target communities. Staff will identify and address bottlenecks on an ongoing basis.
- **Joint field monitoring and independent Third Party Monitoring:** Joint monitoring will be organized with ministries in targeted localities. UNICEF will expand the Long Term Agreement (LTA) established with private consult firm in order to ensure regular independent verification of efficiency and effectiveness of service delivery to communities and children and assess the beneficiary satisfaction;
- **Baseline Surveys** of key programmes will be undertaken for better measurement of changes occurred in the life of children and the evaluation of lessons learned at the end of the programme.
- **Mid-term review:** A comprehensive Joint Government-UNICEF Mid-Term Review will be completed by the end of 2019 and finalized early 2020. This will be an opportunity to measure progress, document lessons learned and agree on required adjustments of the scope and direction of the country programme.

## **4.7 Overall Partnerships and Resources Mobilization**

UNICEF will base its resource mobilisation strategy on UNICEF's reputation as a partner of choice in a fragile country context where many donors are still unable to directly engage with the Sudanese government. The lifting of US economic sanctions against Sudan and the restoration of peace represents an important opportunity to UNICEF to attract large donor investment from bilateral and multi-lateral partners. During the current programme cycle, the office has only been able to fundraise about 50 per cent of its humanitarian appeal (and less than 50% of its annual required funding of US\$100 million) due to "donor fatigue". By focusing on bridging the humanitarian-development divide, the country office hopes to attract donor investment in peace, resilience-building and durable solutions in the coming years. The introduction in 2018 of an innovative cash-based transfer programme presents another attractive opportunity for new donors. To date, US\$40 million of OR funding has been secured for the beginning of the new country programme in January 2018. UNICEF hopes to fill its funding gaps by engaging BRICS governments, public and private donors from the Gulf region and UNICEF National Committees.

UNICEF Sudan has built solid multi partnerships and multiyear funding with major donors. DFID/UK Aid has supported programmes building Resilience in the East, Urban Water in Darfur, and the Elimination of FGM/C. The FGM/C programme is the largest joint UN initiative in the region. Thematic funding from SIDA/Sweden through current Child Protection European Union funding has supported programming to reduce of Out-of-School Children in the Eastern and Darfur states. UNICEF Sudan has also recently been requested by the German Development Bank KfW to develop a three year, 10 million Euro, multiyear project that will address the needs of migrant children and host communities in the east of Sudan. The project builds on a current two-year project 2016-2018 with the German Government/KfW. Multiyear funding of US\$24,000,000 has been secured from AIF through the UK Natcom, in addition to US\$5,000,000 from the Dutch Natcom for investments in education starting in 2018. The country office has also established a strengthened partnership with South Korea for the funding of nutrition, health and WASH interventions through three different projects.

## **5 CHILD SURVIVAL AND DEVELOPMENT PROGRAMME STRATEGY**

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### **5.1. Introduction**

The Child Survival and Development (CSD) Programme Component comprises of two outcomes, one for nutrition and health and one for WASH, with an aim to seek synergies among mutually reinforcing interventions across the outcomes to reduce child mortality and morbidity, and particularly to combat child malnutrition in Sudan.

The CSD programme component contributes to the following UNDAF outcomes: Outcome 3: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes; Outcome 5: By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion, as well as Outcome 2: By 2021, people's resilience to consequences of climate change, environmental stresses and natural hazards is enhanced through strengthened institutions, policies, plans and programmes.

The sectors relevant for the CSD programme (WASH, Nutrition and Health) come under the Social Services Strategy of the Sudan 2007-2031 Twenty-Five year National Strategy, which is identified as "the most important in human activities on its political, economic, social and cultural levels". The strategy focuses on creating a healthy environment, preventing pollution, reducing environmental refuse disposal, treatment of waste, reducing pollution of water supplies and aims at reducing

maternal and child mortality by 50%, increasing access to medical care institutions to cover 80% of citizens, increase the consumption of safe drinking water in rural areas (50 litres/person/day) and urban areas (150 litres/person/day) and to expand the sewerage systems. The programme component will support the implementation of programmes outlined in national sectoral priorities set out in the National Health Sector Strategic Plan (2017-2021), National Reproductive, Maternal, Neonatal and Child Health Strategy (2016-2020); Sudan Nutrition Investment Case; the WASH Sector Strategic Plan; and the Draft National Sanitation and Hygiene Strategic Framework. It will directly contribute to SDG 1 (1.5), SDG 2 (2.1, 2.2), SDG 3 (3.1, 3.2, 3.3, 3.8, 3.9), SDG 6 (6.1, 6.2, 6.b) while also contributing overall to SDG 5 (5.3) and SDG 13 (13.3).

The ‘whole child approach’ that integrates all phases of the child’s life cycle, will be central to the programme. Young children aged 0-5 years will be reached through early childhood development (ECD) programming, which integrates health, nutrition, WASH, education, child protection and social inclusion. Children will be given the best start in life through quality neonatal care, birth registration, good nutrition, parental care, and access to WASH services, integrated management of childhood illnesses, and immunization against childhood diseases. Through integrated WASH in schools and communities as well as school health and nutrition interventions, girls and boys from pre-school through secondary education will be able to grow up healthy and safe.

Caregivers’ capacities will be strengthened through communications for development programmes (C4D) that promote good hygiene, nutrition and care practices, particularly infant and young child feeding. Children and adolescents will gain knowledge and life skills to prevent risky behaviours, and to claim their rights to quality basic services. Prevention and response to gender-based violence (GBV), harmful traditional practices such as female genital mutilation (FGM) and child marriage, and psychosocial care will be strengthened in coordination with the child protection programme.

The key partners for the implementation of the CSD programme component are the federal and state Ministries of Health and Ministry of Social Welfare, as well as the Ministry of Water Resources (Drinking Water and Sanitation Unit) and State Water Corporation for the WASH sub-component, and the Ministry of Education for health, nutrition and WASH in School programmes. UNICEF will also partner with the Vice President’s office, the Ministry of Agriculture, Ministry of Industry, Ministry of Trade for upstream nutrition advocacy, while other governmental partners include the Ministry of Finance and Ministry of Environmental Authority.

Key partnerships include: WHO on technical support for all interventions; UNFPA on maternal, newborn and adolescent health; WFP, FAO, IFAD as well as WHO, UNFPA and World Bank for the prevention of malnutrition including upstream work under the Scaling Up Nutrition (SUN) mechanism; UNDP on malaria control and prevention through GFATM and social cohesion mainstreaming at the state and locality level; GAVI on immunization improvement and new paediatric infections interventions; UNEP on Integrated Water Resource Management and climate change; UNHCR on Refugee Multi Sector preparedness and response; African Development Bank, the World Bank and other development agencies on coordinated planning and interventions and international and national donors on joint fundraising and management. UNICEF will continue to work in partnership with national and international NGOs to provide services, particularly in emergency-affected areas. Community-based interventions will be implemented in partnership with local communities and families. This will expand the delivery of essential services beyond institutions and increase the reach of social mobilization efforts and ensure proper maintenance and management of WASH facilities. UNICEF will also continue to expand its work with private sector partners to implement projects, develop local quality products for the treatment of malnutrition and water purification, and leverage investment in the social sector.

UNICEF will continue to play a key role in strengthening sector coordination, including through the Health Partners’ Forum as well as its facilitation of the Scaling up Nutrition (SUN movement). UNICEF serves as cluster lead for WASH and Nutrition humanitarian assistance. In this capacity, it coordinates joint assessment and monitoring, improves data collection, analysis and sharing, and develops strategic humanitarian response plans in partnership with sector partners.

## 5.3 Situation Analysis and Prioritisation

### Child Survival and Development Situation in Sudan

Nutrition, health and WASH - the three main elements within this programme component - play a critical interlinked role in ensuring child survival and optimal development. These areas were integrated into the same programme component after taking into account (i) the results of the multi-dimensional child poverty study, (ii) priorities highlighted in national policy documents and sectoral strategies, (iii) the inter-linked nature of the three areas in the causal analysis and theory of change.

Poor nutrition is a major threat to child survival and development in Sudan. Over half a million Sudanese children under-five suffer from life-threatening severe acute malnutrition (SAM) each year. More than two million children under-five are stunted<sup>26</sup>, with the highest prevalence found among those children living in rural areas, in the poorest households and with mothers who are less educated. No progress has been made to improve the nutrition status of Sudanese children in the past few decades. Instead, the total number of malnourished children has increased significantly due to population growth.

Child survival rates have been improving, but they remain high in the most vulnerable parts of the country. Sudan has made significant overall progress towards the reduction of maternal and child mortality since 2010. MICS 2014 showed a marked decline in under-five mortality from 83 per 1,000 live births in 2010 to 68 per 1,000 live births in 2014. Infant mortality declined from 60 to 52 per 1000 live births during the same period. This however is contrasted by the inferior progress in neonatal mortality, which only fell from 35 (1995) to 33 (2014) deaths per 1,000 live births. Further analysis shows large disparities in child survival based on geography. The under-five mortality rate (U5MR) is 30% higher in rural compared to urban areas. It is also elevated in conflict-affected states such as East Darfur (112 per 1000 live births), West Darfur (91 per 1000 live births) and North Darfur (90 per 1000 live births). An estimated third of child deaths are due to diarrhoea, malnutrition low immunization rates (especially measles), and low coverage of sanitation and water services.

Natural disasters and conflict have a large impact on people's health in Sudan, as well as on the ability of Government and partners to provide relevant social services. Lack of access prohibits timely humanitarian response as well as blocking the early intervention needed to create more resilient programming. As noted, conflict-affected states have significantly higher rates of child mortality. Natural hazards such as drought and flooding are other major risks that need to be factored into the 2018-2021 country programme.

#### 5.3.1 Nutrition

High rates of child malnutrition are a key development challenge for Sudan. Malnourished children are at a risk of life-long physical and cognitive impairment, resulting in poor educational outcomes. Malnourished girls run the risk of giving birth to low birthweight children, thereby perpetuating a vicious inter-generational cycle of poor nutrition and poverty.

The rates of malnutrition in Sudan have not improved for the past 30 years. Global acute malnutrition has remained largely unchanged between 1987 (15.8 per cent) and 2014 (16.3 per cent). Levels of acute malnutrition remain above the WHO emergency threshold in 11 out of 18 states. Stunting increased from 32 per cent in 1987 to 38 per cent in 2014.<sup>27</sup> Sudan is one of the 14 countries where 80 per cent of the world's stunted children live<sup>28</sup>, and 128 of Sudan's 188 localities<sup>29</sup> have a stunting rate of above 30 per cent. The key drivers for the high malnutrition rates are poverty

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<sup>26</sup> S3M Survey (2013).

<sup>27</sup> Sudan MICS 2014.

<sup>28</sup> Ministry of Health, 'Sudan National Simple Spatial Surveying (S3M) Method', 2013.

<sup>29</sup> Ministry of Health, 'Sudan National Simple Spatial Surveying (S3M) Method', 2013.

particularly in rural areas (47% of the population live below the poverty line), inadequate feeding of young children closely related to cultural practices, social norms and gender inequities, poor water and sanitation services, high disease prevalence, protracted complex emergencies, and recurrent droughts. Maternal nutritional status also affects the healthy development of the foetus and a healthy birth weight, as well as a mother's ability to sustain breastfeeding, and care for children as they develop<sup>30</sup>. MICS 2014 estimated the prevalence of low birth weight babies (<2,500 gr.) at 32% nationally with great geographical and socioeconomic inequities. In the River Nile State only 17% of babies are low birth weight compared to 48% in North Darfur.

Good nutrition is closely linked to exclusive breastfeeding. According to MICS 2014, 87% of mothers initiate breastfeeding on the first day of birth, however only 55% of babies are exclusively breastfed for six months. This is mainly due to the widely held belief that introducing water during the first six months of breastfeeding is not contrary to exclusive breastfeeding<sup>31 32</sup>. Regarding Infant and young child feeding practices, MICS 2014 reported that out of all children aged 6-23 months, only 28 per cent had minimum dietary diversity, 41 per cent had minimum meal frequency, and 15 per cent had a minimum acceptable diet<sup>33</sup>. Urban families had much higher dietary diversity than rural ones. With respect to minimum acceptable diet, there were great disparities between states ranging from 48 per cent for Northern State to 3 per cent for Kassala. MICS 2014 showed that only 8 per cent of households consume adequately iodized salt, and 78 per cent of children aged under-five received a Vitamin A supplement in the last 6 months.

Inadequate dietary intake, suboptimal infant and young child feeding, maternal malnutrition and illness/diseases such as diarrhoeal diseases (all outlined above) are **immediate causes** of undernutrition in Sudan. Infections increase nutrient requirements and prevent absorption of foods consumed, while poor dietary intake result in reduced immunity to infection. This triggers further weight loss and reduced resistance to further infection.<sup>34 35</sup> Environmental enteropathy, a sub-clinical disorder primarily due to poor sanitation and resulting intestinal infections, is also an important immediate cause of malnutrition and stunting in children occasioned by chronic problems with nutrient absorption.

The **underlying causes** of malnutrition are multi-sectoral in nature. Inadequate household incomes and food insecurity, leads to little variety of food. Poor access to basic sanitation and water services is another underlying cause. The correlation between increased use of basic sanitation and water services and the reduction of stunting among children under-five is well evidenced in Sudan. Many cultural practices undermine good nutrition, including limited knowledge of undernutrition, lack of time for care and poor education levels among mothers. Less than 50% of the population have access to basic services despite efforts to expand the health, nutrition and water and sanitation services and to integrate nutrition into healthcare.

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<sup>30</sup> Black et al, Lancet Series on Nutrition, Maternal & Child Undernutrition, 2008

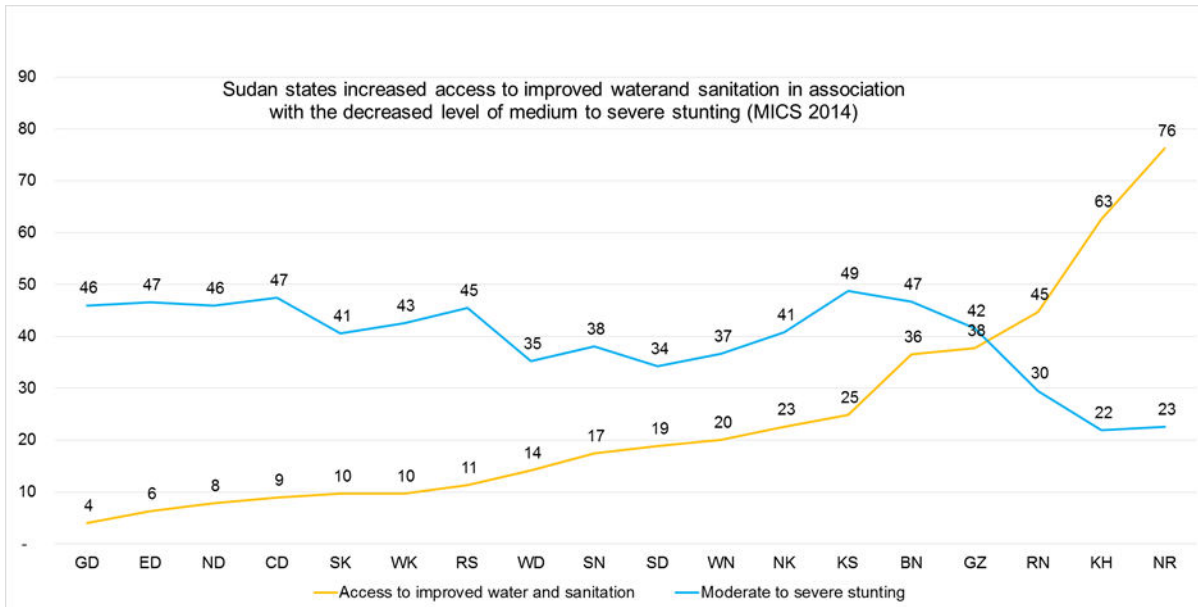
<sup>31</sup> KAP study on Infant and Young Child Feeding, 2012

<sup>32</sup> According to MICS 2014, 80.8% of children age 0-5 months of age are predominately breastfed, which includes children fed breastmilk as well as plain water and non-milk liquids as well as those exclusively breastfed.

<sup>33</sup> The minimum standards used depends on whether the child is breastfed or not. The minimum acceptable diet is effectively a combination of both dietary diversity and meal frequency.

<sup>34</sup> Black, RE, Allen, LH, Bhutta, ZA et al. 2008. Maternal and Child Undernutrition: Global and regional exposures and health consequences.

<sup>35</sup> Lancet series maternal and child under nutrition, 2013



**Structural causes:** Close to half (47%) of Sudan’s population lives below the poverty line and 4.2 million people, or 10% of the population, is food insecure according to the latest Integrated Food Security (IPC) Survey conducted in October-December 2016. Lack of financial investment of government in Social Sector, high inflation rate caused by the removal of subsidies to fuel and electricity and the depreciation of Sudanese Pounds vis-à-vis US Dollars, have increased the vulnerabilities of families and children. Insecurity and conflict continues to displace millions of people. Extreme climatological trends, exacerbated by climate change, have powerful consequences on nutritional status, including: droughts and floods; loss of agricultural production and household income; and food price rises.

### 5.3.2 Health

About 30% of the population of Sudan (12% urban, 39% rural) live more than 5 kilometres from a primary health facility, with a wide disparity of coverage by State. Only 24% of health facilities provide a full package of primary health care services<sup>36</sup>.

In Sudan, an estimated 2 million children under-five are still affected each year by diarrhoea. The case management of diarrhoea has improved due to the expansion of the Integrated Management of Childhood Illnesses programme at the facility and community levels. The proportion of children receiving appropriate treatment for diarrhoea increased from 15% in 2010 to 59.3% in 2014 while an estimated 90% of children were given ORS or another recommended homemade fluid<sup>47</sup>. Wealthier households were more likely to seek treatment.<sup>37</sup>

Despite efforts to reduce malaria in Sudan, its prevalence remained stagnant at 5.9% in 2016, with 4.1% in urban areas and 6.1% in rural areas<sup>38</sup>. Children under 15 years of age are the most affected as well as those in the poorest quintile (9.9%) as compared to richest quintiles (1.3%). Conflict-affected states have malaria prevalence far above the national average (up to 21.8% in one of the Darfur states). Only 62.6% of malaria cases received any treatment, and only 34.1% were treated with anti-malarials. Monotherapy remains a common practice. The prevention of malaria using insecticide treated nets remains low. Only 37% of people sleep under LLINs despite 66% of houses having LLINs.

<sup>36</sup> Health Care Financing and Delivery in 6 States Sudan, Ministry of Health, May 2012 and Health System Financing Review Report, Ministry of Health, May 2014

<sup>37</sup> MICS 2014

<sup>38</sup> MIS 2016

An estimated 1.2 million children remain under the threat of acute respiratory infections every year<sup>39</sup>. Treatment at a health facility for acute respiratory infection cases among children under five was sought in only 48% of the cases, 59% of which were treated with antibiotics. Children from urban and wealthier households were more likely to obtain treatment.

Vaccination programs have been unable to reach all children in Sudan. The proportion of children 12-23 months who are fully immunized decreased from 49% in 2010 to 43% in 2014. The decline in measles vaccination coverage from 63% in 2010 to 61% in 2014 partly explains the overall reduction in the proportion of fully immunized children. Sudan experienced a measles outbreak in all states between 2011 and 2015, which affected over 12,000 children. Population movements, conflict, inaccessibility of some areas, and inadequate funding coupled with ineffective vaccines management all contributed to the increase in unvaccinated children. There has been one promising upward trend however. Children vaccinated with pentavalent increased from 58% in 2010 to 64% in 2014.

Sudan has a high rate of maternal mortality, related to a lack of access to skilled birth attendants and antenatal care. Maternal mortality was estimated at 311 per 100,000 live births in 2015<sup>40</sup> (the nationally accepted estimate is 216 per 100,000 live births from 2010<sup>41</sup>) with most deaths due to delivery by unskilled birth attendants at home and the lack of comprehensive emergency obstetric care from skilled providers at medical facilities. Skilled attendance at delivery is lowest in Central Darfur (38%), South Darfur (48%) and West Darfur (58%). Less than half of women in rural areas regularly visit antenatal care services. In conflict affected states, only a low proportion of women attend four antenatal care clinics: South Kordofan (22%), North Darfur (37%) and South Darfur (41%).

The estimated HIV prevalence rate in Sudan is 0.2 per cent among adults aged 15-49, with an estimated 4,400 new infections annually.<sup>42</sup> Limited knowledge about the epidemic remains a concern, with only 8.5 per cent of young women aged 15–24 years able to identify correct ways to prevent HIV and reject major misconceptions about the virus.<sup>43</sup> Prevention of mother-to-child transmission of HIV is hampered by women's limited antenatal care attendance and the high level of stigma associated with the virus. There are frequent stock outs of HIV testing kits and health care providers are reluctant to actively refer pregnant women to ART centres. In 2016, only 83,605 pregnant women were tested for HIV, of which 88 were diagnosed HIV-positive. Only 56 of these women were enrolled in anti-retroviral therapy (ART) centres for care and treatment (MOH).

The trend in continuum of care between 2006 and 2014 indicates gaps between interventions. “Silo programming” continues to lead to huge lost opportunities for integration of lifesaving child and maternal health programmes, in a context of limited funding for the health sector.

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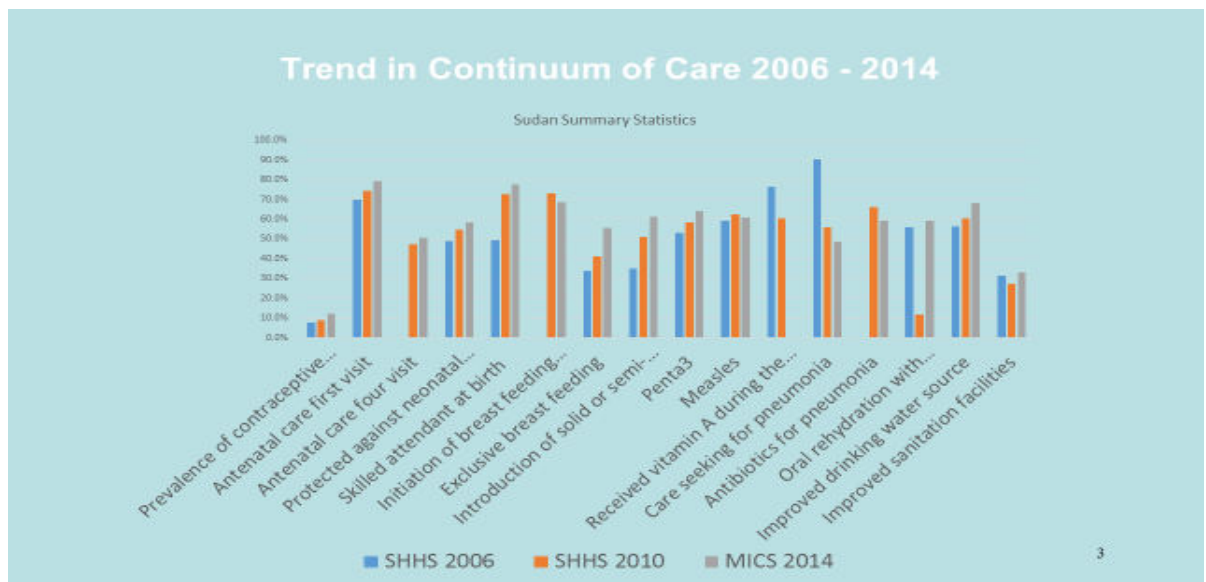
<sup>39</sup> MICS 2014

<sup>40</sup> Inter-agency Maternal Mortality Estimation, 2015.

<sup>41</sup> SHHS 2010

<sup>42</sup> Ibid.

<sup>43</sup> 'MICS 2014 [Key Findings](#)', April 2015.



**Immediate causes of under-five mortality:** Child mortality is caused by limited quality of disease management at health facilities and inadequate knowledge about danger signs for common diseases such as ARI, diarrhoea and malnutrition among mothers and care givers – leading to poor health-seeking behaviour. Inadequate utilization of antenatal care, skilled delivery and post-natal care services lead to delays in identification of high risk pregnancies and increase the risk of newborn deaths due to prematurity, birth asphyxia, sepsis and congenital abnormalities. The highest risk of mortality for both mothers and new borns is within the first 48 hours after birth, and this time period has the lowest coverage of care. Inadequate knowledge and skills of health care providers and poor or non-existent referral services also lead to preventable child deaths.

**Underlying causes:** Internal instability, recurrent natural disasters, population movements and deteriorated infrastructure impede the delivery of health care services. Regular influxes of refugees (particularly those fleeing famine, cholera and insecurity in South Sudan) overburden the already weak health systems and impact host communities' access to services. Children of nomads and populations displaced by internal conflicts are also vulnerable to disease outbreaks. There is inequity in health service availability, with higher coverage in urban areas, and better services for the richest households. Low prioritization of new born care services is a prime reason for high numbers of new born deaths. Maternal and child malnutrition are also key underlying causes of child morbidity and mortality.

**Structural Causes:** The health budget as a proportion of total government expenditures is just 8 per cent– far below the 15 per cent target set in the Abuja Declaration. Hence all child and maternal health programmes are chronically unfunded. Critical programmes rely heavily on donor funds. Donors are biased towards curative rather than preventive interventions. This threatens the sustainability of immunisation and other key, preventive programmes. There is an imbalance in the health budget between federal and state levels. At state-level, there is virtually no contribution of local authority/institutions to health expenditure.

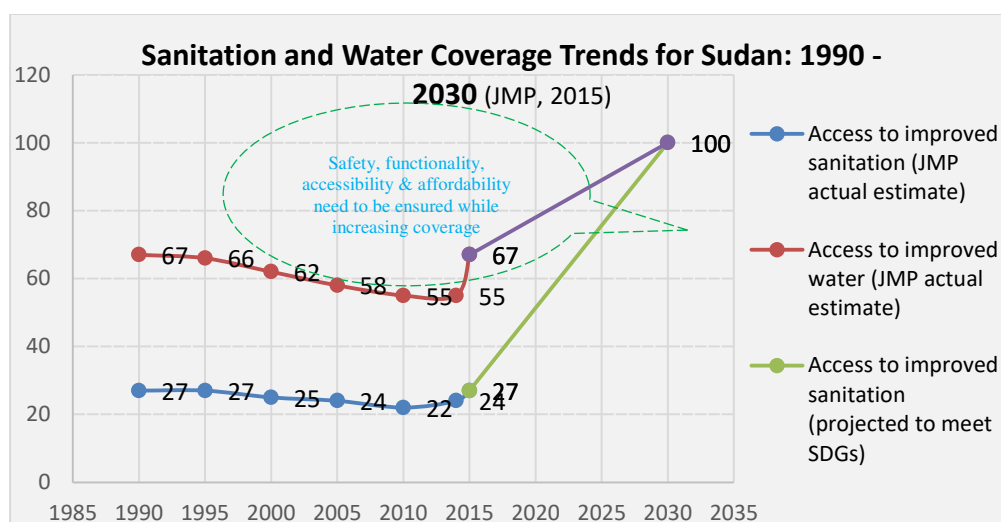
### 5.3.3 Water, Sanitation and Hygiene

- Only a third of the population have access to basic sanitation, which only limited improvement during the last decade. Only 0.8% of the population have access to sewerage services - all in Khartoum Municipality. As a result, nearly a third of households (10.5 million people) continue to practice open defecation. Sudan has the highest rate of open defecation among countries in the MENA region. There are pronounced disparities in sanitation access between urban (57%) and rural (22%) areas. The use of improved sanitation is particularly low in the Kordofan and Darfur States, where coverage is generally less than 20%.



- The safe disposal of animal faeces is another challenge. Households often have one animal per household member living in the same house structure as the family members. This is particularly a problem in IDP camps where space is limited.
- Nationwide, 68 per cent of households in Sudan have access to basic water, however there are disparities in access between rural (64%) and urban (78%) populations and between states. Only one third of households having access to safe water in Red Sea, White Nile and Gedarif states compared to 90% access in Khartoum and Northern States. An estimated 13 million people are still using unimproved drinking water sources.
- There are an estimated 32,233 improved water sources in Sudan. Urban water treatment plants have a functionality rate of 95%, while functionality varies from 69% for hand pumps to 75% for motorized ground water facilities. Lack of funding, inadequate management of water services, poor maintenance and low community engagement are among the main reasons for the low functionality levels<sup>44</sup>.
- About 32% of the population is forced to use unsafe water from unimproved water sources<sup>45</sup>. Most are surface water sources, while some are groundwater (open wells and contaminated aquifers). Chemical and bacteriological contamination is common. Industrial, domestic and commercial waste (mainly excreta, urine and grey water) is washed into surface water bodies or injected into groundwater aquifers. National and State Government regulations to prevent these pollutants exist, but they need to be enforced.
- Access to both improved sanitation and improved water sources is very low. Only 28% of households have access to sanitation *and* water (49% in urban and 19% in rural areas)<sup>46</sup>. Service access is correlated with the education and wealth of households.
- Sudan needs to increase access to sanitation and water to 100% by 2030 to achieve the SDG target<sup>47</sup> (see figure below). The 2030 SDGs are not targeting “improved” but “safely managed” sanitation and water services. Water sources need to be functional, safe, affordable and accessible in order to meet the SDG-6.1 water indicator. Similarly sanitation needs to be safely contained, transported and eventually treated to meet the SDG-6.2 indicator.

**Fig 3: Sanitation and water coverage trends 1990 - 2030**



<sup>44</sup> 2012-2016 WASH strategic plan.

<sup>45</sup> MICS 2014

<sup>46</sup> MICS 2014

<sup>47</sup> WHO/UNICEF 2015 JMP

- Hygiene practices are low in Sudan, where less than half of households have a specific place for hand washing, and only a quarter have water *and* soap at their hand washing station (34% in urban and 22% in rural households). There is also a large disparity between States ranging from 55% in North Darfur to 2% in Gedaref. Higher levels of education and wealth correlate with improvements in hygiene practices<sup>48</sup>.
- Menstrual hygiene management<sup>49</sup> has not received much attention in Sudan, aside from the provision of pads in humanitarian contexts and in some schools. Globally there is an increased focus on menstrual hygiene management as one way to reduce the barriers to girls' attendance at schools. More efforts need to be made in 2018-2021 to better understand the experiences of girls and women in Sudan and to break the taboo around menstrual hygiene.
- According to the National School Health Strategy<sup>50</sup>, 75% of schools have access to improved water sources, while only 35% have a reasonable number of improved latrines. Most latrines in schools are unclean and have no water source. Only 20% to 25% of schools have a proper place for handwashing with soap and no school has a programme of group hand washing.
- Low access to improved sanitation and water and poor hygiene practices contribute to the high prevalence of diarrhoeal diseases and malnutrition, especially among children under-5. Sudan is among the 15 countries in the world with the highest incidence of child deaths due to diarrhoea and pneumonia<sup>51</sup>. The strong correlation between the states' increased use of basic sanitation and water facilities and the reduction of medium to severe stunting level for under-five children has been well documented in Sudan (see figure 2).
- Adult men are the main fetchers of water in urban and wealthier households, while the main fetchers of water in rural and poorer households are women. In six out of 17 states, more than 60% of households depend on women and girls to collect water with the highest percentage in Central Darfur where 81% of the households depend on women and girls to collect water<sup>52</sup>.
- About 70% of the households do not use any means of water treatment. Only 22% let the water stand and settle, and 4% strain the water through a cloth<sup>53</sup>. . Most critically, only 4% of those using unimproved water treated it.
- Protracted conflict and other humanitarian emergencies are severely affecting Sudan's ability to provide WASH services. There are currently more than 2 million IDPs in Darfur and about 200,000 South Sudanese refugees in four states who are in need of continuous support for the operation and maintenance of their sanitation and water facilities.
- The most recent outbreak of Acute Watery Diarrhoea (AWD) in September 2016 had more than 14,900 suspected cases in 11 states (out of 18) and led to a total of 279 deaths<sup>54</sup>. Outbreaks of AWD have severely affected the country three times in the past 10 years.
- Climate change, mainly rainfall reduction, reduced seasonal streams runoff, recurrent drought and destructive floods are considerably affecting the availability, continuity and management of water, sanitation and hygiene services. In Darfur and Kordofan regions, climate changes has considerably affected the quantity, quality and the continuity of surface and ground water resources. Flash floods, mainly in the Eastern, Central and

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<sup>48</sup> MICS 2014

<sup>49</sup> Ibid

<sup>50</sup> National School Health Strategy 2017-20, Ministries of Education and Health with UNICEF, 2017 draft

<sup>51</sup> 2016 [IVAC](#) Pneumonia & Diarrhea Progress Report

<sup>52</sup> MICS 2014

<sup>53</sup> MICS 2014

<sup>54</sup> Sudan Ministry of Health records

Northern regions, have damaged or destroyed water and sanitation facilities and disrupted community hygiene setups.

- In Sudan, eight WASH related neglected tropical diseases are becoming rising public health problems (Leishmaniosis, Schistosomiasis, Lymphatic Filariasis, Onchocerciasis, Trachoma, Leprosy and Mycetoma). They are most persist and prevalent among people living in poverty and social exclusion.
- In 2016, the government allocated nearly US\$1.5 million specifically for sanitation promotion at national and state levels. However, financial flows to the sector are inadequate to sustain and scale up needed services. The Government does not prioritise WASH (especially sanitation) and available funding is used ineffectively. Currently, Sudan loses 2.1% of its GDP annually due to poor sanitation. This translates to a loss of US\$490 million per annum or US\$32.8 per capita per year<sup>55</sup>. It is estimated that every dollar spent on sanitation would lead to gains of two dollars.
- Expenditure made by households to access improved water is unequal. Peri-urban and rural households pay three to six times more than urban households for improved water. Urban households connected to public water networks are charged by the government a flat rate of SDG 50 (US\$7) per month, while rural and the peri-urban households, who are outside the water networks, pay a daily average of 5-10 SDGs (0.5 USD) to get five to 10 jerry cans (100 to 200 liters) of improved water, mainly from private water vendors. This ends up costing poor, rural and peri-urban households SDG 150-300 (US\$23-46) per month.
- **Immediate Causes:** Disparities in access to improved water and sanitation facilities have a variety of causes. Latrine construction and use is not a priority for communities (and is even opposed in some communities). Meanwhile, there is low government and other sector stakeholder investment in sanitation, water and hygiene at federal, state and locality level. Stakeholders have limited technical and managerial capacities in sanitation and hygiene promotion and water services operation and maintenance. This is coupled with low functionality of available water services and the high cost for provision of improved water to rural and peri-urban households in comparison with urban households.
- **Underlying Causes:** At a community level, there is a lack of awareness of the importance of latrine construction and use; widespread harmful social and cultural beliefs support open defecation and use of unpurified water; improved sanitation and water services are unaffordable; and there is inadequate participation of women and girls in the planning, implementation, monitoring and management of WASH services. At an upstream level, there are low budgetary allocations at national and sub-national level for the sector; unavailability of sound WASH sector institutional setup, structures, governance, management and policy instruments; overlapping, and often disputes on the sanitation and hygiene programme roles and responsibilities within governmental institutions; unavailability of real-time monitoring and information systems at locality and community levels; ineffective WASH coordination in the development context; inadequate implementation and monitoring of WASH national and state strategic plans; and inadequate mainstreaming of climate changes and environmental degradation into policies and programmes. The majority of funding goes towards urgent emergency interventions rather than on development programming in WASH.
- **Structural Causes:** Household poverty, low levels of education, unfavorable socio-cultural norms and practices, prolonged conflict, natural disasters, a weakened economy, and low donor interest to fund long-term developmental interventions are all key structural causes of poor WASH services.

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<sup>55</sup> Sanitation and Water for All (2012) *Sudan - Briefing: Economic Impact of Water and Sanitation*

#### 5.3.4 Common causes of U5MR in relation to quality service delivery

- Limited access to primary health care (PHC), with only 24% of facilities delivering the full essential PHC package, is a key bottleneck to providing essential nutrition and health services to women and children.
- Inadequate human resources (both quantity and quality) particularly in rural areas, caused in part by the high turnover of professional and medical staff (especially trained doctors due to the brain drain), combined with no well-established community cadre, is a key bottleneck in ensuring adequate provision of basic services.
- Inadequate collaboration between UN Agencies that have complementary mandates, due in part to resource constraints, creates vital gaps in nutrition programming, especially for Severe Acute Malnutrition (SAM) cases.
- Another major constraint is the availability of essential commodities. There is not yet an effective commitment from the Government to contribute towards the procurement of traditional vaccines (BCG, Measles, TT and Polio) for routine immunization or for nutrition supplements. The supply of therapeutic food remains highly dependent on UNICEF, which provides supply chain management with financial support from donors.
- The doubling in coverage of the CMAM programme to reach more than 230,000 children suffering from Severe Acute Malnutrition (SAM) annually, was only due to extensive support from UNICEF. Structures to deliver the programme remain weak, with inadequate human resources, monitoring and reporting systems.
- There is limited interpersonal counselling on Infant and Young Child Feeding (IYCF) in health facilities, which have inadequate time and human resources to deliver this effectively. In the last two years, more than 1000 community-based mother's support groups have been established, reaching about 500,000 caregivers. Quality of counselling remains a concern and scale remains limited. However, active case finding and referral of SAM has been promising as well as the integration of other key family practices such as early childhood stimulation, hygiene and sanitation.
- Micronutrient deficiencies particularly iron deficiency, anemia, vitamin A (night blindness) and iodine deficiency are thought to be high in Sudan although there has been no micronutrient survey done since 1997. A national law for food fortification and universal salt iodization has been drafted but not yet enacted. Although Vitamin A supplementation coverage improved to 78 per cent in 2014, a suspension of the national immunization days, the channel used to distribute Vitamin A, has severely affected national coverage since then. So far no alternative means of distribution has been identified whilst routine supplementation through health services is not considered enough to guarantee adequate coverage as a large population in Sudan does not regularly seek health services.
- Cold chain equipment functionality in Sudan is less than 80 per cent in about 40 per cent of localities. Recurrent breakage of aging equipment, and the looting of solar refrigerators in conflict-affected states are frequent challenges faced by the cold chain system. States and localities also have weak capacities to conduct maintenance of refrigerators, and struggle with the high cost of spare parts and operation. This situation negatively affects the effective management of vaccines in several localities, and keeps threatening the coverage and quality of immunization services.
- Provision of essential kits (IMCI, PHC, RH and emergency supplies) relies on external aid without which shortages and stock-outs of essential commodities would increase drastically, jeopardizing the already weak health system. Although the country has endorsed universal health coverage, the persistence of weak commodities distribution systems and fees for care limit access to essential health care from the most vulnerable
- Protracted economic sanctions against Sudan hinders direct financial disbursements to key ministries within the Government, constraining opportunities to mobilise longer-term

funding for structural and preventative programming and limiting the availability of essential child survival supplies and equipment.

- Evidence-based planning and monitoring is limited by a fragmented information management system. Administrative data systems are weak across all CSD sectors, with only 30 to 40 per cent of primary health facilities reporting comprehensive data.
- Construction and maintenance of WASH facilities are impeded due to high costs associated with supplies, equipment and spare parts, especially in rural areas.
- Inadequate availability of competent staff, infrastructure, and logistics for operating, maintaining, hinder the management and scaling up of WASH services, especially in rural areas. There is only limited private sector capacity and involvement in expansion and management of WASH services.

### **5.3.5 Common causes in relation to behaviours, practices and demand for services**

- Key barriers to health-seeking behavior, healthy feeding, good hygiene, care and stimulation practices are created by socio-cultural norms, poor access to relevant information. Weak enforcement of the “free health care” policy for the most vulnerable means that people avoid health services due to their inability to pay user fees.
- Socio-cultural norms and traditional practices encourage poor sanitation, hygiene and water collection, handling and storage practices.
- Women have only limited ability to advocate for positive behavior change and demand for services. Only 52 per cent of women compared to 72 per cent of men. Women contribute 41 per cent of household income, however most women work in marginal and low paying jobs (petty trading, tea selling), and their participation in decision-making is limited. Women have little control over how household income is spent including health expenditure, and they are less able to negotiate prevention and treatment services that contradict strong social norms.
- Young girls are often subjected to Female Genital Mutilation. Women and girls are also particularly vulnerable to HIV. They are hampered from accessing information and health care to protect themselves from HIV and from accessing treatment, care and support where needed.
- The high dependence of affected populations, including those in protracted emergencies, on external aid, does not provide a platform for demanding sustainable options.

### **5.3.6 Common causes in relation to enabling environment**

- There is inadequate capacity for nutrition, health and WASH service provision at the decentralized levels (states and localities) coupled with weak management and coordination with partners leading to duplication of efforts and wastage of scarce resources.
- Inadequate funds allocation to nutrition, health and WASH service delivery is a major bottleneck to achieving equitable and universal coverage. The proportion of Government expenditure allocated to health is 9.8 per cent, which is far below the Abuja target of 15%. Sanitation spending is similarly low. In 2016, the government allocated just US\$1.5 million for sanitation promotion at national and state levels.
- Poor harmonization and alignment among aid organisations, and inadequate accountability frameworks are also barriers to the achievement of universal access to services especially for children and women.
- Nutrition is a cross-cutting child survival issue, which involves multiple actors (including UN Agencies and partners, donors) and sectors (such as social protection and child protection, apart from health, WASH and nutrition). However, inadequate joint analysis and programming generates missed opportunities for comprehensive and cost-effective nutrition care and broader child survival and development outcomes.

- The government has not yet succeeded in creating an enabling environment necessary to the effective delivery of services. Decentralized planning, budgeting and funding, capacity building for states and localities (district level) and effective monitoring for nutrition, health and WASH services are still far from being a reality in the country. The vertical approach towards programming remains a serious threat for the whole child survival service delivery system.
- The government has endorsed Decentralized Health Systems Strengthening (DHSS), which would boost the integration and packaging of nutrition and health services and reorganize the delivery system to ensure a better continuum of care, however the uptake of this approach remains very low.
- The WASH sector suffers from inadequate leadership and coordination, sub-optimal institutional set up, ad financial and human resource capacity gaps. It has been unable to expand the demand-side factors around open defecation.
- The lack of government engagement with adolescents combined with the lack of programmes and interventions for them has resulted in poor demand for health and nutrition services among adolescents.
- The Government has not yet approved the draft WASH policy, and Sector Strategic Plans are not being adequately implemented and monitored.
- Overall coordination mechanisms of development and humanitarian programmes continue to be weak.

### **UNICEF's Experience and Comparative Advantage**

UNICEF is the sector lead for the Nutrition cluster in Sudan and is widely accepted as the technical lead agency for nutrition by the Government, UN agencies and NGO partners. UNICEF has a strong track record - leading UN agency coordination for nutrition under the Letter of Understanding (LOU) as well as two joint UN multisector projects. The UNICEF nutrition team has a close relationship with the Department of Nutrition at federal and state levels as well as key implementing partners including both local and international NGOs. UNICEF also co-leads the WASH sector with the government. UNICEF has been a key provider of institutional strategic support, playing a key role in the development of national guidelines and manuals, the WASH draft policy, WASH 2012-2016 Strategic Plans and the draft Sudan National Sanitation and Hygiene Strategic Framework.

UNICEF, under the previous Nutrition, Health and WASH programmes, has provided technical and financial support to both upstream and downstream work. At Federal level, UNICEF, has been a key member of various national steering and technical committees (including the National Health Sector Coordinating committee, National Immunization Technical Working Group (NITAG), National Steering Committee for Reproductive Health, National Sanitation Council, Water Resources Steering committee) supporting policy and strategy development, evidence generation, programme design and advocacy. At state and locality level, UNICEF makes significant contributions to support the delivery of primary health care services through the delivery of an integrated package of child and maternal services at the health facility and community level interventions. As a major partner in the GAVI alliance for immunization, for example, regional and headquarter experts from UNICEF and other partners participate in the annual joint appraisal of achievements, challenges and gaps in the immunization programme.

UNICEF Sudan has a main office in Khartoum and field offices in all the Darfur states, South Kordofan, Kassala, Blue Nile and White Nile states. All the offices have well qualified national and international nutrition, health and WASH officers, with expertise in programme planning, implementation, monitoring and evaluation in both development and humanitarian settings. With its global mandate as an advocate for the rights of every child, strong technical expertise, good partnerships with Government, UN agencies and NGOs and established field presence, UNICEF is well positioned to accelerate the delivery of nutrition, health and WASH services with equity for the most vulnerable women and children in Sudan.

## Prioritised Child Survival and Development Deprivations and Issues

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 practices<sup>56</sup>

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.

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<sup>56</sup> [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](#)



**Outcome 2:** By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices.

**Output 1:** More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.

**Output 2:** More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.

**Output 3:** WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services.

#### 5.4.1 Strategic Approach for Outcome 1-Health and Nutrition

UNICEF recognizes that improving nutrition is a multi-sectoral objective, which requires strong collaboration and programme integration both internally and amongst key Government ministries and other actors. UNICEF will provide strong leadership on nutrition within the international community. Working in partnership with the private sector, UN agencies and other organizations, UNICEF will advocate for and mobilize technical expertise and resources to scale up nutrition interventions with a focus on people-centered convergence, and an alignment across sectors to target malnourished households.

UNICEF's approach to delivering the health and nutrition component of the country programme will involve multiple dimensions, (i) strengthening national policies, laws and budgets to influence the national capacity to legislate, plan and budget for nutrition and health services. Evidence-based policies, budgets and plans at national and sub-national levels will be scaled up in order to improve the enabling environment for nutrition and health in Sudan; (ii) ensuring the availability and access to high impact nutrition and health services for the most vulnerable groups through both a systems-strengthening approach and humanitarian response and; (iii) enhanced efforts to promote knowledge, behavior change, demand for services and opportunities for participation for children, families and communities – therefore contributing to reduce barriers to access of services.

UNICEF will move from focusing on expanding curative services, to greater emphasis on preventing malnutrition and poor health through longer-term developmental strategies implemented across sectors. UNICEF will provide technical and financial support to improve the quality and delivery of preventative nutrition and health services at community level, through the establishment of Mothers Support Groups, Community Midwife Networks and the work of community health workers.

For the treatment of Severe Acute Malnutrition (SAM) in Sudan through the Community-based Management of Acute Malnutrition (CMAM) programme, UNICEF will shift from the expansion of coverage towards instead maintaining coverage for the most vulnerable children. UNICEF will support improvement in the quality of existing CMAM services through improved linkages with the WASH sector to ensure the provision of clean water, improved sanitation facilities and handwashing stations in OPS. Caregivers will also be referred to Infant and Young Child Feeding counselling. UNICEF is also committed to begin the integration of the CMAM programme into the health system, when the policy and operational environment becomes mature.

In this country programme UNICEF will shift from broad support to the Central Government on service delivery towards an increasing focus on key states and localities. UNICEF will support local governments and service providers to strengthen the provision of essential commodities, improve the functionality of the supply chain, and better plan, integrate and deliver services. Different integrated packages of high impact interventions will be tailored to populations and delivered through a combination of channels (fixed, outreach/mobile and campaigns). Service delivery will progressively move beyond the health facility towards community-based interventions. Strong linkages and convergence will be sought with community-led total sanitation, child and social protection, early childhood development and other sector interventions delivered by UNICEF's partners for improved impact. Also, improved linkages between the community and health facilities within respective

catchment areas will strengthen the referral systems as well as ensure sustainability and quality of service delivery. A specific focus will be put on reducing neonatal mortality through quality newborn care as well as reducing stunting through improved preventative nutrition services across sectors and real-time monitoring.

UNICEF will also shift to undertake more upstream work, strengthening existing partnership and coordination mechanisms for health and nutrition. An integration of both development and humanitarian approaches will help to delineate programme results across the continuum of humanitarian and development challenges, including conflict, displacement and climate change effects. In addition UNICEF will undertake strong advocacy for increased budget allocations, evidence-based and integrated programming, quality implementation and monitoring for better programme effectiveness and efficiency.

Knowledge development will be another key focus area, and UNICEF will support the Government to strengthen data collection and management of national household surveys, local coverage surveys and national information systems. Collected data will be disaggregated to the lowest administrative units, and will be used to adjust policies and programmes at all levels (national, state and locality).

Disaster risk reduction and resilience will be considered. Improved feeding practices will protect nutritional status in hazard prone areas. Community systems for early diagnosis and referral of acute malnutrition and improved care practices will be strengthened, while behaviour change communication activities will improve the preparedness of vulnerable communities.

#### **5.4.1.1 Health-Nutrition Results Framework**

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

UNICEF will contribute to the achievement of the Outcome through four Outputs:

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

**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 with 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.

These outputs prioritise actions with impact, relevance, coverage and cost effectiveness. They build on UNICEF's comparative advantage expertise and partnerships. They follow on from previous efforts, take into account existing knowledge and lessons learned and consider emerging developments in Sudan.

**OUTPUT 1:** Government at national and sub-national levels have strengthened capacities and develop evidence-based and equity, multi-sector focussed policies, plans and budgets to improve health and nutrition services.

To achieve this output UNICEF will engage in *effective partnerships* for inter-section and inter-sector collaboration for nutrition within UN agencies as well as with donors, private sector, civil society and the Government of Sudan. This will include mobilizing tangible dedicated technical expertise for governance, planning and budgeting, as well as leveraging existing and new resources. Collaboration, information sharing and coordination will be promoted both within and across sectors – increasing the effectiveness and efficiency of curative and preventative nutrition services, as well as sanitation, hygiene, Early Childhood Development (ECD), health and other sector programmes.

In partnership with others, UNICEF will *advocate* with the Government of Sudan’s key line Ministries of Health, Agriculture, Social Insurance and Welfare, Water, Finance, Education, Trade, Industries and others, to improve the leadership and commitment for national nutrition and health legislation and effective strategies to scale up nutrition and health investments across sectors. This will involve improving situation analyses (using the *EQUIST tool*), undertaking joint planning, establishing a budget line for nutrition across sectors as well as increasing budget allocations for health and nutrition services. In addition, efforts will be made to ensure the implementation and monitoring of health and nutrition services across sectors, leveraging available resources and existing technical capacities. In addition UNICEF will try to increase the prominence of nutrition through engaging the Women’s Union and Members of Parliament.

UNICEF will support *evidence generation* on progress towards reducing malnutrition and child mortality – a process which will increase understanding about which interventions works and why. This evidence will inform policy creation and the prioritization and targeting of interventions. UNICEF will also support the strengthening of routine data collection through the new GFATM-supported District Health Information System (DHIS-2) and the *use of innovations* such as web-based monitoring and reporting tool KoBo. Routine data will be complemented by periodic nationwide surveys (Multiple Indicator Cluster Survey, S3M) which will help fill current information gaps e.g. on micronutrient status and newborn care.

### **Assumptions:**

- Enforcement of the decentralization policy
- Effective appointment of Locality Health Management Team at all levels and identification/appointment of nutrition focal points across sectors and levels
- Government budgetary allocation and continued donor investment in nutrition and health
- Increased political stability and security
- Humanitarian crises remain within preparedness/projections

### **Risks:**

- Human resource changes in the government including at locality level
- Dramatic changes in the country’s political, security or economic situation
- Natural disasters
- Weak enforcement of the decentralization policy
- Decline in donor funding.

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

To achieve this output UNICEF will improve the capacity of health and nutrition service providers, and support the provision of commodities at scale for key services including immunization, vitamin A supplementation, IMCI/iCCM, ANC/PMTCT, iron folate supplementation, skilled deliveries, newborn care and interpersonal counselling on Infant and Young Child Feeding (IYCF). The integrated package of health and nutrition services will be delivered through different channels (fixed, outreach and campaigns) for increased continuum of care. Strengthened community service provider networks will address challenges with geographical access and should improve the linkages between health facilities and the community.

Immunization and vitamin A supplementation will be boosted through systematic mapping and targeting of “un-reached” populations, reducing dropout rates. Comprehensive cold chain maintenance will be supported. Specific attention will be given to bottlenecks, which limit the

availability of essential commodities at all levels. Ready to Use Therapeutic Foods (RUTF) will be integrated into the national supply chain and warehousing conditions will be improved. UNICEF will continue to support the national supply chain for nutrition commodities and supplies including technical and financial support.

UNICEF will undertake an in depth supply chain analysis to fully understand the challenges at all levels, on the basis of which a detailed plan of action will be developed and implemented jointly with the Ministry of Health. Best practices will be systematically documented in UNICEF-supported areas and these will support the expansion of interventions within the country.

The programme will seek to strengthen capacities at locality level to assess, diagnose, analyze, intervene and adjust programmes to address the major bottlenecks to the delivery of high impact nutrition and health services in UNICEF-targeted states and localities. This will be done through on going technical support and mentoring, trainings, joint monitoring and evaluations of programme performance as well as support to improve the national nutrition information system. This approach will be embedded into routine programme management for a more efficient use of available resources.

Quality newborn care at all levels will be addressed through specific training of caregivers on early essential newborn care, kangaroo mother care, early initiation of breastfeeding, exclusive breastfeeding, sepsis and postnatal care, as well as improved supervision and monitoring of service delivery by health professionals.

In addition, UNICEF will reduce stunting and severe acute malnutrition through increased coverage of evidence-based maternal, infant and young child nutrition interventions in the most vulnerable localities. UNICEF will strengthen its support for Infant and Young Child Feeding (IYCF) practices through community based Mother Support Groups (MSG). Initially, it will improve the quality of materials provided to groups, enhance the capacity of the existing network through supportive supervision and monitoring systems, and create greater linkages with curative services, in particular the CMAM programme. Secondly, UNICEF will support the expansion of the Mothers Support Groups. UNICEF will also support the delivery of iron folate supplementation for pregnant women through the health sector. It will use complementary approaches and community-based networks in areas where health service delivery remains challenging. UNICEF will also develop a strategy to determine how it can best support the development and implementation of school nutrition and health services targeting adolescents.

To achieve the output, UNICEF will work in close collaboration with other partners, including UN agencies, civil society, and private sector as well as with other sectors.

### **Assumptions:**

- The target population will utilize the available services
- Decentralization policy and “free health care” policy will be enforced
- Locality Health Management Teams in place
- Commitment from the government to move away from “vertical programming” and embrace an integrated approach, and invest in the strengthening of systems
- Interest and ability of communities to engage in service delivery
- Political stability and security
- Humanitarian crises are within preparedness/projections

### **Risks:**

- Human resources changes in government
- Dramatic changes in political/security/economic situation
- Natural disasters
- Decline in donor funding

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

To achieve this output, UNICEF will build on the success of the existing CMAM programme, and focus on improving the quality of Severe Acute Malnutrition (SAM) treatment in existing Outpatient Treatment Programmes (OTP) targeting the most vulnerable poor and rural households. UNICEF will move away from a focus on direct support of service delivery at facility level to a much greater emphasis on wider *systems support*. That said, UNICEF will continue to provide some financial and technical support to the Ministry of Health and community based service providers and civil society for service delivery. Overall, there will be a shift towards increased technical and financial support for effective monitoring and reporting, the development of a national supply chain, and strong supply chain management. The Government of Sudan should assure the availability of Ready to Use Therapeutic Foods and essential health commodities, while UNICEF reduces its engagement in direct supply.

UNICEF is committed to integrating the CMAM programme into the health system, as the policy and operational environment becomes fully mature. UNICEF will develop the necessary guidelines and protocols, obtain buy in from the Ministry of Health at national level and state level and lay out a plan for integrated service delivery. UNICEF, in close collaboration with the Ministry of Health, WHO, NGOs and local implementing partners, will first pilot the integration in two states in Sudan. Lessons learnt from this pilot will inform the integration of the CMAM and iCCM programmes in the next UNICEF country programme 2018-2021.

UNICEF will use the CMAM platform to integrate service delivery at community level. The WASH sector will be engaged to provide clean water, improved sanitation facilities and handwashing stations in the OPS. Through the national Infant and Young Child Feeding (IYCF) programme Mothers Support Groups will be engaged to ensure that counselling on key nutrition related practices, is provided to reduce the risk of readmissions.

UNICEF will improve screening and referral of severely malnourished children using innovative and low cost approaches such as working with mothers of SAM children and Mother Support Groups to identify cases, rather than funding costly and less effective mass screening campaigns.

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

To achieve this output, UNICEF will strengthen the capacities at the national, state and locality levels to design, implement and monitor behavior change programmes that promote key family practices,<sup>57</sup> and increase demand for nutrition, health, WASH and Early Childhood Development (ECD) services. Behaviour change interventions will be delivered through multiple channels and networks such as Mothers Support Groups, religious leaders, school teachers and pupils, community mobilization campaigns at markets and other public gatherings, health facilities, mass media as well as the private sector as part of a larger integrated national campaign such as 'Shuffaa Al Soghar Demand generation plans will be designed based on existing local initiatives and will include interventions to change behaviours and promote sociocultural practices that support child survival

<sup>16</sup> [Exclusive breastfeeding](#); [Complementary feeding](#); [Increased micronutrient intakes \(DD, FF, Suppl\)](#); [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

and development, while encouraging community, children and women to better participate in the monitoring of interventions. Strong partnerships will be sought at all levels to gather all key stakeholders around a shared package of key family practices that reduce stunting and increase child survival. Specific programmes will be designed at locality level, taking into consideration the results of local quality surveys and decentralized bottlenecks analyses. Frequent monitoring of demand generation interventions will be encouraged.

UNICEF will include elements of *social protection* in order to enable mothers and caregivers to adopt the promoted practices. For example, cash transfers to members of Mother Support Groups would enable mothers to buy nutritious foods for adequate complementary feeding and reduce the risk of readmissions into CMAM programmes. Conditionalities on cash transfers could increase uptake of new-born care services and/or immunization.

In addition, efforts will be made to address key gender bottlenecks and barriers – mainly gender inequality and harmful social norms. Women and girls’ will be given knowledge about the decisions they can make to protect their own health as well as the health of their families. Access to information will be supported through multiple channels (including technology).

**Assumptions:**

- The target population is open to change in behaviours
- Commitment from government for increased national, state and locality budget allocation for health promotion interventions
- Budgetary allocation and continued donor interest with a specific focus to demand generation
- Political stability and security
- Humanitarian crises are within preparedness/projections

**Risks:**

- Human resources changes in government
- Dramatic changes in political/security/economic situation
- Natural disasters
- Policy changes for donors resulting decline in income

**5.4.1.2 Measurement Framework of Health-Nutrition**

<p><b>Sustainable Development Goals</b></p> <ul style="list-style-type: none"> <li>• SDG 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</li> <li>• SDG 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</li> </ul>
<p><b>Government of Sudan priorities:</b></p> <ul style="list-style-type: none"> <li>• RMNCAH 2016-2020: Reduce under five mortality rate from 68 to 55 per 1,000 live births; reduce new born Mortality rate from 33 to 25 per 1,000 live births.</li> <li>• NATIONAL NUTRTION STRATEGY 2014-2018: Reduce the Prevalence of stunting by 8%</li> </ul>
<p><b>UNDAF:</b> OUTCOME on Basic Social Services: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes</p>
<p><b>UNICEF Strategic Plan 2018-2022:</b></p> <p>Goal Area 1: Every child survives and thrives;</p> <p>Goal Area 2: Every child lives in a safe and clean environment;</p> <p>Goal Area 3: Every child is protected from violence and exploitation;</p> <p>Goal Area 4: Equity – Every child has a fair chance in life;</p>

<i>Indicator</i>	<i>Baseline</i>	<i>Target</i>	<i>MoV</i>
<b>Outcome:</b> By 2021, more children under the age of 5 years and women of reproductive age utilize high-impact, quality health and nutrition services.			
Children < 1 year receiving measles-containing vaccine at the national level	60% (2014)	80% (first Dose) (2021)	Multiple indicator cluster survey (MICS), coverage survey
Live births attended by skilled health personnel	77.5% (National 2014)	90% (National 2021)	MICS, Health Management Information System; (HMIS)
Percentage of children 0-5 months old who are exclusively breastfed	55.4% national (2014)	70% (2021)	MICS; Simple spatial sampling method survey (S3M)
<b>Output 1:</b> Government at national and subnational levels have strengthened capacities and develop evidence-based and equity, multi-sector focused policies, plans and budgets to improve health and nutrition services.			
<b>Key Partners:</b> Federal and State Ministries of Health, WHO, GAVI, Global Fund			
Number of DHSS targeted states in which barriers and bottlenecks related to child survival are monitored	2 (2016 Kassala, North Darfur State)	12 (2021)	Administrative data, monitoring data, DHIS-2
Share of budget requirements for non-GAVI vaccines (measles, polio, tetanus toxoid, BCG) and related devices covered by the government	0% (2016)	100% (2021)	Government EPI specific budget monitoring
Availability of a costed national multi sector nutrition implementation plan endorsed by all key line ministries with UNICEF support	No	Yes (end 2019)	SUN Annual report
A coordination structure for multisector action on scaling up nutrition functional at national and subnational levels with UNICEF contribution	No	Yes (2021)	SUN Annual report
<b>Output 2:</b> Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services.			
<b>Key Partners:</b> Federal and State Ministries of Health; WHO; UNFPA			
Number of hard to reach communities in targeted localities with trained community workers to deliver community-based treatment of child illnesses	4,400 (44%)(2016)	6,000 (2021, 60%)	Administrative data IMCI database
Number of targeted localities reporting zero months without stock out of ORS at the health facility level	TBC in 2017 based on new geographical priority localities	70% (TBC)	Administrative data DHIS-2

UNICEF-targeted children 6-59 months in humanitarian situations who are vaccinated against measles.	414,312 2016	833,326 (2021, 15% annual increase first dosage)	MoH HMIS
Number of children age 6-59 months receiving 2 annual of Vit A in the reporting year	3,842,016 (2016)	3,993,591 (annual)	MoH HMIS
Number of pregnant women who receive iron and folic acid supplementation for at least 90+ days with UNICEF support in the reporting year	335,345 (2016 )	400,000 (annual)	MoH HMIS
<b>Output 3:</b> More severely malnourished children receive quality treatment with integrated water, sanitation and hygiene (WASH) and infant and young child feeding services.			
<b>Key Partners:</b> Federal and State Ministries of Health, UNDP, Civil Society.			
Number of children (6-59 months) affected by severe acute malnutrition admitted into treatment	224,118 (2016)	250,000 (annual)	Community-based management of acute malnutrition database
Percentage of OTP centres that meet minimum standards for WASH.	486/1099 (2016, 44%)	824 (2021)	CMAM data base
Number of PHC facilities with zero stock out or RUTF	159 (2016, 14%)	Less than 50 (annual)	CMAM data base
<b>Output 4:</b> Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.			
<b>Key Partners:</b> Federal and State Ministries of Health, UNDP, Civil Society.			
Percentage of mothers and other care givers practicing at least 6 of the key family practices	0 (2015, planned 2017 85% for 5 key practices, Alshufa Initiative)	80% (TBC)	LQA MICS
Number of mothers/ care givers accessing Infant and Young Child Feeding counselling through UNICEF assisted mothers support groups	490,591 (2016)	1,300,000 (2021)	IYCF data base
Number of children under five sleeping under LLINs in targeted states.	2,438,522 (2016?, 41%)	4,460,711 (2021, 75%)	MIS/LLIN tracking system Malaria Indicator Survey
Percentage of children identified with severe acute malnutrition who are referred by a UNICEF supported community health provider for treatment	0%	100%	CMAM data base



## 5.4.2. Strategic Approach for Water, Sanitation and Hygiene outcome

UNICEF considers open defecation to be a grave public health issue that disproportionately affects the most vulnerable people. Scaling-up community approaches to total sanitation (CATS) will accelerate access to basic sanitation in rural and peri-urban areas. UNICEF will provide strong WASH leadership within the UN and international community in support of the Government, to create strategic partnerships to scale up access to basic sanitation and water for the most disadvantaged families, in both humanitarian and developmental contexts.

In the new country programme UNICEF plans to gradually move away from a “service-delivery” emergency approach to a more “long-term sustainable” approach by engaging closely with the Government and development partners on upstream policy and strategic issues aimed at bridging the humanitarian-development divide. Service delivery will increasingly be a means to demonstrate viable models for scaling-up access to WASH services across the country. Going forward, UNICEF will put in place systems to target the most-in-need, strengthen community engagement and build accountability of service providers. Partnerships with the private sector will be vital to leveraging resources and helping households gain access to better WASH services.

UNICEF will strengthen its position as a “thought leader” as well as a “partner of choice” by engaging in upstream policy dialogue in all sectors.

Key areas of focus will be:

- Elimination of Open Defecation and scaling-up access to basic sanitation
- Sustaining and increasing access to basic water
- Strengthening sector coordination
- Support to national policies and strategies
- Evidence generation, knowledge management, sector monitoring and innovation
- Partnerships and Private sector engagement
- Inter-sectoral integration for synergistic impact of child survival interventions

Opportunities for inter-sectoral integration will be maximized to make the most of the available resources for the benefit of the child. Convergence with nutrition, health and education sectors will be amplified to reduce stunting, associated morbidity and mortality and improve the learning environment for school children. WASH interventions will be prioritized in AWD hot-spots and in areas with high malnutrition prevalence. Climate change adaptation and DRR will be mainstreamed across programmes and policies through the choice of appropriate technologies, community awareness, engagement of school children, proper siting of facilities and Integrated Water Resources Management.

Emergency preparedness to prevent, control or mitigate the impact of conflict, epidemic or natural disaster based emergencies through risk informed programming for the provision of WASH services in Humanitarian situation as per UNICEF’s Core Commitments for Children (CCCs).

### 5.4.2.1 WASH Results Framework

**Outcome 2: By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices.**

UNICEF will contribute to the achievement of the WASH outcome through three outputs, covering both the humanitarian and development contexts:

**Output 1.** More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.

**Output 2.** More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.

**Output 3.** WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services.

**OUTPUT 1. Basic Sanitation and Hygiene: More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices**

UNICEF will aim to eliminate open defecation and scale-up sanitation across the country, with a focus on the most vulnerable communities in rural and peri-urban areas, and sites for Internally Displaced Persons. Women and girls will be empowered and men and boys will be engaged to build Open Defecation Free (ODF) communities. Promotion of hygiene practices with a focus on hand-washing at critical times will be intensified in ODF communities, building on their commitment to new social norms.

The following key strategies will be deployed:

- **Create community demand for construction and use of basic sanitation:** UNICEF will support the Government in scaling up the CATS/CLTS approach across all priority States of Sudan. This will involve:
  - Support the rolling-out of the Road Map for Eliminating Open Defecation in Sudan;
  - Supporting the creation of a resource pool of trained CLTS facilitators to implement sanitation interventions for progressive realization of the SDG target of 100% access to “safely managed” sanitation facilities;
  - develop and disseminate technical guidelines for the implementation of CATS/CLTS, ODF verification and monitoring,
  - development of locality-level CLTS plans and CLTS interventions implemented in targeted communities
- **Behaviour change communication and Sanitation Marketing:** UNICEF will provide financial and technical assistance to the Department of Health Promotion at the Ministry of Health to implement a research-based multi-stakeholder communication strategy to promote the use of latrines and support sanitation marketing. Sanitation marketing will involve developing and promoting affordable sanitation models, training community level artisans (both male and female) in technical options and business and marketing approaches and developing supply chain linkages between the supplier, artisan and the households. Sanitation marketing will help households move up the sanitation ladder and support local business.
- **Mobilize private sector (entrepreneurs, Micro Finance Institutions and other providers) to shape markets, develop sanitation products and services, and offer affordable financing:** Costs of constructing a basic latrine are still high in Sudan, therefore UNICEF will work with banks and micro-finance institutions to develop a portfolio of affordable loans for households. Local level businesses will be mobilized to sell sanitation products and services and construct sanitation facilities through Community-Private Partnerships.
- **Systems strengthening and evidence generation:** UNICEF will support the government to set up CATS/CLTS processes including facilitation/triggering of communities; ODF certification and validation; and smartphone based real-time tracking of constructed toilets. The Government will also be encouraged to activate and amend existing legislation and increase enforcement related to open defecation in urban areas. Documentation of best

practices, innovations and lessons from the implementation of CATS/CLTS will inform and refine the approach further. Research in particular areas will also be pursued.

- **Support WASH in institutions, specifically at schools and health care facilities:** With regard to WASH in schools, UNICEF will work very closely with the Ministry of Education to establish school health (including hygiene) clubs, enhance gender-segregated access to sanitation facilities in targeted schools and promote behaviour change among school pupils including menstrual hygiene management. WASH information systems will be strengthened to ensure that school WASH data is collected as part of the national Education Management Information System. UNICEF will also support the development of Technical guidelines for WASH facilities construction, operation and maintenance in schools; advocate for the development of legislation to prohibit school construction without integrated WASH services; continue advocacy for increased allocations for school WASH programmes ensuring access for people with disabilities and nomadic communities. Similarly, UNICEF will also work with the Ministry of Health to enhance access to disable-friendly and gender-segregated WASH facilities in targeted health centres; support the development of technical guidelines and manuals for WASH facilities in health centres and map WASH facilities in health centres.

#### **Assumptions:**

- Adequate resources are available at National/ State/Locality-level for investments in sanitation and hygiene promotion, training, monitoring and evidence based planning;
- Communities are receptive to external interventions;
- Social norms change so that open defecation is considered unacceptable;
- Latrine options are available to suit the needs and aspirations of all market segments in rural communities;
- Ministry of Water Resources, Irrigation and Electricity, Ministry of Education and Ministry of Health collaborate with each other and the WASH sector;
- Private sector is able to respond to increased demand for improved sanitation through appropriate supply side interventions;
- Microfinance Institutions (MFIs) are willing and have appropriate financing products, to offer affordable sanitation financing to households and sanitation businesses.

#### **Risks:**

- Rapid turnover of trained human resources in the Government;
- Lack of resources to support follow-up monitoring of CATS/CLTS interventions;
- Security situation blocks access to communities;
- Private sector is uninterested in sanitation markets.

**OUTPUT 2. Basic water: More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.**

UNICEF will scale-up access to basic water in rural and peri-urban communities and sites for Internally Displaced Persons. Women and girls will be empowered with adequate skills, knowledge and resources and men and boys will be engaged to ensure sustainable management of water facilities and positive water handling and management. To mitigate the impacts of climate change, water conservation practices will be promoted within communities.

- **Strengthen sustainable water services:** In the development context, the programme will invest in sustainable water supply systems in the most severely under-served rural and peri-urban areas. UNICEF will focus on community empowerment through Community Management, Operation and Maintenance of WASH services (CMOM). The WASH programme will invest in similar systems for populations in protracted crises, in order to support a smooth transition from the emergency to development context. The programme will engage the private sector in providing and managing WASH facilities and strengthening supply chains.
- **Innovation for efficient, effective and cost effective water supply systems:** UNICEF will focus on affordable, culturally-appropriate, climate resilient and innovative water supply technology, programming approaches, modalities and management styles with a special focus on engaging the private sector, research institutions and youth. ICT will be harnessed to improve water point functionality and foster greater accountability of service providers to communities.
- **Strengthen water quality monitoring and water safety:** UNICEF will support the development of a National Water Quality Framework, and the implementation of water safety plans and monitoring in targeted rural and peri-urban areas and IDP sites. This will also entail the development of technical guidelines and training manuals to build the capacity of sector stakeholders, especially in water safety planning.

#### **Assumptions:**

- Adequate resources are available at National/ States/Locality-level for investments in water facilities, including operation, maintenance and replacement of infrastructure;
- Supplies and spare parts are available and affordable in the local markets;
- Women, adolescent girls and boys are empowered to manage their WASH facilities through WASH committees;
- Women, men, adolescent girls and boys are willing to change and adopt community water safety plans, household water treatment and storage and water conservation measures;

#### **Risks:**

- Rapid turnover of trained human resources in the Government;
- Insecurity blocks access to communities;
- Private sector is uninterested in investing in the management of water services.

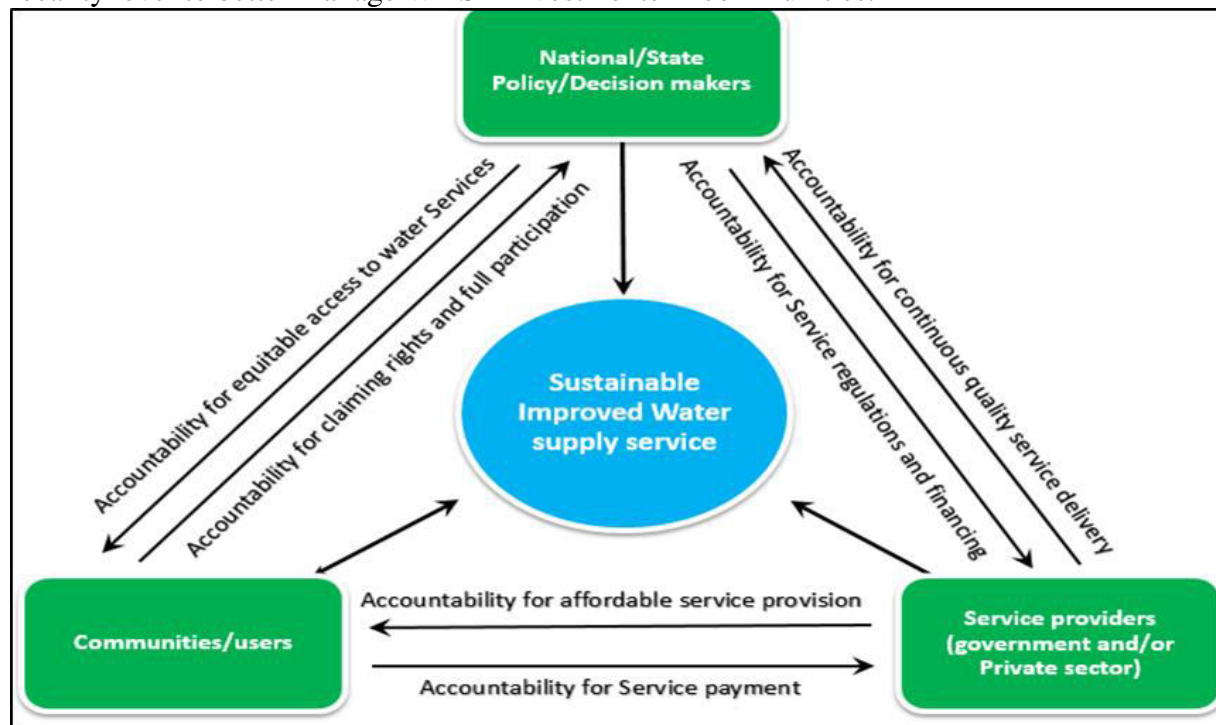
**OUTPUT 3: Enabling environment: WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services.**

This output will contribute to reducing barriers/bottlenecks, creating a conducive environment for investments in the WASH sector, bring-in private sector engagement, improve sector coordination and enable humanitarian interventions to lead into long-term sustainable development. Seven major strategies will be employed, as follow:

**Enhance coordination and partnership for harmonized sector interventions planning and implementation:** UNICEF will maintain and strengthen coordination with sector partners including government, NGOs, UN agencies, development agencies and donors for harmonized WASH sector planning, implementation and monitoring and national and state level. UNICEF will use joint

platforms to influence government and development partners to scale-up successful approaches. Partnerships and engagement with civil society and the private sector will be strengthened.

**Strengthening governance through improved accountability:** UNICEF will foster greater accountability at various levels to achieve sustainable WASH services (as indicated in the below diagram). UNICEF will engage the media to foster accountability of duty bearers, and sensitize community members. UNICEF will also advocate for the setting-up of WASH Units at the locality level to better manage WASH investments in communities.



**Strengthening monitoring and knowledge management.** Evidence will be generated through routine M&E and information systems, and applied studies and research. Innovative tools will be employed to map WASH services coverage, and identify the most vulnerable and disadvantaged groups. Technical support will be provided to the Government to strengthen knowledge management.

**Institution and human resources capacity building for sector partners and targeted communities:** Sustainable WASH systems will be supported through community empowerment and building sector partners' capacity to operate, maintain and expand coverage. UNICEF will invest in developing the capacity of state and locality-level staff to plan, budget implement, manage and monitor interventions and will provide equipment and logistics support (IT, vehicles), where needed. UNICEF will work closely with the Ministry of Water Resources, Irrigation and Electricity to activate its Training Centre in Khartoum and select states to systematically roll-out capacity building.

**Evidence based advocacy** will be central to achieving the SDG for universal access to safely managed WASH services by 2030. UNICEF will engage key stakeholders at national level to develop policy frameworks, strategies and guidelines, at the same time as supporting targeted states and localities in the adaptation and roll-out of these policies, strategies and guidelines.

**Strengthening resilience:** Resilience will be built with a focus on climate change, Integrated Water Resources Management (IWRM), groundwater monitoring, analysis and protection and Disaster Risk Reduction. Emphasis will on the design of training courses for WASH sector staff in climate change adaptation (CCA), IWRM and DRR. CCA and DRR will also be part of community mobilization and sensitization efforts, especially in targeted communities.

In addition, UNICEF will place a specific focus on **gender mainstreaming** in WASH. The emphasis will be on influencing policies, strategies and programmes in the WASH sector to ensure women, men, girls and boys have equal opportunities to participate in and benefit from WASH sector interventions. WASH interventions will be gender sensitive at community and institution level and duly consider issues around women/girl’s safety, dignity and privacy.

**Assumptions:**

- Government authorities at national and state levels demonstrate sufficient political will and commitment to the WASH sector by placing it at the top of the political agenda;
- Government prioritizes WASH in the annual budget (both national and state), with specific budget lines for sanitation and hygiene;
- Government is willing to undertake sectoral reform including the review and update of WASH policies that have clear roles and responsibilities and accountability mechanisms;
- Donors increase their funding for developmental interventions;
- Communities have a platform to engage with duty bearers to voice their concerns and foster greater accountability from service providers.

**Risks:**

- Continued silo approach between the various Ministries on issues related to WASH;
- The security situation is not stable enough for developmental interventions.

**5.4.2.2. Measurement Framework for WASH**

<b>Sustainable Development Goals:</b>			
<ul style="list-style-type: none"> <li>• SDG 6: “Ensure availability and sustainable management of water and sanitation for all”;</li> <li>• SDG 11 on “Make cities and human settlements inclusive, safe, resilient and sustainable”, and</li> <li>• SDG 13 on “Take urgent action to combat climate change and its impacts</li> </ul>			
<b>Government of Sudan priorities:</b>			
<ul style="list-style-type: none"> <li>• 2007-2031 Twenty-Five years National Strategy, developed by The National Council for Strategic Planning</li> <li>• The draft WASH policy aims also at implementing the 25 Year Strategy 2007 -2031</li> </ul>			
<b>UNDAF:</b> By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes			
<b>UNICEF Strategic Plan 2018-2022:</b> Goal Area 1: Every child survives and thrives; Goal Area 4: Equity – Every child has a fair chance in life; Goal Area 3: Every child is protected from violence and exploitation; Goal Area 2: Every child lives in a safe and clean environment;			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Meaning Of Verification (MoV)</b>
<b>Outcome:</b> By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices			
Proportion of population having access to a basic sanitation	33% (2014)	41% (2021)	MICS, Sudan national household surveys
Proportion of the population practicing open defecation	29% (2014)	21% (2021)	MICS and Sudan national household surveys
Proportion of population using basic drinking water service	68 % (2014)	76% (2021)	MICS and Sudan national household surveys
<b>Output 1:</b> More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.			
<b>Key Partners:</b> Federal and State Ministries of Health; NGOs, UN agencies			
Number of people who gained access to basic	288,227 (2016)	2,600,000 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly

sanitation services as a result of UNICEF direct support			monitoring system
Number of communities certified free of open defecation as a result of UNICEF direct support	29 (2016)	600 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
Percentage of UNICEF targeted population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
Percentage of UNICEF-targeted population in humanitarian situations reached with messages on appropriate hygiene practices	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
<b>Output 2:</b> More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.			
<b>Key Partners:</b> Ministry of Water Resources, Irrigation and Electricity, State Water Corporations, NGOs, UN agencies			
Number of people accessing a basic sustainable drinking water source as a result of UNICEF direct support	108,339 (2016)	1,600,000 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
Percentage of UNICEF targeted population in humanitarian situations who access and use safe drinking water	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
<b>Output 3:</b> WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services			
<b>Key Partners:</b> Federal and State Ministries of Health; Ministry of Water Resources, Irrigation and Electricity, State Water corporations, NGOs, UN agencies			
Number of monitoring systems reporting on equity of access to WASH services.	0 (2016)	13 (2021) (national and 12 states)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system
Number of functioning sector coordination mechanism for water, sanitation and hygiene	13 (2016) (national and 12 states)	13 (2016) (national and 12 states)	WASH Sector reviews, UNICEF monthly monitoring system
The level of integrating climate resilient development and/or risk management strategies into water and sanitation & hygiene sector plans	Weak (2016)	Established (2021)	WASH sector reviews, UNICEF monthly monitoring system

## 5.5. Monitoring Outputs and Demonstrating UNICEF's Contribution to Outcomes

Outcomes will be measured primarily through key national surveys such as the MICS and S3M. Disaggregation by geographical area and other social determinants will provide insights into UNICEF contributions in specific states and towards reducing the most pronounced disparities. Annual sector reviews including the GAVI Joint Monitoring and the Global AIDS Progress

Response Progress Report will also provide opportunities to track progress and triangulate data. KAP Surveys will also provide information directly relevant to UNICEF’s contribution to changing behaviours and practices.

Programme outputs will be measured through the monitoring of coverage and quality indicators within routine sectoral management information systems. Monitoring of the nutrition programme, school WASH and water quality will require significant support to generate timely data. These programmes will undergo periodic assessments.

UNICEF field office staff will conduct joint field monitoring and Third Party Monitoring with implementing partners to assess the progress of agreed work plans and discuss progress with beneficiaries.

UNICEF, together with other partners (World Bank, WHO, AfDB), will support the tracking of state budget allocation and provide analysis of budget execution reports in coordination with the Social Inclusion Programme.

UNICEF will support the establishment of a monitoring system for the Ministry of Health and strengthen the Ministry of Water Resources and Electricity (MoWRE) system for effective monitoring and evaluation for evidence based programming.

UNICEF will support efforts to establish and strengthen national and state monitoring systems. Innovative monitoring tools will be created to track programme indicators and produce disaggregated data that identifies the most vulnerable groups.

## 5.6 Resource Requirements

Resources required for Health and Nutrition are estimated at US\$74,978,000 for the 2018-2021 Country Programme.

UNICEF will engage with donors to support evidence-based, long-term programming in Sudan. UNICEF will develop advocacy and fundraising kits such as the HAC and donor-briefing notes, and will leverage donor interest through breakfast meetings and direct bilateral engagement. In addition, UNICEF will develop quality project proposals to address specific sector funding gaps. UNICEF will also leverage funding from the Government of Sudan and the private sector in Sudan to scale up evidence-based interventions.

<b>OUTCOME: By 2021, more children under the age of 5 years and women of reproductive age utilize high-impact, quality health and nutrition services.</b>					
<b>Fund Category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
<b>Output 1. Government at national and subnational levels have strengthened capacities and develop evidence-based and equity, multi-sector focused policies, plans and budgets to improve health and nutrition services.</b>					
<b>RR</b>	2,125,000	2,125,000	2,046,595	2,025,000	8,321,595
<b>OR</b>	795,066	908,113	833,113	958,113	3,494,405
<b>Total</b>	2,920,066	3,033,113	2,879,708	2,983,113	11,816,000
<b>Output 2. Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services.</b>					
<b>RR</b>	650,000	650,000	650,000	650,000	2,600,000
<b>OR</b>	13,547,726	11,250,000	8,750,000	7,595,274	41,143,000
<b>Total</b>	14,197,726	11,900,000	9,400,000	8,245,274	43,743,000



<b>Output 3: More severely malnourished children receive quality treatment with integrated water, sanitation and hygiene (WASH) and infant and young child feeding services.</b>					
<b>RR</b>	0	0	0	0	0
<b>OR</b>	3,450,000	3,050,000	2,750,000	1,889,000	11,139,000
<b>Total</b>	3,450,000	3,050,000	2,750,000	1,889,000	11,139,000
<b>Output 4: Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.</b>					
<b>RR</b>	412,333	400,357	400,357	400,357	1,613,405
<b>OR</b>	1,706,328	1,653,423	1,653,423	1,653,423	6,666,595
<b>Total</b>	2,118,661	2,053,780	2,053,780	2,053,780	8,280,000
<b>Outcome Total RR</b>	<b>3,187,333</b>	<b>3,175,357</b>	<b>3,096,952</b>	<b>3,075,357</b>	<b>12,535,000</b>
<b>Outcome Total OR</b>	<b>19,499,120</b>	<b>16,861,536</b>	<b>13,986,536</b>	<b>12,095,810</b>	<b>62,443,000</b>
<b>OUTCOME TOTAL</b>	<b>22,686,453</b>	<b>20,036,893</b>	<b>17,083,488</b>	<b>15,171,167</b>	<b>74,978,000</b>

Resources required for WASH are estimated at US\$29,900,000 for the duration of the programme, as shown in the table below. In the current country programme, the WASH programme managed to raise an average of US\$17 million per year. RR represented US\$6.4 million (9%), OR US\$16.3 million (24%) and ORE represented US\$45.3 million (67%). Donors to WASH included DFID, ECHO, Qatar, German- KFW, Global Thematic, SIDA, Japan, OFDA, CERF, KOICA and PBRM. As of 31 July 2017, the WASH programme has an available allocation of US\$17.6 million. Good quality programme management and collaboration with donors will sustain the confidence of current donors and attract new donors like AfDB and The Government of Netherlands.

<b>OUTCOME: By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices</b>					
<b>Fund category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
<b>Output 1. Basic Sanitation and hygiene: More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.</b>					
<b>RR</b>	137,200	137,200	137,200	137,600	549,200
<b>OR</b>	2,675,800	2,675,800	2,676,200	2,676,600	10,704,400
<b>Total</b>	2,813,000	2,813,000	2,813,400	2,814,200	11,253,600
<b>Output 2. Basic Water: More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.</b>					
<b>RR</b>	171,500	171,500	171,500	172,000	686,500
<b>OR</b>	3,264,500	3,264,500	3,265,000	3,265,500	13,059,500
<b>Total</b>	3,436,000	3,436,000	3,436,500	3,437,500	13,746,000
<b>Output 3: Enabling Environment: WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services.</b>					
<b>RR</b>	34,300	34,300	34,300	34,400	137,300
<b>OR</b>	749,200	749,200	749,300	749,400	2,997,100
<b>Total</b>	1,783,500	1,783,500	1,783,600	1,783,800	7,134,400
<b>Outcome Total RR</b>	<b>343,000</b>	<b>343,000</b>	<b>343,000</b>	<b>344,000</b>	<b>1,373,000</b>

<b>Outcome Total OR</b>	<b>6,689,500</b>	<b>6,689,500</b>	<b>6,690,500</b>	<b>6,691,500</b>	<b>26,761,000</b>
<b>OUTCOME TOTAL</b>	<b>8,032,500</b>	<b>8,032,500</b>	<b>8,033,500</b>	<b>8,035,500</b>	<b>32,134,000</b>

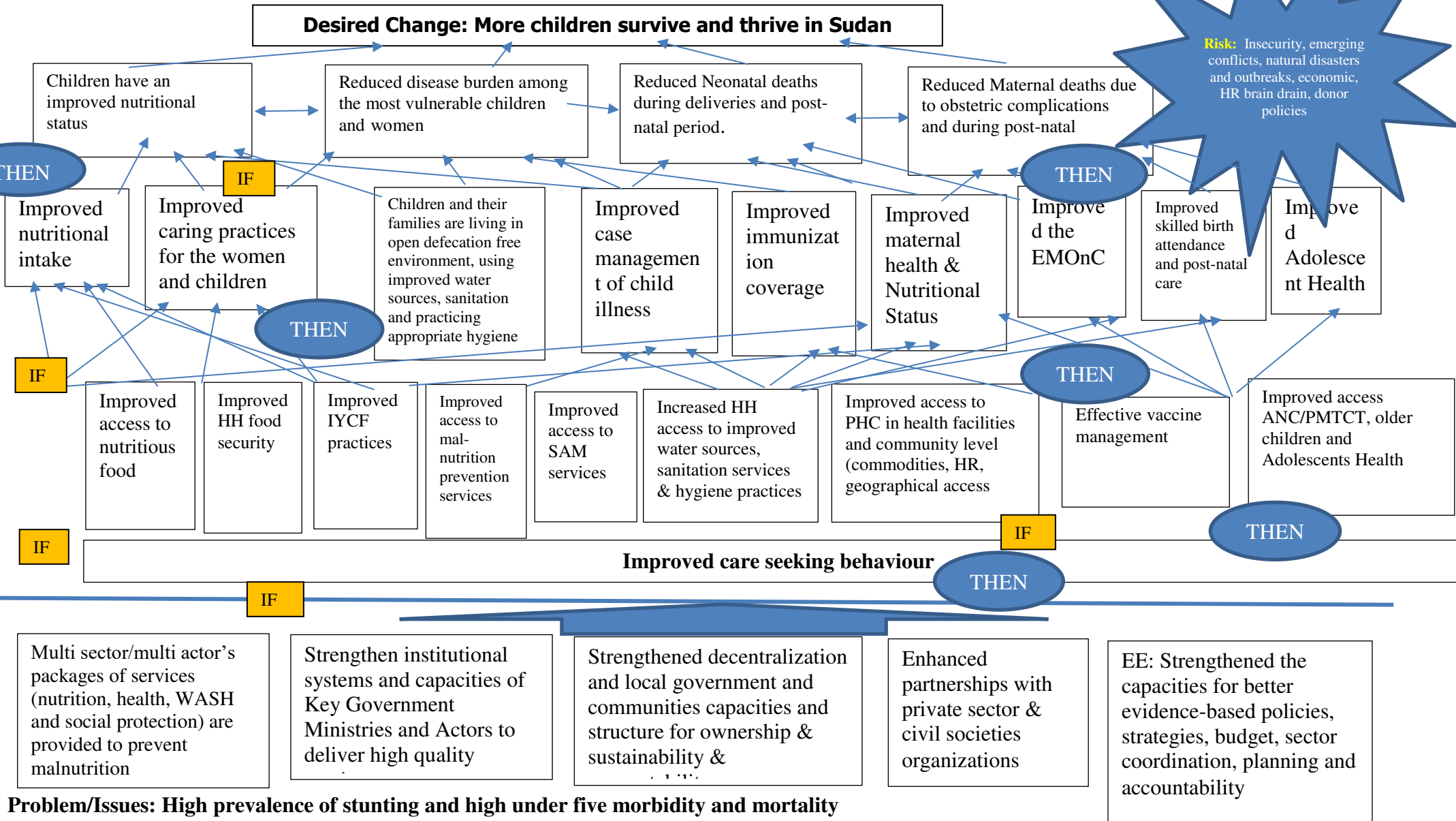
## 5.7 Identified Risks and Mitigation Measures

Potential risks	Risk Mitigation Measures
Dramatic changes in political/security/economic situation	-Develop strong sectoral partnership, -Develop and implement innovative approaches -Readjust the programme geographic focus. -Downsize the programme interventions
Major climate change with impact on water resources, conflict dynamics and migration	-Activate the Disaster Risk Reduction (DRR) and emergency preparedness and response plans. -Build sector partners' and communities' climate change resilience capacities. -Mainstream climate change adaptation into policies and programmes
Policy changes for donors resulting in decline in external financing	-Advocacy for more government support at national and state levels -More focus on community participation and engagement -Strategic partnership with private sector donors
High turnover in human resources in government	-Conduct continuous capacity building programmes with focus on Training and Trainers -Expand partnerships to effectively include NGOs and CBOs -Involve and build the capacity of the private sector.

**Key overall assumptions** for achieving child survival results during the next four years are as follow:

- There will be political will to ensure equitable access to nutrition, health and WASH services and the Government at all levels will increase funding across all sectors informed by sound policies and plans;
- Effective partnerships for scaling up nutrition and health services across sectors will be in place
- Laws, policies and strategies will be implemented supported by evidence;
- There will be sufficient capacity at all levels, including supply chain management, to deliver quality nutrition, health and WASH services;
- Decentralized health systems will be strengthened, improving the availability of essential commodities and presence of health workers and community-based workers to effectively reach the most vulnerable children and women with high impact nutrition and health services;
- Decentralized WASH systems will be strengthened, improving the availability of essential commodities and building capacities of WASH and community based-workers to effectively reach the most vulnerable children and women with high impact WASH services;
- The quality of nutrition, health and WASH services, especially in disadvantaged areas will be improved;
- Social protection interventions will improve the financial capacity of poor households to adopt key family practices, while demand generation activities will increase their willingness to use high impact nutrition and health services; and
- Communities, families and caregivers will have the capacity and means to adopt key family practices.

Annex 1- Theory of Change: CSD



## Annex2 - Results Structure – CSD: Health-Nutrition

**IMPACT: More Children survive and thrive (including reduced stunting) in Sudan**

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

**Output 1:** Government at national and subnational levels have strengthened capacities and develop evidence-based and equity, multi-sector 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 with 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.

**WASH:** Improved WASH services (health facilities and households)  
**Social Inclusion:** Cash grant for obstetric care and child health  
**Child Protection:** Prevention of FGM, child marriage, response to GBV, birth registration  
**Education:** ECD, school health, parental education  
**C4D:** Improved key families practices

### STRATEGIES

**Capacity Building:** Ensuring capacity building of decision makers across sectors, health managers, nutrition stakeholders (states and locality levels) to assess, plan, implement and monitor high-impact interventions.

**Systems Strengthening:** Scaling up the DHSS approach to better strengthen the health systems at the decentralized level for an improved service delivery.

**Policy Advocacy:** Supporting government to collect, analyse and use disaggregated data to identify barriers and bottlenecks for health and nutrition inequities. Advocating to engage government to legislate, plan and allocate budget for multisectoral nutrition and health interventions. Facilitating the development of coping mechanisms to better enforce existing child survival policies and strategies. Partnering with key stakeholders for better harmonization and coordination in the health sector and for nutrition across sectors.

**Partnerships:** intersection and intersectoral collaboration within the UN agencies and with donors, private sector, civils society and Government to leverage technical and financial resources and undertake joint planning.

**Effective partnerships:** Promotion collaboration, information sharing and coordination for convergence and improvement in the quality and efficiencies of interventions both within and across sectors incl curative and preventative services as well as sanitation, hygiene, ECD, health, social protection and other sector \mes

**Advocacy:** For joint planning and budgeting for nutrition across sectors, the establishment of a nutrition budget line, for increased financial and technical support

**Evidence generation:** For improved understanding of effectiveness of programs and improved understanding of nutritional problems in subgroups previously not studied e.g. adolescents, micronutrient deficiencies etc. with the aim of informing policy and programming

**Service delivery:** Increased coverage of preventative interventions at community level through innovative and cross sectoral approaches; Increased quality of curative services through improved integration with preventative services as well as services delivered through other sectors

**Systems strengthening:** strengthening of routine information systems and use of innovation to improve processing and dissemination of information, development of a national supply chain and improved supply chain management

**Behaviour and social change communication:** Improved understanding of drivers of behaviour; innovations in the delivery of communications through community based structures and in partnership with other sectors including the private sector

**Disaster Risk Reduction and Resilience:** preventing/mitigating risks through the reduction in vulnerabilities, protection of nutritional status and strengthening of community systems. Improved preparedness through increased behaviour change communication

#### Capacity Building

Capacity building of health care providers to assess, plan, deliver and monitor high-impact services (IMCI, iCCM, EPI, obstetric & new born care, PMTCT, supply management, emergency response). Supervisory / monitoring skills. Task-shifting and multi-task approaches to reduce the burden of HR shortages at the decentralized level.

#### Demand Generation

Supporting states and localities communication intervention development, implementation and monitoring for adopting key family practices and generating more demand for high impact health services.

#### Service Delivery

Mapping hard to reach areas & most vulnerable population at locality level for scaling up fix, outreach / mobile services & targeted campaigns. Intensive supervision, monitoring and reporting. Timely emergency responses. Supply chain management.

#### Partnerships

Building strategic agreements with NGOs, UN agencies, private sector and other partners to reduce the gaps in service delivery and improve the emergency response. Support coordination at decentralized level (states & localities).

## Annex 3 - Results Structure – CSD: WASH

**Outcome:** By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices

**Education:** school WASH, parental education.  
**Protection:** WASH services with women, girls and children safety, privacy and accessibility measures.  
**Social Inclusion:** child cash grant, water vouchers

**Output 3.1:** More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.

**Output 3.2:** More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.

**Output 3.3:** WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services

### STRATEGIES

#### Evidence based Policy Advocacy

Support to development of policies, plans, evidence generation; policy dialogue & advocacy for increased investments in WASH (especially sanitation), enhanced sector coordination, inter-sectoral collaboration, partnerships & greater linkages between humanitarian & development.

#### Capacity Building

Activating the Training Centre, Development of guidelines/manuals, conduct of ToT in a number of areas such as CATS, water safety, M&E, etc. including in emerging areas such as climate change adaptation, DRR, Accountability, Value for Money, etc.

#### Systems Strengthening & Service Delivery

Rehabilitation/ provision of basic water facilities; CATS/CLTS interventions; sanitation marketing; rehabilitation/ provision of WASH facilities in schools/ health centres (in partnership with Education, Health and Nutrition); third party certification; real-time tracking of water points, etc.

#### Community engagement and behaviour change communication

Community dialogue and behaviour change for ownership & management of WASH facilities, improve hygiene practices and demand for services. (in partnership with C4D)

#### Private sector engagement, innovation

Support opportunities for private sector engagement in the provision and management of WASH facilities; development of innovative products, technology options; market shaping to reduce market barriers preventing access to WASH services for the most-in-need

#### ASSUMPTIONS

- Good coordination between government entities on WASH continues
- Communities amenable to change in social norms
- Sufficient government budgetary allocation and continued donor interest
- Political stability.
- Appropriate preparedness and contingency actions taken to enable timely response to crisis
- High-level political engagement and commitment for scaling up basic sanitation and water.

#### RISKS

- Dramatic changes in political/security/economic situation
- Main climate change with major impact on water resources, conflict dynamics and migration
- Policy changes for donors resulting in decline in external financing
- Regional instability and mass influx of refugees.
- Disease outbreaks of pandemic scale

## 6 EDUCATION AND LEARNING PROGRAMME STRATEGY

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### 6.1. Introduction

The Education and Learning Programme component aims to promote children's learning and development to enable them to reach their full potential. It contributes to the UNDAF *Outcome 3: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes* as well as *Outcome 5: By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion.*

The education programme will support the implementation of the sector priorities in the Education Sector Strategic Plan (ESSP 2017-2022)<sup>58</sup> as well as the new School Adolescent Health Strategy 2017-2020. It will directly contribute to SDG 4 (4.1, 4.2, 4.3, 4.5, 4.6, 4.7, 4.a) and SDG 5 (5.1) while also contributing overall to SDG 2 (2.1, 2.2), SDG 3 (3.1, 3.2, 3.3, 3.8, 3.9), SDG 6 (6.1, 6.2, 6.b) through inter-sectoral collaboration. The programme will directly contribute to the new UNICEF Strategic Plan (2018-2021) goal areas 2 and 4 while also contributing overall to new UNICEF Strategic Plan (2018-2021) goal area 1 Key result 5; goal area 3 key results (1, 2,3) and UNICEF Strategic plan (2018-2021) goal 5 key result area (1, 2).

Whilst the Education Sector Strategic Plan (ESSP 2017-2021) is being finalized, the programme has been aligned to the following ESSP 2012-2016 objectives, which will continue to be relevant:

- Increase access and equity in preschool, basic, secondary, vocational and non-formal education through provision of adequate facilities, teachers and education supplies.
- Improve quality of learning by upgraded learning environments, better-prepared teachers, more textbooks and improved supervision.
- Strengthen the education system with upgraded curriculum, introduction of learning assessments, better teacher utilization and training, and improved planning and management at school and system level.

The 'Whole Child Approach' that integrates all phases of the child's life cycle, will be central to the education programme. Young children aged 0-5 years will be reached through early childhood development (ECD) programming in an integrated manner with Health, Nutrition, WASH, Child Protection and Social Inclusion programmes. ECD will give them to get the best start in life and prepare their foundation and readiness for learning. Through integrated WASH in Schools and school health and nutrition interventions, girls and boys from pre-school through secondary education will be able to learn in a safe and healthy environment. Children and adolescents will also be protected from violence, exploitation and abuse in coordination with interventions related to psychosocial care, prevention of harmful traditional practices together with C4D and Child Protection programmes, while social protection support to poor and vulnerable families will be provided together with the Social Inclusion programme.

The key partners for the implementation of the education and learning component of the Sudan 2018-2021 Country Programme are the Ministry of Education at the federal and state levels, key education institutions such as the National Council for Literacy and Adult Education (NCLAE), National Centre for Curriculum and Education Research (NCCER), The National Centre for Early Childhood Care and Development (NCECCD)<sup>59</sup> and the National Centre for Teacher Education.

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<sup>58</sup> still under development

<sup>59</sup> The Centre is part of the Federal Ministry of Education Preschool Directorate.

Other key actors for partnerships include other UN agencies (UNDP, UNESCO, WFP and UNHCR) and international and national NGO partners, as well as the Education Sector Coordination Group for Education in Emergencies, which is led by UNICEF and the Government of Sudan. UNICEF will also work with the Ministry of Health as well as the Ministry of Water Resources, Irrigation and Electricity (Drinking Water & Sanitation Unit) for the school health, nutrition WASH elements.

In 2012, partners and the Ministry of Education elected UNICEF to be the coordinating agency for the Global Programme on Education (GPE) in Sudan. As coordinating agency, UNICEF facilitated the implementation of guiding principles of the GPE-supported Basic Education Recovery Programme (BERP, 2013-2017), especially areas related to ensuring an inclusive, evidence-based policy dialogue, engaging the government, international development partners and civil society. In doing so, UNICEF played a key role in ensuring harmonized support for development effectiveness, as well as mutual accountability and transparency across the partnership. As a result of joint consultation, the Education Partners Group was established to increase the effectiveness of education aid through the improvement of coordination amongst key stakeholders, and transparency, accountability, and predictability of partners' support to the sector, including the GPE, within the framework of the interim ESSP (2015-16) and the upcoming ESSP (2017-2021). Orchestrated efforts will continue to advocate for increased domestic education spending, improved systematic collection of education data, and joint education sector reviews in order to strengthen Sudan's position for additional GPE funding.

Since 2016, UNICEF has engaged with the Ministry of Education to pursue additional sources of funding, including through the new Education Cannot Wait global fund. The protracted crisis in Sudan has impacted negatively on the education system and the optimal learning of children.

## **6.2. Situation Analysis and Prioritisation**

### **Education and Learning Situation in Sudan**

Sudan has made important progress in improving education indicators. Primary school net attendance rate, has increased from 68.4 per cent in 2006 to 76 per cent in 2014 while the Gender Parity Index in primary school rose from 0.94 in 2010 to 0.98 in 2014<sup>60</sup>. There is, however, a gap of more than 10 percentage points in the primary school completion rate between boys (85 per cent) and girls (74 per cent).<sup>61</sup> However, overall progress in the education sector has been stagnating since 2011, due primarily to the economic downturn since the separation of South Sudan, protracted conflict since 2003, chronic poverty and macroeconomic instabilities, deep rooted social and cultural attitudes against secular education, poor governance. This has been exacerbated by a weak decentralized system which has unclear accountability for the provision of education, and low capacity for evidence-based educational planning and management.

Some 3.1 million out of the 7.9 million school age children aged 5-13 years are counted as out-of-school in Sudan, making it the country with the highest number of out-of-school children in the Middle East and North Africa (MENA) region. The proportion of children out of school is particularly high in conflict-affected areas (43 per cent in the state of Blue Nile compared to 6 per cent in the Northern State).<sup>62</sup> The number of children who have never attended schooling is also high, accounting for nearly a third of school age children. <sup>63</sup>UNESCO institute of Statistics data indicates that the Net Enrolment Ratio in Sudan in 2012 was 54 per cent, which implies that 46 per

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<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

<sup>63</sup> UNESCO Institute of Statistics, 2012 data.

cent of 6 year olds do not enrol in school every year, and 43 per cent of those enrolled drop out before reaching the 8<sup>th</sup> grade.

Income, geographic location, conflict, natural hazards, and gender are significant determinants of school participation. Children from nomadic populations, internally displaced families, rural areas and poor households make up the majority of the 3.1 million children (5-13 years old) who are out of basic and secondary school (which includes 1,965,068 children 6 to 11 years old for primary and 641,587 12 to 13 years for lower secondary). About 53 per cent of out-of-school children are from the poorest wealth quintiles compared to 3.6 per cent from the richest quintile. Only 71 per cent of children in rural areas attend schools compared to 91 per cent in urban areas, which is reflected in children's respective literacy rates. While 80 per cent of urban youth are literate only 50 per cent of rural youth can read. The cost of schooling (both direct and opportunity costs); the distance between schools and home, and socio-cultural norms are among the top barriers to children's access to school as well as the main reasons for drop outs<sup>64</sup>. These disparities are further magnified by conflict and natural hazards, which cause population displacement. In fact, children affected by conflict and displacements constitute more than 50 per cent of out of school children. Out of the total number of children who do not have access to school, 52 per cent are girls.

Multilingual education remains a contentious and politically sensitive issue in Sudan, despite the fact that Sudan's Interim Constitution stipulates "All indigenous languages of the Sudan are national languages and shall be respected, developed and promoted"<sup>65</sup>. Recent EGRA findings showed that students from areas where children speak a language or dialect at home, other than standard Arabic, have poor learning outcomes in both Arabic and Mathematics. However, further research is required to demonstrate the linkages between learning outcomes and the language of instruction in Sudan.

The Government offers neither free nor mandated preschool opportunities to children. There are about six million children in Sudan aged five and below, representing nearly 17 per cent of the country's population. However, currently a little more than one-third of children ages 4 to 6 are enrolled in early childhood education. Given the clear evidence of the value of early childhood education, there is a need to expand access to quality preschool in Sudan. UNICEF is working with the Ministry of Education to enhance policies and programmes, while also building partnerships with families, communities, NGOs and development partners.

The current General Education Planning and Organization Act of 2001 enshrines the right to education for all children of eligible school age without any discrimination. Article 13 of the Interim National Constitution of 2005 states that will promote education at all levels, while ensuring free and compulsory education at the primary level and offering illiteracy eradication programmes. However, current policies remain inadequate in addressing the evident disparities of access to education. The act and the bylaws do not provide special measures for vulnerable and marginalized groups such as nomadic children, children in post conflict states and girls in rural areas

In 2015 Sudan spent 1.6 per cent of its GDP and 11.3 per cent of public expenditure on education according to the Education Cost and Finance Study conducted by UNICEF in 2015. Between 2012 and 2015, salaries and recurrent costs, accounted for 87 per cent of government expenditure on Basic Education, which left only 13 per cent for the development of the sector. There are few resources for textbooks, learning materials and training of teachers. At the community and household levels, socioeconomic and other factors affect access to education. Education is unaffordable for many households. Public expenditure per student is low compared to the out of pocket costs that families pay directly to public schools as fees and contributions, especially at the lower levels of education. In 2016 government spent SDG 378 per student compared to SDG 1,166 paid by the families in

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<sup>64</sup> UNICEF OoSC study 2013 (draft)

<sup>65</sup> Sudan Interim Constitution 2005



preschool education. In basic education, Government spending was SDG 550 as against SDG 1,024 paid by families, while in secondary academic education, government spending was SDG 1,240 as opposed to SDG 1,377 from families. There are limited economic opportunities that could increase the income status of households and enable them to pay the costs of schooling. Low household-level income discourages girls' enrolment in particular.

Meagre public expenditure in education has resulted in inadequate numbers of classrooms, gender and disability friendly WASH facilities, qualified teachers and learning materials, especially for children with special needs. There is a shortage of over 3,626 classrooms and two thirds of existing classrooms require rehabilitation or replacement. In the meantime, there is a shortage of over 4,000 teachers and only 40 per cent of teachers in rural areas are qualified. As a result, in rural areas, there are an average of 64 pupils for each teacher.

The challenge in Sudan is not only enrolling children in school, but ensuring that they stay in school. According to the 2012 World Bank Education Report, 6 per cent of children will drop out at each grade between grades 1 to 7, leaving only 56.8 per cent of children to reach grade 8 and complete the basic education cycle. One reason for school drop-out is that the quality of education is poor and hence unattractive to learners. Sixty-three per cent of schools do not have adequate improved sanitation facilities (MICS, 2014). Shortage of resources such as desks, chalkboards, and teacher training materials are also a major challenge. On average, one textbook is shared among five or more students despite the government's target ratio of two students for each textbook. The textbook shortage is worst in rural classrooms, where in 53 per cent of grade 1 classrooms and in 30 per cent of grade 5 classrooms have no mathematics or reading textbooks.

Large class sizes<sup>66</sup>, lack of trained teachers, insufficient instructional time and syllabus coverage, non-inclusive classroom teaching learning process, and lack of teacher support and monitoring systems together pose major quality challenges across the country, especially in rural areas. Untrained teachers are less likely to use interactive and participatory methods, which improve learning outcomes. There are inadequate opportunities for continuous professional development and support for in-service training of teachers. Inadequate institutional capacity in Ministry of Education at all levels is a major challenge to the management and supervision of education service provision.

The shortage of qualified teachers is the main factor responsible for learners' poor academic performance. The latest learning assessment survey of Grade 3 students indicated that 40 per cent were unable to read. Of those who could read, only 15 per cent could fluently read an average 15 words or less per minute – however they were unable to comprehend what they were reading. The report further showed that 51 per cent of nomadic children and 94 per cent children of in Internally Displaced Person's camps were not able to read<sup>67</sup>. There is currently no system of continuous assessments in order to determine whether public investments in basic education are translating into learning outcomes for all students.

Weak learning outcomes are also related to inadequate instructional time. According to the World Bank's 2012 Education Status Report, the official instructional time for basic education is 25 hours per week, but based on the number of teachers in the system, students receive an average of only 17 hours. Hence the students do not receive 30 per cent of the instructional time they are entitled to. Instructional time is also lost due to teacher absenteeism, in-service teacher training, strikes, conflict, the use of schools as polling stations, and closures due to adverse weather conditions.

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<sup>66</sup> The Status of Education Sector in Sudan 2012, World Bank: 48 students - as large as 92 students in IDP schools

<sup>67</sup> National Learning Assessment Report - 2015

The enrollment of children, especially girls, in school is constrained by cultural and traditional beliefs in many states<sup>68</sup>. Societal perceptions of low economic and social returns on girls' education were key barriers to their school retention, with many girls married off early instead. According to MICS 2014, 33 per cent of girls in Sudan are married by age 18 and seven per cent by age 15. A recent EU-funded study on girls education in East Sudan, indicated that other main factors influencing girls education and retention were: the level of parents education, education unaffordability linked to poverty, and lack of adequate school infrastructure.<sup>69</sup>

### **UNICEF's experience and comparative advantage**

UNICEF plays a critical role in Sudan's education sector, fostering a positive cooperative relationship with the Government and key stakeholders in order to address the education needs of vulnerable children. UNICEF is working closely with the Ministry of Education at Federal and State level as well as other education-sector partners to strengthen the Government's capacity to develop educational sector policies and planning and improve access to quality basic education for children, especially those who are out-of-school and emergency-affected.

UNICEF has qualified education staff in Khartoum and its field offices, as well as experts in the agency's regional office and global headquarters. UNICEF has a presence in all the Darfur states, as well as South Kordofan, Kassala, Blue Nile and White Nile. All field locations have experienced acute emergencies and post-conflict/recovery in the past few years. UNICEF education staff have programming experience and knowledge of both contexts, and can work effectively to ensure that out-of-school children access quality education. UNICEF also uses its global networks effectively. UNICEF's regional office has supported Sudan to conduct a country level study on the situation of out-of-school children. The study's findings and recommendations have been used in education sector plans and strategies.

UNICEF has fostered valuable partnerships in the education sector in Sudan. As coordinating agency for the Education Partners group, UNICEF jointly with the World Bank and other development partners continued its cooperation with the Global Partnership for Education, which resulted in the construction of 982 classrooms during 2013-2016. UNICEF's partnership with Educate A Child has also had a significant impact on improving access to formal and informal education, with more than 500,000 out-of-school children enrolled with EAC project support.

An extensive field presence, technical expertise, positive relationships with partners in states and a track record of effective upstream work at national level give UNICEF a comparative advantage in linking evidence-based data from the field with policy development. A longstanding relationship with the Government of Sudan and the Ministry of Education gives UNICEF access to beneficiaries.

### **Prioritised Education and Learning deprivations and issues**

As highlighted in the situation analysis, the two interlinked major deprivations related to children's education and learning in Sudan are:

1. The significant number of out-of-school children who are deprived of the right to education and;
2. The poor learning outcomes of those who are attending school.

UNICEF's experience, technical capacity, ability to facilitate and share regional and global expertise, as well as its strong field presence puts it in a unique position to respond to these deprivations.

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<sup>68</sup> Education Sector Strategic Plan 2015-2016, Ministry of Education, 2015

<sup>69</sup> Factor Affecting Girls Education – Research Study, SORECO, June 2015

### 6.3. Theory of Change

*The Theory of Change describes the pathway to move from the current situation where too many children in Sudan are being deprived of the right to education and learning towards a state where more children, particularly the most vulnerable, have improved and equitable access to quality pre-primary and basic education and are learning in inclusive, safe, healthy and resilient school environments.*

The theory of changes states that the desired state will be achieved:

- If* more children are regularly attending child friendly teaching and early reading; **and**
- *If* Ministry of Education and partners have the required understanding and capacity to legislate, implement and monitor relevant policies, plan and budget for education services; **and**
- *If* social protection programmes (e.g. school feeding/ cash transfers/care packages for girls) for conflict-affected and rural poor are implemented and scaled up; **and**
- *If* partners and stakeholders have relevant skills and resources for effective risk assessments and mitigation in Education in Emergencies (EiE); **and**
- *If* teacher recruitment, education, and deployment systems are reformed to ensure adequate numbers of qualified teachers to meet the required 1:40 teacher: pupil ratio; **and**
- *If* more schools meet the child-friendly schools standards including school feeding programmes and life skills and citizenship education; **and**
- *If* parents and communities have more understanding of the value of education, particularly for girls, and have the capacity to support the education of their children and participate in decisions concerning their schooling; **and**
- *If* timely data and evidence on the status of children on education at all levels is available and if the data is used as the basis for policy, programme planning, monitoring and sector reform, **and**
- *If* more resources for public development expenditure are available for pre-primary and primary education systems.

*Then: More children will have access to quality early stimulation and quality basic education and learning in inclusive and safe school environments.*

There is an assumption of political will to continue sector reforms; including enhancing education governance at national and subnational levels and enforcing the policy of free and compulsory basic education. UNICEF's contribution, along with other partners, will be to support: evidence generation and dissemination to policy makers; particularly evidence of the impact of sector governance and the implementation of free and compulsory education.

The theory of change rests on the assumption that UNICEF's advocacy for increased allocations of resources based on evidence of exclusion and disaggregated data will result in equitable access to services in each state, locality and across wealth quintiles.

#### **Assumptions:**

- Increased state budget allocations and continued donor interest ensure sufficient funding (this is a critical assumption)
- Decentralization of education services continue
- Political and economic stability continue

- Education, especially for the most vulnerable children, remains a priority for the Government and development partners
- There will be no major political shifts that will negatively affect the current gains in education
- Policymakers remain committed to developing evidence-based education strategic plans and programmes
- Increased financial and human resource commitments from the Government
- Trends towards gender parity and increased education access for boys and girls continue
- Trained teachers currently employed in the education sector are retained.

#### **Risks:**

- Changes in donors' aid policies and funding levels
- Conflict and natural disasters aggravate the humanitarian situation
- Changes in economic and political situation, particularly following the 2020 elections
- Decrease in government expenditure on education

#### **6.4. UNICEF Programme Strategic Framework**

Based on the analysis of the Theory of Change, UNICEF will work to ensure that more children of Sudan are in school and are learning. UNICEF will support national education systems to become more inclusive in their delivery of quality education services to the most vulnerable children, many of whom are out-of-school. UNICEF will advocate with the Ministries of Education at Federal and State levels for policy reform based on strong education information management systems (EMIS), evidence-based surveys, field reports, community discussions, and evaluations. Strategic advocacy will be carried out for increasing investments in education, which should ensure children's transitions from pre-primary to secondary education (including formal and non-formal and second-chance education).

The Programme Component consists of one outcome and three outputs:

**Outcome:** By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.

**Output 1:** More out-of-school children, especially those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities

**Output 2:** Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments.

**Output 3:** Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities

**OUTPUT 1:** More out-of-school children, especially girls and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities.

To reduce the high number of out-of-school children in Sudan, UNICEF will support the establishment of second-chance education opportunities in emergency and non-emergency contexts. The Education Programme will also support enrolment campaigns in localities and school communities, with a focus on vulnerable girls and children with disabilities. Based on the premise that informed and empowered decision-making is the basis of sustained behaviour change, UNICEF and its partners will seek to provide holistic, accurate, and actionable information about the opportunities offered by education. These will be shared during community enrollment and Back-To-

School campaigns. Key messages will also support ending child marriage and promote the right to education for all children, including girls and children with disabilities.

- UNICEF and its partners will work at the policy level to promote the protection, education and integration of marginalized children into the public education system. This advocacy will highlight the disproportionate deprivations affecting children in IDP and refugee communities, nomad households and rural areas, as well as girls and children with disabilities. Given the fact that conflict affects more than 50 percent of out of school children, UNICEF will advocate and promote the adaption of the Education in Emergencies preparedness framework<sup>70</sup> in the Education Strategic Plans at the federal, state, locality and school levels. Technical assistance for institutional staff capacity building will be provided at all levels for development of gender-responsive, conflict and disaster-resilient service delivery models to improve the quality and continuity of primary education, including during conflict and disasters, and to reach the most marginalized and excluded girls and boys through such approaches as child friendly schools and gender-responsive, ability-based teaching and learning methods including development of emergency preparedness plans, revision of school curriculum as well as teacher training packages that will include disaster risk reduction (DRR) and emergency aspects.
- Investment in pre-primary education and integrated ECD as a means to further increasing enrolment into, and learning achievement in, primary education. Short and non-formal early education can result in improved school readiness of grade one entrants. UNICEF Sudan will advocate for the development of a national ECD cross-sectoral strategy to ensure that services for five and below children are better coordinated and thus more effective in reaching vulnerable children and of a greater impact over children outcomes. This will promote access and quality of pre-school education within a regulated framework in support to young children and their families. In particular, UNICEF will provide technical and financial support for the finalization of the ECD policy and development of early learning and development standards (ELDS) and building capacity for Sectoral ministries and departments to assist them develop integrated, costed action plans and to advocate for increased resource allocations and use to reach the most deprived children and areas.
- Support equitable access to quality primary and lower secondary education opportunities with an emphasis on increasing enrolment of grade one-aged children and expanding access to Alternative Learning programmes (ALPs) that meet the particular needs of older out-of-school children – including vocational education and training. Certified ALPs, which use official government curriculum, provide reintegration pathways to formal education and strengthen school to employment market transitions for children who are out-of-school.
- UNICEF will support social assistance initiatives aimed at decreasing the costs of education for poorer families through free distribution of education supplies, textbooks, uniforms and dignity kits. This will off-set, at least partially, the real and opportunity costs to families of having “lost” bread-winners to formal or non-formal education.

**OUTPUT 2: Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments.**

<sup>70</sup> Education in Emergencies preparedness framework includes the components of education in emergency preparedness planning that should be done prior to an emergency including collection of baseline data , rapid assessment planning supply planning , emergency education curriculum and training planning , planning coordination and partnerships HR planning and resource mobilization.

Building on the interventions of Output 1, UNICEF will contribute to improving the quality of teaching and learning and reducing financial barriers to education, thereby increasing demand for enrolment and retention into formal and non-formal education and early development programmes for children between 5 to 16 years of age

***Keeping children in schools to learn and complete full cycles:***

- Children’s enrolment in schools will only be sustained if the public education system is able to deliver quality teaching services, in conducive learning environments. Providing quality services throughout the continuum of formal or non-formal schooling, from pre-primary to primary and into secondary school, also significantly increases learning outcomes for children. UNICEF will invest considerably in improving quality through: needs-based teacher trainings in clusters of schools focusing on gender-responsive, learner-centered and inclusive education; piloting early grade reading programmes; scaling up school improvement planning and monitoring including gender-sensitive WASH in schools; scaling up e-learning to reach girls and boy in remote areas, nomadic communities and conflict areas where there is limited access to schools; and constructing and rehabilitating learning spaces in targeted areas.
- UNICEF will work to ensure children with disabilities are equipped with the necessary teaching, learning and recreational materials and equipment. In partnership with UNESCO, WHO and UNDP, UNICEF will also develop and pilot a minimum package for resource rooms for children with disabilities. This will outline the teacher skills, learning materials and infrastructure needed to support the education of children with various disabilities.
- UNICEF in collaboration with the Ministry of Education will pilot a comprehensive package of adolescent and gender-friendly life-skills and citizenship education programmes relevant to the Sudanese context, which will be piloted and mainstreamed into school and teacher education curricula in collaboration with Government and partners. The pilot will be rolled out through Child Clubs in schools.
- UNICEF will support a range of C4D approaches to inform and engage children, adolescents, their families and communities on their rights and the effects of harmful social practices including child marriage. Through youth clubs and social media networks, adolescents will be empowered to voice their concerns, access information, demand services, avoid risky behaviours and engage as active agents of change. Families and communities will be mobilized to create an enabling environment that protects children and adolescent rights.

**OUTPUT 3:** Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget for the provision of equitable and inclusive education

UNICEF Sudan will contribute to enhancing the capacity of the Ministry of Education (MoE) and other institutions to effectively use evidence-based data to plan, coordinate, implement and monitor the public education sector (both formal and non-formal). The following strategies are proposed to achieve this output:

***Strengthening the capacity of education providers:***

All of UNICEF’s education interventions will emphasize strengthening the governance and technical capacities of education providers including the Ministry of Education, civil society organizations, Parent Teacher Associations and institutions at federal, state, locality and school levels.

UNICEF will continue to partner closely with a range of Federal Ministry of Education directorates and departments, including the National Adult and Literacy Education Centre, Teacher Training Department, the Directorate of Planning and Information Management, the Centre for Early Childhood Development, Girls Education department, Nomadic Education section, and the

Education in Emergencies unit. UNICEF will provide technical and financial support to these institutions for a number of projects, including the development of the national Early Childhood Development policy and actions plans; early grade learning improvements; the revision and operationalization of national teacher training strategies; and strengthening of the Education Management Information System.

At school level, UNICEF will work with communities, parents, teachers and children through the School Improvement Planning initiative. The institutional capacity of education service providers will also be strengthened to better plan and deliver services.

At a national level, UNICEF and development partners will continue to advocate with the Government of Sudan for increased public spending on education. The recent Education Cost and Finance Report will be presented, particularly its recommendations to increase spending through improving taxation and earmarking funds for education development expenditure.

## 6.5. Measurement Framework

<b>Sustainable Development Goals:</b>			
• SDG 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5 Gender equality; SDG 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels.			
<b>Government of Sudan priorities:</b>			
• Interim Education Sector Strategy Plan			
<b>UNDAF:</b> By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes			
<b>UNICEF Strategic Plan 2018-2022:</b> Goal Area 2: Every child learns; Goal Area 3 key result area 1: Every child protected from violence – prevent and reduce all forms of violence; Goal Area 4: Equity – a fair chance for all children; Goal 5 key result area 1 Access to safe drinking water and basic sanitation;			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>MoV</b>
<b>Outcome:</b> By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.			
Gross enrolment ratio (GER)	Pre-primary (age 5) – 47.5% (Girls: 46.4%, Boys: 48.6%) Primary (6-14 years) – 70.2% (Girls: 68%, Boys: 72.3%)  Secondary – 40.9% (Girls: 42.6%, Boys: 39.3%)	TBD (Targets are being developed in the Education Sector Strategic Plan (ESSP- 2018-2022)	Educational Management Information System, Education Sector Strategic Plan (ESSP)
Percentage of students able to read with comprehension on the grade 3 learning assessment	60 % (2015)	TBD (ESSP- 2018-2022)	National learning assessment report
Primary education completion rate	79.3% (2014) (Boys: 84.8%; Girls: 74.3%)	TBD (ESSP- 2018-2022)	Multiple indicator cluster survey (MICS)
Percentage of children of primary school entry age entering grade 1 (net intake rate)	36.8% (2014) B: 36.1%; G: 37.5% Rural: 29.5%; urban: 56.6%	TBD (ESSP- 2018-2022)	MICS

<b>Output 1:</b> More out-of-school children, especially girls and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities.			
<b>Key Partners:</b> Federal and state Ministries of Education, United Nations Educational, Scientific and Cultural Organization, World Bank			
Number of out of school children accessing formal or non-formal education with direct support from UNICEF	276,091 (48.1% girls) (2016)	1,000,000 (50 per cent girls) (2021)	Monitoring and field office reports
Number of out of school children in the reporting year enrolled in grade one with direct support from UNICEF	N/A	175,000 (annually)	Monitoring and field office reports
Number of children who received subsidies, scholarships, grants or social assistance from UNICEF to attend school	508,340 (2016) 51% girls	350,000 (50% Girls)	Monitoring and field office reports
Percentage out of school children in humanitarian situations accessing formal or non-formal basic education in the reporting year with direct UNICEF support	TBC (2016)	100%	Monitoring and field office reports
<b>Output 2:</b> Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments.			
<b>Key Partners:</b> Federal and State Ministries of Education, NGOs, UNESCO, World Bank, European Union			
Number of School management committees (or parent teacher association or school communities or similar structure) with improved knowledge on how to develop school improvement plans that explicitly address quality learning and equity issues with UNICEF funding	412 schools (2016)	25 Schools per year	Monitoring and field office reports, sector review
Number of Schools that were supported by UNICEF to become inclusive, safe and protective school environment with fully functioning gender-specific latrines and quality water supply.	TBD (2016)	1,000 (2021) 250 (Annually)	Monitoring and field office reports, sector review
Number of primary school teachers with enhanced knowledge to provide quality learning with support from UNICEF	6,257 (2016)	30,000 (6,000 annually)	Monitoring and field office reports, sector review
<b>Output 3:</b> Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities.			
<b>Key Partners:</b> Federal and State Ministries of Education, NGOs, UNESCO, World Bank, European Union			



EMIS that provides quality and timely data at federal and state levels (score 1-4)	3 (2016)	4	MoE reports UNICEF reports
Existence of a national education strategy/plan that promote equity in terms of access and learning	ESSP 2012-2016	ESSP 2018-2022 developed and approved	National education strategic plan
Early learning policy and early learning programme including quality early learning curriculum and standards - score (1-4)	1.5 (2016)	3	National education strategic plan

## 6.6. Monitoring Outputs and Demonstrating UNICEF's Contribution to Outcomes

Outcomes will be measured primarily through key national surveys such as the MICS, Children's Study, and Census. Data will be disaggregated by geographical area and other demographic factors, so that UNICEF can track its performance reducing disparities.

**Use of administrative data:** Programme outputs and outcomes will also be measured using data from the Education Management Information System, which is managed by the Ministry of Education. UNICEF will strengthen the Government's capacity at federal and decentralized level to collect and analyse quality data in this database. UNICEF will also advocate for the collation of disaggregated data in the EMIS, so that vulnerable children can be identified and tracked.

### Mid and end of year reviews:

- **Mid- and end-of-year reviews** will be held with Government and civil society partners to assess progress against results, take stock of lessons learned and decide on programme adjustments. Progress against results will be captured in the Results Assessment Module (RAM), using data from routine monitoring. Staff based in UNICEF's six field offices and five sub offices will be supported by Khartoum to monitor and evaluate programmes on an ongoing basis.
- **Joint monitoring:** Joint monitoring of projects will be organized with the Ministry of Education and other partners in targeted localities.
- **Baseline, mid-term and end of programme surveys:** In 2017-2018, UNICEF will conduct a baseline survey of the education situation of children from migrant and host populations in the eastern region of Sudan. A follow-up survey will be conducted in 2020 to assess progress against this baseline. Nationwide data on education will be gathered by MICS 2019, and available in time for the Mid-Term Review.

## 6.7. Resource Requirements

Resources required for the 2018-2021 programme are estimated at US\$42,555,000 (see table below). The education section was able to mobilize US\$45,000,000 for the previous country programme (2012-2018) from the EU, Educate a Child (EAC) - Qatar, German- KFW and ECHO. UNICEF will continue its quality management of funds and donor reporting to maintain UNICEF's reputation as partner of choice for donors in the education sector. There are positive indications that existing donors will continue to support education in the next programme. There is over US\$38.8 million funding in the pipeline for the period 2018-2021 (AIF through UK Natcom – US\$24,000,000; European Union – EUR 6,800,000; German- KFW – EUR 2,916,000 and Dutch Natcom – US\$5,000,000).

Fundraising for programmes in certain geographical areas has been a challenge. UNICEF Sudan had challenges in raising funds for the three Kordofan states due to a lack of interest from donors, who are focused on the eastern states and the Darfur region. Education in Emergencies was also under funded in the current country programme. Sudan is working with the MENA regional office to develop a resource mobilization strategy based on the Syrian experience.

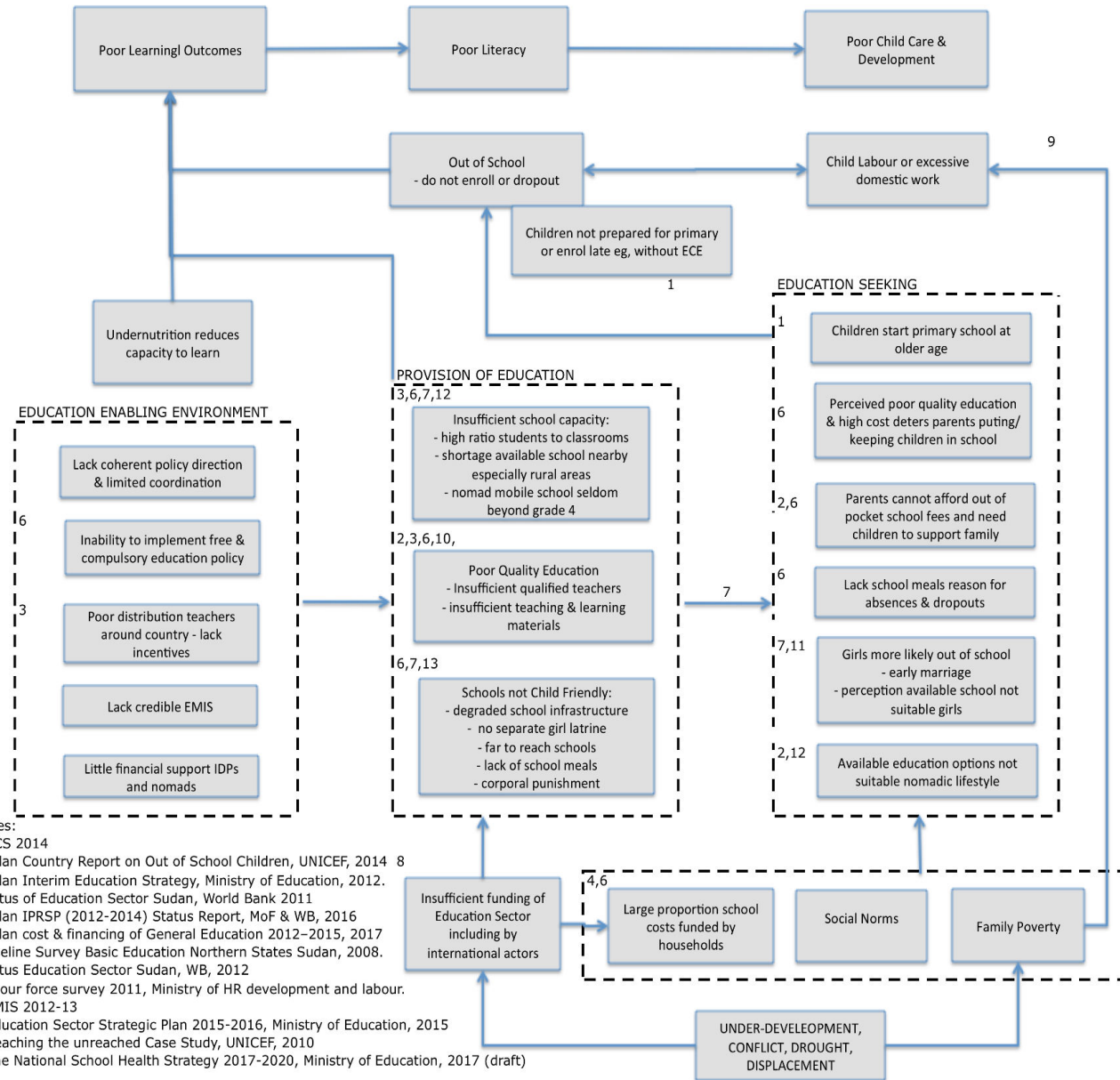
OUTCOME: By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.					
Fund Category	2018	2019	2020	2021	Total
<b>Output 1. More out-of-school children, especially girls and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities.</b>					
RR	377,000	377,000	377,000	377,000	1,508,000

<b>OR</b>	3,878,500	3,878,500	3,878,500	3,878,500	15,514,000
<b>Total</b>	4,255,500	4,255,500	4,255,500	4,255,500	17,022,000
<b>Output 2. Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments.</b>					
<b>RR</b>	377,000	377,000	377,000	377,000	1,508,000
<b>OR</b>	3,878,500	3,878,500	3,878,500	3,878,500	15,514,000
<b>Total</b>	4,255,500	4,255,500	4,255,500	4,255,500	17,022,000
<b>Output 3: Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities.</b>					
<b>RR</b>	188,500	188,500	188,500	188,500	754000.01
<b>OR</b>	1,939,250	1,939,250	1,939,250	1,939,250	7,757,000
<b>Total</b>	2,127,750	2,127,750	2,127,750	2,127,750	8,511,000
<b>Outcome Total RR</b>	<b>942,500</b>	<b>942,500</b>	<b>942,500</b>	<b>942,500</b>	<b>3,770,000</b>
<b>Outcome Total OR</b>	<b>9,696,250</b>	<b>9,696,250</b>	<b>9,696,250</b>	<b>9,696,250</b>	<b>38,785,000</b>
<b>OUTCOME TOTAL</b>	<b>10,638,750</b>	<b>10,638,750</b>	<b>10,638,750</b>	<b>10,638,750</b>	<b>42,555,000</b>

## 6.8. Identified Risks and Mitigation Measures

Potential risks	Risk Mitigation Measures
Conflict and natural hazards brought on by climate change harm communities, and prevent access and/or reduce the Government's will to intervene	<ol style="list-style-type: none"> <li>1. Understand dynamics to ensure interventions are risk sensitive</li> <li>2. Ensure interventions are designed and implemented in a conflict sensitive manner that focuses on social cohesion</li> <li>3. Build the capacity of partners and stakeholders to contribute to social cohesion and risk resilience at all levels</li> </ol>

# SUDAN EDUCATION CAUSAL PATHWAYS



Sources:

1. MICS 2014
2. Sudan Country Report on Out of School Children, UNICEF, 2014 8
3. Sudan Interim Education Strategy, Ministry of Education, 2012.
4. Status of Education Sector Sudan, World Bank 2011
5. Sudan IPRSP (2012-2014) Status Report, MoF & WB, 2016
6. Sudan cost & financing of General Education 2012-2015, 2017
7. Baseline Survey Basic Education Northern States Sudan, 2008.
8. Status Education Sector Sudan, WB, 2012
9. Labour force survey 2011, Ministry of HR development and labour.
10. EMIS 2012-13
11. Education Sector Strategic Plan 2015-2016, Ministry of Education, 2015
12. Reaching the unreached Case Study, UNICEF, 2010
13. The National School Health Strategy 2017-2020, Ministry of Education, 2017 (draft)

## Annex 1: Theory of Change

**More children, particularly the most vulnerable, are in school and have improved learning outcomes**

Increase annual intake in pre-primary, grade one and Alternative Learning Programs with linkages and access to skills and Vocational Education training

Improve student learning outcomes in basic education and reduce dropout rates

More schools meet the Child-Friendly Schools standards

Change

Increased Public development expenditure on pre-primary and primary education

More schools constructed/ rehabilitated and have gender sensitive WASH facilities

Disruption to education for more conflict and disaster affected children in access to education minimized

More teachers trained and with improved knowledge and skills for child friendly teaching and early reading and deployed/retained to meet the required 1:40 PTR

More parents and school communities have increased knowledge and skills to support education of their children particularly girls

More children enrolled in schools at the right age

Equity based education sector plans that address the needs in place is strengthened

Decreased out of pocket cost incurred by families

Education sector plans at national and subnational levels generate and use evidence-based education data planning budgeting and

More resources for public development expenditure are available for education programmes

Scaled up social protection programmes (e.g. School feeding/ cash transfers/care packages for girls) for conflict affected and rural poor

Increased skills and resources for effective Risk assessments and mitigation in EiE.

A reformed teacher recruitment, education, and deployment system is in place

More parents and communities have better understanding on value of education particularly for girls

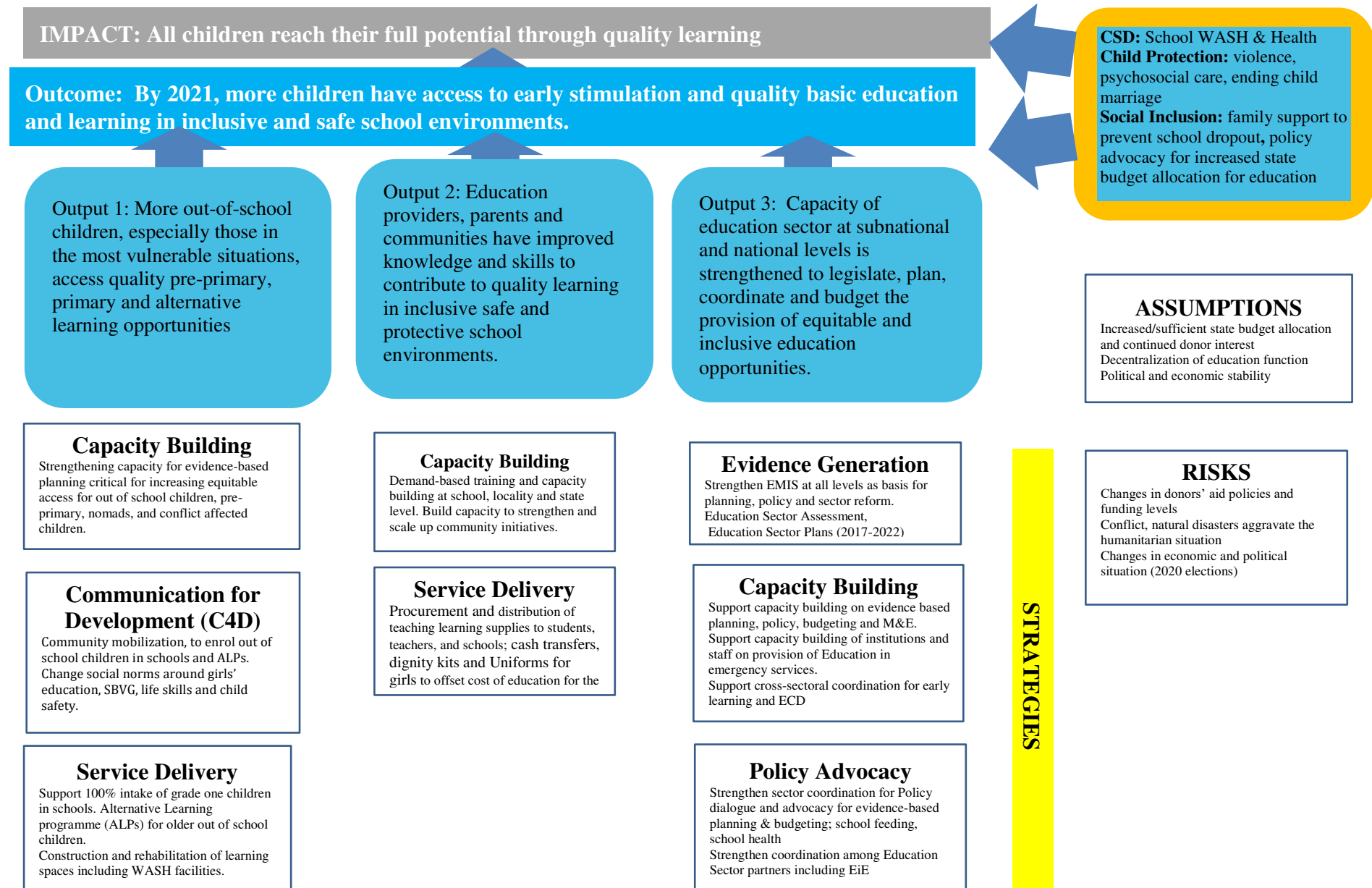
Timely EMIS data at all levels is available for planning, policy and sector reform.

Key MoE and partners have required understanding and capacity to legislate, plan and budget based on evidence

Protracted conflicts, insecurity, continuous cyclic disasters and regional threats disrupt education progress

**3.1 million vulnerable school age children have no access to and cannot complete equitable quality education in Sudan.**

## Annex 2: Results structure – EDUCATION AND LEARNING



## **7. CHILD PROTECTION PROGRAMME STRATEGY**

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### **7.1. Introduction**

This strategy note outlines the priorities and theory of change for creating an environment where **every** child is protected from **any** form of violence, abuse, exploitation, and unnecessary separation in Sudan. This note highlights UNICEF's strategic approach during the Sudan country programme for 2018-2021.

The child protection component of the country programme contributes to the UNDAF Outcome 3: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes; Outcome 4: By 2021 national, state and local institutions are more effective to carry out their mandates including strengthened normative frameworks that respect human rights and fundamental freedoms and ensure effective service delivery; and Outcome 5: By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion. The child protection programme component is in line with the UNICEF Global Strategic Plan 2018-2021 pillar on protection from violence, exploitation and abuse and contributes to the Global Action Plan on Gender Equality priorities, mainly those related to ending child marriage and addressing Gender based Violence (GBV) in emergencies. It also will directly contribute to SDG 4.a, SDG 5 (5.2, 5.3) and make an overall contribution to SDG 10 (10.7) and SDG 16 (16.1, 16.2, 16.3, 16.9, 16.a). The programme component will contribute to the UNICEF Middle East and North Africa Regional Leadership Area of Justice for Children.

The programme component focuses on ensuring equity through evidence- and human rights-based advocacy, and the engagement and participation of many stakeholders, including children. The child protection component supports Sudan's development of a new National Strategy on Childhood and is in line with the priorities outlined in the existing National Strategy on Abandonment of FGM/C in One Generation; the National Strategy on the Abandonment of Child Marriage; the Action Plan on Ending Child Recruitment by Armed Forces/Groups; the National Strategy on Reintegration of Children Released from Armed Forces/Groups; the National Minimum Standards for Child Protection in Emergencies; the National Policy for Alternative Care and the National Plan on Prevention and Responding to the Gender-based Violence.

The programme component considers how the national and regional context could impact the protective environment for children in Sudan, including the development of a national constitution; ongoing peace negotiations; upcoming elections; price inflation; economic growth; instability and famine in South Sudan, and unstable political situations in Eritrea, Ethiopia, Syria and Yemen.

### **7.2. Situation Analysis and Prioritisation**

#### **Child Protection situation in Sudan**

Child protection challenges are prominent in all states of Sudan. However, there are significant disparities across the 18 states, with Khartoum generally having better indicators than the rest of the country. Sudan needs a comprehensive child protection system that is well integrated with education,

health and social protection systems, in order to address the multiple protection risks and deprivations faced by children. The most critical child protection issues are outlined below.

More than 33 per cent of children under-five are not registered at birth in Sudan, a situation that has improved only slightly since 2010.<sup>71</sup> Children who do not have birth certificates face difficulties registering for school, retracing family if separated, assessing their if they are in contact with the law and determining their age for marriage. There are large disparities in birth certificates between states (30.9% in Central Darfur in comparison to 98.3% in Northern).

Many children in Sudan are not living with their families, mainly due to armed conflict, displacement and poverty. Only 82 per cent of children aged 0–17 are living in a family environment, while 3.5 per cent live with neither parent. These figures do not include children living on the streets, or those in armed groups, engaged in child labour such as gold mining, or residing in institutions.<sup>72</sup> Abandonment of children born out of the wedlock represents a significant challenge, with three to four babies surrendered daily to the country's only residential care facility.<sup>73</sup> In 2009 in Khartoum, about half of abandoned babies died before they could receive treatment while most of the survivors were taken into care by the Islamic adoption system.<sup>74</sup>

Children are on the move more and more in Sudan due to conflict, economic pressures, trafficking, migration and forced displacement. Sudan is a major country of origin, transit and destination for children, with more than 2.4 million internally displaced people and a high number of refugees from Ethiopia, Eritrea, Chad, Central African Republic, South Sudan, Syria and Yemen. Children on the move are frequently unaccompanied or separated from their families and are exposed to violence and exploitation. They lack access to child protection services that protect child victims, provide alternative care arrangements and fight trafficking networks.

One quarter of children in Sudan are engaged in child labour<sup>75</sup>, with higher rates for boys, poorer, rural children and unaccompanied and separated children. There are wide disparities between States (49.4 % for East Darfur and 11.2% for River Nile).<sup>76</sup> Child labour is linked to poverty, insufficient social protection and services and school non-attendance. Major forms of labour are begging, domestic work (typically following child marriage), agricultural work, gold mining and labour associated with armed conflict.

Children in Sudan experience widespread violence. Family and Child Protection Units (FCPU) reported over 30,000 cases of violence, abuse and/or exploitation in 2016, with 60 per cent of those cases involving sexual violence. Grave violations against children<sup>77</sup>, including killing, maiming, and sexual violence, continue to be documented in the context of ongoing conflicts in Sudan<sup>78</sup>. Additionally, 64 per cent of children aged 1–14 years old are victims of violent discipline, equally divided between psychological and physical violence, according to MICS 2014. Suicide and bullying among adolescents is an emerging issue for which limited data exists.

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<sup>71</sup> For example, only 31% of children in Central Darfur are registered at birth, compared to 98% in Northern State. (Promoting birth registration in Sudan, CRC4D, 2012)

<sup>72</sup> MICS 2014

<sup>73</sup> Records at Mygoma residential facility in Khartoum

<sup>74</sup> Records at Mygoma residential facility in Khartoum

<sup>75</sup> Child Labour being defined as working beyond specific thresholds of hours per week depending on age and whether economic or household work is involved.

<sup>76</sup> 28% of boys compared to 22% of girls; 40% among poorest children compared to 10% among richest; 30% for rural children compared to 13% for urban. In Khartoum, 8% of children are engaged in child labour compared to 49% in East Darfur. (MICS 2014)

<sup>77</sup> The six grave violations against children include: Recruitment and use of children, killing and maiming of children, rape and sexual violence against children, attacks on school and hospitals, abduction, and denial of humanitarian access.

<sup>78</sup> Conflict zones include: Darfur, Abyei, & Nuba Mountains in the State of South Kordofan and Blue Nile



Girls in Sudan are at particular risk of gender-based violence, including harmful traditional practices such as child marriage and female genital mutilation/cutting (FGM/C). FGM/C remains prevalent, 31.5 per cent of girls aged 0–14 have undergone the procedure, according to mothers interviewed.<sup>79</sup> Child marriage remains widely accepted, with 38 per cent of girls aged 20–24 married before age 18. Many married adolescents experience and accept physical and sexual violence, with 35.5 per cent of adolescent girls believing that a husband is justified to beat his wife. Trends data suggests child marriage is on the rise in conflict-affected states.<sup>80</sup> Sudanese women and girls in conflict zones have also been the target of systematic rape and other forms of sexual violence, such as threat of rape, sexual exploitation, sexual harassment, sex trafficking, forced marriages, forced prostitution and sexual slavery. Perpetrators have sexually assaulted women and girls, regardless of ethnicity.<sup>81</sup>

In 2016, more than 32,407 children across all 18 states (19,224 boys, 13,183 girls)<sup>82</sup> were in contact with the law as victims, witnesses and alleged offenders. While diversion outside the judicial system increased in 2016, children in contact with the law still face lengthy judicial procedures and can be placed in pre-trial detention even for petty offences.

UNICEF's causal analysis highlighted the following bottlenecks to the realisation of children's rights to protection:

Underlying barriers in *the enabling environment* weaken existing child protection systems. There is incomplete legislation to meet international child protection standards, incomplete rules and regulations to enforce existing protective laws, weak law enforcement capacity, and failure to supervise and monitor the implementation of laws. The government's financial contributions to child protection programming are also weak and fragmented, with only limited budget allocations for child protection services provided by the Ministry of Social Welfare, Ministry of Interior, Ministry of Justice and the coordinating body, the National Council for Child Welfare. According to a National Assembly analysis of the annual budget from 2011–2014, allocation to social sectors including Social Welfare increased by just 2.7 per cent in three years. Most child protection interventions are heavily supported by development aid agencies. Moreover, there is a lack of a unified policy document setting out and regulating basic social work standards in relation to child protection. Issue-specific national strategies and plans of action overlap and duplicate each other. The roles of NGOs and children in child protection systems are not explicitly expressed in formulation of policies and strategies. Sudan's lack of a comprehensive social protection strategy also reduces the effectiveness of child protection systems to address the multiple deprivations that increase protection risks. In addition, ineffective coordination and lack of clear leadership and accountability amongst child protection institutions, limited disaggregated data on violence and limited information flow and reporting mechanisms have also contributed to the weak enabling environment.

*On the supply side*, the main bottlenecks are related to lack of services. In particular, there is a lack of timely, gender-sensitive, age-specific, preventative and responsive child protection services with adequate case management protocols; limited access to a continuum of care and protection from identification through to assessment, treatment, follow-up, reintegration, and placement in alternative family care and social safety nets; minimal justice and civil registration services including birth certificates; limited early childhood development programmes; and lack of clear referral pathways to health services and social protection schemes at the family and community level. A recent Child

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<sup>79</sup> MICS 2014

<sup>80</sup> MICS 2014

<sup>81</sup> Survivors Speak Out – Sexual Violence in Sudan, Campaign to stop GBV in conflict, Nov 2013

<sup>82</sup> FCPUs and Judiciary Database

Protection Systems Mapping indicated large disparities in human resources from state to state. The ratio of social workers per 100,000 people ranges from 1.5 in North Kordofan to eight in Khartoum. A lack of social workers and other professionals undermines the ability of the social welfare system to deliver on its broad mandate. The high turnover of social welfare professionals embedded within institutions such as the Ministry of Interior and Judiciary, Ministry of Justice and Ministry of Social Welfare impacts negatively on the availability and quality of services. Limited child protection protocols exist in the health and education sectors, where professionals have little capacity to identify, address and report violence, exploitation and abuse of children. Furthermore, Sudan's formal child protection system has only limited capacity to respond in a timely fashion to emergencies. There is no clear policy on addressing protracted conflict or displacement, making it difficult to contribute during the transition from emergency to recovery and sustainable development.

*On the demand side*, the most vulnerable children and women do not seek out services and are unable to advocate for positive alternative practices. Social norms support the continuation of harmful practices, often erroneously linked to Islam. There is a lack of knowledge about child rights and women's rights. Attitudes condone violence and abuse of children, particularly girls. Influential 'gatekeepers' including community religious and business leaders indirectly and directly promote harmful practices detrimental to children and women. There is limited capacity among stakeholders and partners, including the government, to engage communities around positive social change. The weak and fragmented civil society has limited power to advocate for child protection. Efforts to empower children to engage in social movements have been confined to FGM/C, with insufficient attempts to expand the focus to other child protection services and overall protection.

The Government of Sudan namely the National Council for Child Welfare, Ministry of Justice, Ministry of Interior, Ministry of Social Welfare, Ministry of Defence, and Ministry of Foreign Affairs is increasingly aware of these shortcomings and committed to the protection of children, evidenced by Sudan's acceptance of recent Universal Periodic Review recommendations to amend key laws and ratify the Convention on the Elimination of Discrimination against Women. There are a considerable number of laws that promote children's rights and efforts to follow-up on the Child Act of 2010 have been enhanced, including the 2016 amendments to the Criminal Act (1991) awaiting parliamentary endorsement. The Government of Sudan is implementing several thematic plans and strategies on child protection, which are expected to be consolidated under one childhood plan in 2017. Routine data collection has been strengthened by the establishment of Family and Child Protection Units, the Judiciary Information System, family tracing and reunification processes and the *Saleema* Initiative to monitor and evaluate FGM/C. In 2016, the Vice President of Sudan and the SPLM-North signed Action Plans to Protect Children in Armed Conflict and End Child Recruitment, which will pave the way to address several grave violations against children. These gains need to be sustained to address the considerable remaining gaps in laws, policies and enforcement to protect children. In particular, more efforts need to be made to ensure that the Ministry of Finance and Planning invest in child protection systems.

### **Lessons learnt and best practices**

Lessons learned from the mapping of the child protection system, evaluation of the UNICEF humanitarian response and other recent studies prompted the following changes in strategy. The previous country programme was stretched beyond its financial and human resource capacities, which impacted on its ability to monitor and achieve its planned results. The upcoming country programme will instead target strategic programmatic areas to address the needs of the most vulnerable children. Strengthened coordination has been shown to be key to ensuring effectiveness and efficiency, and this will be another priority going forward. Increasing the capacity of social workers and advocating for recruitment of more social workers and para-professionals at state,

locality and community level will continue to be a priority. A case study of the social welfare system in Kordofan state showed that this strategy resulted in significant improvements in the delivery of child protection services especially in conflict areas where access was denied to international humanitarian actors and NGOs.<sup>83</sup>

Stronger integration with health, education, nutrition and social policy needs to be pursued, given the current limits in funding and human resource capacity. In the humanitarian context, humanitarian, multisectoral and multistate partnerships have had many advantages, including costs savings. The use of community-based child protection networks yielded positive results for protection of children especially in areas with restricted access.<sup>84</sup> Integrating birth registration into the health system also increase effectiveness. About 104,000 children under the age of one were registered in 32 communities in South Darfur after integration – raising birth registration from 18.9 per cent to 70 per cent in these localities. A package of high-impact services integrated across sectors at the decentralised level will build families and communities resilience. However, coordinating partnerships remains a complex task, and accountabilities need to be further clarified.

### **UNICEF's experience and comparative advantage:**

UNICEF, through its advocacy and convening power and technical and financial support, has played a leadership role in child protection systems strengthening. UNICEF has built strong alliances at all levels to support national efforts to abandon FGM/C<sup>85</sup>, create Child Protection Minimum Standards and promote psychosocial support for children. UNICEF's key partners in these efforts have included federal and state government, civil society organizations (national and international NGOs, academic institutions, religious leaders and the media), other UN agencies, bilateral donors, and children and their families.

During the current country programme, UNICEF pursued a successful joint programme with WHO, UNFPA and DFID to scale up and accelerate efforts to reduce FGM/C prevalence in Sudan through the Saleema Initiative. The new country programme will build on this foundation for future work on changing social norms. UNICEF has contributed to other UN joint programmes, including a project with UNDP and UNAMID to strengthen the rule of law in Darfur. A comprehensive approach has leveraged the complementary roles of each UN agency and accelerated efforts at the decentralized level.

UNICEF sustains strategic partnerships with NGOs and community-based organizations to provide outreach assistance and social welfare, rehabilitation, reintegration, and protection services, including legal services, life skills, psychosocial support, education and health.

UNICEF also acts as a convener in knowledge management, bringing partners together to share best practices and collaborate on research and capacity development projects with national, regional and global academic institutions including the University of Khartoum and Al-Ahfad University.

UNICEF is the lead of the child protection sub-cluster and a major partner in the gender-based violence sub-cluster within the protection cluster. UNICEF also chairs the MRM Working Group at the national level and leads working groups at the state level. UNICEF's has a leading role in monitoring, reporting, and advocating to end grave violations against children.

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<sup>83</sup> Mid- year review report

<sup>84</sup> Working with Community-Based Child Protection Committees and Networks: Handbook for facilitators , 2012

<sup>85</sup> See annex (3) detailed partnership matrix

UNICEF expects to remain the key actor in strengthening formal and informal child protection systems in Sudan during the new country programme. UNICEF has already secured political commitment from the National Council for Child Welfare to position child protection a priority through the development of the National Strategy of Childhood 2018-2022, the costing of child protection services and adoption of a child-sensitive budget allocation and expenditure. There is continued commitment to establish a holistic systems-approach to child protection at the federal and states levels including the alternative care system, the justice for children system, and emergency response mechanisms. Political commitment to abandon FGM/C and child marriage also remains high. Ongoing partnerships with the media and national and state legislative committees will be critical to ensuring child protection is on the agenda during the upcoming election and development of the new constitution.

### **Prioritised Child Protection deprivations and issues**

Based on the analysis of the child protection situation and taking into consideration past lessons learnt, the comparative advantage of UNICEF in Sudan, and an understanding of the roles and programming of other stakeholders in the country, the priority deprivation for the 2018-2021 child protection programme is that **too many children are separated from their families and or not having their right to protection against violence, abuse, neglect and exploitation met.**

This is specifically manifested in the **unacceptably high levels of violence and exploitation against children in homes, schools and institutions, gender-based violence including sexual violence against boys and girls, FGM/C and child marriage, child labour, child recruitment and trafficking. Significant numbers of children are unaccompanied and separated and lack parental care especially in conflict zones.**

### **7.3. Theory of Change**

The situation analysis shows that a large proportion of children in Sudan are not having their right to protection from various forms of violence, abuse, neglect and exploitation met. The vision of change is that all children are protected from violence, abuse, neglect and exploitation.

*The following theory of change has been applied for the envisioned change:*

- **If** key stakeholders and decision-makers in relevant sectors have the required understanding of child rights and other international principles of child protection, and legislate, plan and budget for child protection services; **and**
- **If** laws related to child protection are reviewed to be aligned to international standards, and if rules, regulations and guidelines related to these laws are enforced effectively; **and**
- **If** costed policy frameworks and action plans exist and are applied, monitored and evaluated for children's access to child-friendly justice and social welfare services that match national and international standards; **and**
- **If** appropriate financial resources are available for child protection systems; **and**
- **If** institutions with child protection mandates are well coordinated at national, state and locality levels; **and**
- **If** institutions hire more social workers to increase the coverage of social workers per 100,000 people; **and**
- **If** skilled social workers have the capacity to provide specialized child protection services including identification, case management, reintegration, referrals and appropriate follow-up

for children who are victims of violence, exploitation, abuse or harmful practices, including in humanitarian contexts; **and**

- **If** mechanisms, guidelines and trained staff are put in place to refer cases to health, education and social protection services, including in humanitarian contexts; **and**
- **If** more services for child protection are established; **and**
- **If** parents and caregivers have more awareness of the consequences of violence, exploitation, abuse and harmful practices and communicate openly about social norms; **and**
- **If** community leaders are more supportive of creating a protective environment for children in their communities; **and**
- **If** children and adolescents have the knowledge and life skills to deal with challenging situations; **and**
- **If** more informal community-based child protection networks are active; **and**
- **If** evidence from regular and independent tracking of violence, exploitation and abuse is available; **and**
- **If** this information is used in programme design and implementation;

**Then: All children in Sudan will be protected from separation, violence, abuse and exploitation.**

There are **two major assumptions**, which underpin this Theory of Change:

1. It is assumed that duty-bearers will support changes in social norms and adopt positive practices. It is assumed that social norms will be openly discussed; and it is assumed this will continue to be carried out in the context of mixed migration, armed conflict, protracted displacement and humanitarian situations.
2. Achievement of the Theory of Change assumes that national and state governments understand and address the underlying causes of child protection violations, and help build interlinkages between the health, education, justice and social protection sectors to manage child protection cases.

**Five major risks** could block the change pathway. These identified risks have both a high level of likelihood and high level of impact.

- Political instability (reversals of progress and change in government);
- Economic downturn;
- Reversal of the peace process and proliferation of conflict;
- Unwillingness in the society to challenge negative social norms;
- A backlash against current progressive policies, especially if they are perceived to be part of a Western agenda.

#### **7.4. UNICEF's Programme strategic framework**

The 2018-2021 child protection programme component will focus on four thematic areas:

- 1) Implementation of the Action Plan on the Reintegration of Children Associated with Armed Conflict and the Monitoring and Reporting Mechanism (MRM) on grave violations of children's rights in situations of armed conflict
- 2) Justice for children, in particular access to justice services and diversion programmes
- 3) Ending harmful practices, especially FGM/C and child marriage
- 4) Preventing and responding to separation of children

Five major conditions must be met in order to achieve UNICEF's programming goals:

- All relevant sectors have policies, guidelines and available government budgets to prevent and respond to child protection violations;
- More and better quality child protection services are available and staffed by well-trained professionals;
- More communities have active informal mechanisms to protect children from violence, abuse, and exploitation;
- Parents and adolescents act on knowledge about how to protect children;
- Information management systems and monitoring and reporting mechanisms are active.

UNICEF will prioritize building the capacity of the Social Welfare and Justice systems, integrating other sectors, and strengthening community mechanisms to ensure equitable access to child protection services in targeted areas. The programme will build on the lessons learnt and successes of the past country programme, where partnerships with government and non-government agencies helped UNICEF reach the most vulnerable children and in the most underserved areas. The child protection sector will reach out to other sectors (mainly health, nutrition education and social protection) to integrate the provision of prevention and response services to children affected by violence, abuse and neglect. UNICEF will help create an enabling environment, by generating evidence and advocating for legal reform throughout the development-emergency-peace nexus.

#### ***7.4.1. Strategic Approach***

UNICEF will prioritise support for the implementation of ongoing system reforms, which will collectively pave the way for an effective and efficient child protection system addressing Sudan's various child protection issues. UNICEF will increase its focus on building institutional capacity at sub-national level, in particular in states and localities identified by the situation analysis as having the highest child protection vulnerabilities. UNICEF will also ensure timely and adequate responses are in place for child protection violations as they occur, particularly in humanitarian situations.

UNICEF will support the Government of Sudan, child protection partners and communities to create a protective environment in which **every** child is protected from **any** form of violence, abuse, exploitation, and unnecessary separation from their family. UNICEF will work to strengthen child protection systems and informal community mechanisms, to support children affected by humanitarian crises, abandon harmful practices, reduce children's vulnerability, address risk factors, and strengthen families' and children's own resilience.

A 'whole child' approach will be adopted, recognising the different protection needs and responses in each phase of a child's life. UNICEF will seek synergies across various programmes to create protective environments where children and adolescents can reach their full potential. For young children **aged 0-5 years**, early childhood development (ECD) programming will be used as an entry point for promoting positive parenting and family based care, and ensuring all children are registered at birth. This will be done in an integrated manner with health, nutrition, WASH, education and social inclusion programme components. Children and adolescents from **age 6 to 17** will also benefit from prevention and response programmes addressing violence, exploitation and abuse. Psychosocial care will be offered in coordination with education and health interventions. C4D strategies will be used to engage communities against violence and harmful practices, while social protection schemes will provide support to poor and vulnerable families. Adolescent empowerment and participation will be a key strategy. For this age group, the focus will be on preventing and responding to violence

and exploitation (including sexual and gender-based violence), ending female genital mutilation/cutting (FGM/C) and child marriage, and both preventing children from coming into contact with the law and promoting alternatives to detention. In humanitarian contexts, the focus will be on preventing child recruitment and other grave violations and protecting children on the move due to conflict.

The programme component will continue to support the Government, non-state actors, and civil society organisations at national and sub-national levels to fulfil their commitments to international treaties and conventions. This will involve holding parties accountable through the Monitoring and Reporting Mechanism on grave violations against children, while also providing on-the-ground support for children in humanitarian situations.

The child protection component will work in coordination with other sectors to integrate conflict analysis and risk mitigation into its programming and strengthen the humanitarian, development, peace nexus. It will promote resilience and informal child protection mechanisms in areas at-risk of, or affected by, armed conflict.

States will be targeted based on rigorous analysis of data and existing services. Newly established states (East Darfur, Central Darfur, West Kordofan, South Kordofan and Blue Nile) will be prioritised to receive support in the areas of Justice for Children, prevention and response to separation, and addressing grave violations. The child protection programme will work with other sectors in the four Eastern and Khartoum states to address migration and children on the move. Meanwhile, the demand generation programme component will initially be implemented in 12 states with further prioritization carried out depending on state performance.

UNICEF will continue to lead the Child Protection Sub-sector to coordinate humanitarian child protection responses. The programme will continue convening partnerships, managing joint programmes and promoting collaborative work among UN agencies and partners.

#### **7.4.3 Results Framework**

The outcome for the child protection/child protection programme is:

**By 2021, more children are protected from violence, abuse, and exploitation and benefit from improved response and prevention systems.**

Three outputs will contribute to the achievement of the programme outcome:

**Output 1:** Strengthened and more effective child protection legislation, policies and budgets integrated across sectors.

**Output 2:** Service providers at state and locality levels in UNICEF targeted areas have strengthened capacities and deliver quality specialized child protection services with appropriate referral mechanisms in place.

**Output 3:** More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation, including FGM/C and child marriage.

**OUTPUT 1:** Strengthened and more effective child protection legislation, policies and budgets integrated across sectors.

The following strategies will be employed and interventions supported to achieve this output:

- UNICEF will continue ***policy advocacy and capacity building*** to address gaps in child protection legislation and more effectively enforce existing laws and policies. UNICEF will provide financial and technical advice to help the government fulfill its existing commitments to implement the 2010 Child Act, the Action Plan on the Prevention of Recruitment of Children into Armed Forces, the National Childhood Strategy, the National Strategy on the Abandonment of FGM/C and Abandonment of Child Marriage. UNICEF, building on its comparative advantage as a neutral agency with convening ability and technical expertise, will assist the country in developing and revising policies and action plans in justice, social welfare, education and health sectors, and leverage local and global innovations to build the capacity of professionals at key levels. This will entail advocacy to integrate child protection responses across all sectors and to promote coordination among programmes implemented by government at national and states levels.
- UNICEF will prioritize ***policy advocacy*** for child-friendly budgeting and increased government expenditure for child protection programmes. UNICEF will provide technical support and ***capacity building*** for budget and expenditure reviews related to social welfare and child protection systems and for the development of public expenditure tracking mechanisms that will allow for budget allocation-related advocacy for increased investments in protection. UNICEF will provide financial and technical support to the government to conduct costing of child protection services to inform budgeting and policy-making.
- UNICEF will scale up its ***policy advocacy*** to further mainstream child protection information and ***address child protection violations*** in government policies across sectors. UNICEF will advocate and provide technical and financial support for the development and implementation of guidance, procedures, and budgeting mechanisms to strengthen proper application of existing laws and strategies, and strengthen decentralized administrative bodies.
- UNICEF will prioritize ***policy advocacy*** for the additional recruitment and retention of social workers. Social workers will be embedded in multiple government institutions including schools, hospitals and the judiciary.
- UNICEF will build the leadership of government institutions to create and ***coordinate*** multi-sectoral planning mechanisms that ***strengthen child protection responses***. UNICEF will provide technical and financial support to the National Council of Child Welfare, which has the mandate to coordinate the child protection sector. UNICEF will work closely with other sectors to integrate prevention and response services. Within education, UNICEF will work to prevent violence discipline, integrate protection into life-skills curricula and teacher training manuals, and scale up psychosocial support in schools. In the health sector, UNICEF will work to integrate birth registration and implement clinical guidelines on child maltreatment, sexual violence, and FGM/C in partnership with WHO and UNFPA. In social protection, child protection will integrate protocols to identify families at-risk of violence, exploitation and harmful practices.
- UNICEF will strengthen the Child Protection ***Management Information System*** by ***building capacity*** of government staff to gather disaggregated data (geographic area, age, gender, and in the future ability) from all sectors to enhance planning and monitoring of results. UNICEF will support the government to develop monitoring and analysis tools and facilitate knowledge management and knowledge sharing within Sudan as well as between countries, promoting South-South cooperation. UNICEF will continue to build its Monitoring and Reporting Mechanism on grave violations of children's rights and create accountable Action Plans.

### **Assumptions:**



- The National and State Councils for Child Welfare remain mandated to coordinate efforts amongst line ministries;
- UNICEF prioritizes integrated responses to child protection across sectors internally.

**Risks:**

- Government of Sudan is unable to increase allocations to child protection budgets, or child protection is not a priority;
- National and state child protection actors remain dependent on donor funding, which is at risk of reducing in the coming four years;
- Advocacy for Sudan to align itself to international standards for children's and women's rights is perceived as being part of a Western agenda.

**OUTPUT 2:** Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate

**To achieve the output, UNICEF will utilise the following strategies and programme interventions:**

- UNICEF will support *institutional and capacity development* to deliver specialized child protection services at state and locality levels, in line with international standards. In humanitarian settings, services will be measured against the child protection minimum standards and the Core Commitments for Children. Programmes will be aimed at core service providers within the Ministry of Social Welfare at federal and states levels, Ministry of Justice actors, Ministry of Interior and Family and Child Protection Units (FCPUs). It will also target referral service workers, such as healthcare workers and school counsellors to ensure the spectrum of the children's needs are addressed. UNICEF will work closely with the Government, particularly the National Council for Child Welfare, to implement specialized child protection services in line with the recommendations of the National Mapping of Child Protection in Sudan. This will include UNICEF investments in data systems, human resources, and referral mechanisms.
- UNICEF will also support **civil society and community-based organizations** to strengthen their ability to deliver **specialized child protection services**. Child protection will work with other sectors, especially education and health, to provide integrated packages of services at household level, that link into government systems and promote resilience in communities as a means of preparedness for humanitarian situations. Mapping and assessing the effectiveness of community-based child protection networks will help identify areas for capacity development and strengthening community engagement and referral networks.
- UNICEF will contribute technical and financial support to the construction, resourcing and capacity building of facilities such as child-friendly spaces, schools and FCPUs that deliver specialized child protection services, in particular community-based psychosocial support. UNICEF aims to increase coverage of these services while continuing to support the hand-over of existing child-friendly spaces to communities.
- UNICEF will scale up its advocacy through dialogue and evidence based policy papers to recruit additional *social workers*. UNICEF will provide national and international experts to train social workers particularly at the locality level, and provide financial and technical support to develop complaint and monitoring mechanisms to ensure their adherence to guidelines.
- UNICEF will promote the institutionalization of **case management** and integrated **psychosocial and reintegration services** that adhere to Sudan's approved protocols and standard operating procedures. UNICEF will continue its efforts to strengthen **family tracing and reunification** for children separated from families. UNICEF will also prioritise sexual and gender based violence programming and will invest in **post-rape care** and psychosocial support for survivors, particularly in humanitarian settings.
- UNICEF will build on its previous investments in **justice for children**, scaling up efforts to divert children away from the justice system, in line with guidelines adopted by Sudan in recent years. Promoting alternatives to detention will remain the core principle for justice programmes
- UNICEF will scale up its support to the provision of **alternative care and deinstitutionalization** through *capacity development*, early childhood development,

*advocacy, communication for development*, and direct *service delivery* with an emphasis on children with disabilities.

- In close coordination with **social inclusion**, the Child Protection programme will support advocacy related to the expansion of social protection schemes to include children at-risk and child victims of violence. It will advocate for cash transfers to vulnerable families with an aim to prevent children from being exposed to risks of violence, exploitation and abuse.

#### **Assumptions:**

- Services are culturally contextualized and targeted to those most in-need;
- The National Council for Child Welfare and the various State Councils for Child Welfare will lead functional, inter-sectoral, government-owned coordination bodies at national, state and locality level;
- Trainings are in line with international standards and a minimum package of services are defined and in place in each state;
- A criteria for children in need of care and protection is clearly defined in policies and regulations, as agreed by service providers and other stakeholders.

#### **Risks:**

- Coordination is hindered by perceived or real bottlenecks in institutional arrangements;
- Social norms or stigma hinder children's access to services and undermine confidentiality;
- Social and child protection systems do not equitably reach those most in-need.

**OUTPUT 3:** More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage

The following strategies and programme interventions will be utilised to achieve this output:

- The Child Protection programme will work with partners at all levels to activate **community engagement in social movements** that protect children. *C4D strategies* including community dialogues, peer-to-peer knowledge sharing, and life-skills development, will help mobilise children, youth and women against harmful practices. Men, traditional leaders and religious leaders will also be engaged as decision-makers, gatekeepers and potential perpetrators – with the hope that this will result in collective decisions to change social norms. New life skills knowledge will help adolescents navigate difficult and risky situations as they grow into adulthood.
- UNICEF will train and support **active Community-Based Child Protection Networks (CBCPNs)** to provide informal child protection services in the community. Groups will be made up of community leaders and volunteer members who understand and support the need for child protection. They will investigate and document cases of child protection risks or violations, either contributing to informal negotiations and resolution, or referring them to formal child protection services or the police. CBCPNs will play an essential role in responding early to humanitarian situations. They will also play an active role in following up on public declarations to abandon FGM/C and child marriage – ensuring that no girls are cut or married early in their communities. CBCPNs are expected to support parental education in partnership with the Learning and Development programme as part of the ECD Policy.
- UNICEF will work with partners to establish **adolescent participation mechanisms** that engage them in designing, planning, implementing and monitoring child protection interventions and changing social norms. UNICEF will work with multiple stakeholders, including the private sector, to increase adolescents' knowledge about FGM/C, child marriage, child recruitment,

migration and violence, positively influence their attitudes and effectively build their resilience. UNICEF will aim to improve service-seeking behaviours amongst adolescents affected by armed conflict, including refugees.

- As part of the **evidence-generating** agenda, UNICEF will support government and civil society partners to enhance research on drivers of violence against children and identify opportunities to foster an environment conducive to the abandonment of harmful practices. UNICEF will also work with partners to **generate and analyze data** about conflict and natural hazards so that stakeholders can contribute to social cohesion and risk preparedness.

#### **Assumptions:**

- Duty bearers adopt norms and practices that protect children’s rights.
- Access to communities and active community-based mechanisms.
- Active engagement of adolescents and children in design and implementation of programmes.
- Communities delink negative behaviors from religious beliefs.

#### **Risks:**

- Services do not effectively respond to violence and harmful practices, discouraging people from reporting them.
- Increased emphasis on violence prevention and law enforcement leads communities to hide their practices.
- Political leaders and religious leaders fail to condemn violence and harmful practices.
- Community interventions stigmatize victims or perpetuate risks for further harms.

### **Measurement Framework**

<b>Sustainable Development Goals 2030:</b>			
<ul style="list-style-type: none"> <li>• SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels” – in both humanitarian and development contexts. ;</li> <li>• SDG 5: Achieve gender equality and empower all women and girls.</li> <li>• SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</li> </ul>			
<b>Government of Sudan priorities:</b>			
<ul style="list-style-type: none"> <li>• The Twenty-Five Year National Strategy 2007-2030: Capacity Building and Community Development; Social Services</li> <li>• The draft National Five Year Strategic Plan 2017-2021 (not yet completed)</li> <li>• The National Strategy on the Abandonment of FGM/C in one Generation (2008-2018)</li> <li>• The National Policy on Alternative Care</li> </ul>			
<b>UNDAF:</b> Economic Development and Poverty Reduction; 2. Environment, Climate Resilience and Disaster Risk Management; 3. Social Services; 4. Governance, Rule of Law and Institutional Capacity Development; 5. Community Stabilization			
<b>UNICEF Strategic Plan 2018-2022:</b> Goal Area 3: Every child is protected from violence and exploitation; Goal Area 4: Equity – Every child has a fair chance in life; Goal Area 2: Every child learns; Goal Area 1: Every child survives and thrives			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>MoV</b>
<b>Outcome:</b> By 2021, more girls and boys are protected from violence, abuse and exploitation and benefit from improved response and prevention systems.			
Number of children who have experienced grave violations	916 (2016)	458 (2021) - 50% decrease in number of grave violations	UN Secretary General’s Annual Report on Children and Armed Conflict
Children in detention per 100,000 child population	238 (2016)	150 (2021)	Child Protection Management Information System (CPMIS), Ministry of Justice database

Number of children 0-17 years living in formal foster care	4,016 (2016)	6,000 (2021) (Annual)	Ministry of Welfare & Social Security alternative care database, Family and Child Protection Units database
Percentage of girls (0-14 years) undergoing female genital mutilation/cutting (FGM/C)	31.5% (2014)	25.5% (2021)	Multiple indicator cluster survey (MICS)
Percentage of women aged 20-24 years married before 18	38% (2014)	25.5% (2021)	MICS
<b>Output 1:</b> Strengthened and more effective child protection legislation, policies and budget are integrated across sectors.			
<b>Key Partners:</b> Federal and states Ministry of Welfare & Social Security, National and States Council of Child Welfare, Ministry of Interior, the Judiciary, Ministry of Justice, Universities, National Assembly, Ministry of Health, Ministry of Education, The National Mechanism of FCPUs, Security Sector/SAF; Ministry of Youth, Culture and Sports; Ministry of Finance; State Government (Zakat Chamber); private sector; faith-based organizations			
Number of new child protection laws, policies, plans and frameworks available and operationalized	6 (2016)	11 (New: 1 Constitution, 4 laws and policies)	Policies, tools, administrative decisions/ Decrees
Existence of costing exercise for child protection services (prevention and response)	No costing review completed	Completion 2019	Annual Government Budget report; States Ministries of Finance 'financial decisions'
Number of social service workers in the country	8 per 100,000 in Khartoum, 2 per 100,000 in Kordofan States	15 per 100,000 national average as of 2021	Ministry of Welfare & Social Security annual reports Field Monitoring reports UNICEF End of Year Reports with partners (Mapping of the social service workers in 2018)
<b>Output 2:</b> Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate referral mechanisms in place.			
<b>Key Partners:</b> National and states Council of Child Welfare, Ministry of Interior, Ministry of Welfare & Social Security, the Judiciary, Ministry of Justice, Universities, Ministry of Health, Ministry of Education, The National Mechanism of FCPUs, FCPUs, NGOs			
Percentage of UNICEF-targeted children in humanitarian situations benefitting from psychosocial support	TBC (2016)	1	Child Protection Management Information System, Family and child protection unit database, Ministry of Social Welfare database
Number of children who benefited from FCPU services including GBV	90,624 (2016 G: 48,923 B: 41,701)	80,000 (annual G: 43,000 B: 37,000)	Family and Child Protection Units database
Percentage of UNICEF targeted children in humanitarian situations registered as unaccompanied or separated who were reunified with families/caregivers	TBC (2016)	1	CPIMS Database, FTR national data system

UNICEF-targeted children released from armed forces and groups who were reintegrated	21 (2016 Boys)	2500 (2021)	Database on Children released from Armed Forces
Percentage of children diverted outside the judicial system	35% (2016 - 2,661/ 7,507 G: 680 B: 1,981)	50% (2021)	Judicial system data, NCCW information management system, Education Management Information System Family and Child Protection Units database
<b>Output 3:</b> More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage			
<b>Key Partners:</b> National Council for Child Welfare, State Councils for Child Welfare; Ministry of Education, Ministry of Welfare & Social Security, Universities, Private sector, NGOs, CBOs, Youth unions, Media institutions, Ministry of Information			
Number of communities that have participated in a public declaration of support for the abandonment of FGM/C	42 (2016)	50 (annual)	Child Protection MIS (NCCW/SCCW)
Number of social service workers in the country trained and qualified in line with minimum standards to prevent and respond to VAC	65 (new CPCBN)	104 (annual)	Mapping, CBCPN Directory, Monitoring reports, KAP survey
Number of at-risk adolescents equipped with knowledge and life skills that reduce their vulnerability and protect them from violence.	445 (2016 G: 224 B: 221)	5,000 (annual G: 2,500 B: 2,500)	Training reports NCCW & SCCWs Reports

## 7.5. Monitoring Outputs and Demonstrating UNICEF's Contribution to Outcomes

Outcomes and outputs will be measured primarily through key national surveys such as the MICS as well as through the Child Protection Management Information System (CPMIS). The strengthening of data collection and information management systems for child protection will continue to be a key priority in view of the weakness of data in the sector. The information system will draw on administrative data from different ministries. Throughout the new programme cycle, UNICEF will also monitor the risks and assumptions identified in this strategy document.

UNICEF will support special evidence generation efforts such as a budget review and costing of child protection exercises, special baseline studies and evaluations, and research into social norms surrounding child recruitment, migration, FGM/C, and child marriage. Secondary analysis of MICS surveys will support the establishment of trends data. Further definition of data sources outside of the Family and Child Protection Units for violence administrative data will continue with support from UNICEF headquarters. Qualitative data including case studies may also be generated to fill in the knowledge gaps related to why, how and by whom violence, exploitation and abuse occurs.

In humanitarian settings, UNICEF will contribute to conflict-sensitive risk analysis, resilience studies, humanitarian-development transition analysis, assessment studies and situation reports.

UNICEF’s Monitoring and Reporting Mechanism of grave violations against children will track the outcome on violence.

## 7.6. Resource requirements

Resources required are estimated around **US\$ 29,451,000** for the duration of the programme (see table below). The costs of inputs include salaries, cash assistance, supplies and equipment, technical assistance from individuals and institutions, and partnership agreements necessary to support the achievement of Outputs and Outcomes. It must be acknowledged that the child protection component is staff intensive and staff costs make up a large proportion of resource requirements.

Funding opportunities of the Child Protection Programme in 2018-2021 is related to the multi-year DFID/UK Aid partnership for the Elimination of FGM/C which represents the largest joint UN initiative in the region. In addition, thematic funding from SIDA/Sweden and funding from Norway are key donors contribution to the Child Protection Programme Component.

<b>OUTCOME: By 2021, more girls and boys are protected from violence, abuse and exploitation and benefit from improved response and prevention systems.</b>					
<b>Fund Category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
<b>Output 1. Strengthened and more effective child protection legislation, policies and budget are integrated across sectors.</b>					
<b>RR</b>	132,050	132,050	132,050	132,050	528,200
<b>OR</b>	1,260,500	1,260,500	1,260,500	1,260,500	5,042,000
<b>Total</b>	1,792,550	1,792,550	1,792,550	1,792,550	7,170,200
<b>Output 2. Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate referral mechanisms in place.</b>					
<b>RR</b>	330,125	330,125	330,125	330,125	1,320,500
<b>OR</b>	3,151,250	3,151,250	3,151,250	3,151,250	12,605,000
<b>Total</b>	3,481,375	3,481,375	3,481,375	3,481,375	13,925,500
<b>Output 3: More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage</b>					
<b>RR</b>	198,075	198,075	198,075	198,075	792,300
<b>OR</b>	1,890,750	1,890,750	1,890,750	1,890,750	7,563,000
<b>Total</b>	2,088,825	2,088,825	2,088,825	2,088,825	8,355,300
<b>Outcome Total RR</b>	<b>1,060,250</b>	<b>1,060,250</b>	<b>1,060,250</b>	<b>1,060,250</b>	<b>4,241,000</b>
<b>Outcome Total OR</b>	<b>6,302,500</b>	<b>6,302,500</b>	<b>6,302,500</b>	<b>6,302,500</b>	<b>25,210,000</b>
<b>OUTCOME TOTAL</b>	<b>7,362,750</b>	<b>7,362,750</b>	<b>7,362,750</b>	<b>7,362,750</b>	<b>29,451,000</b>

## 7.7. Identified risks and mitigation measures

**Insufficient political and financial commitments from the Government to support integrated child protection services during the period of the programme** will significantly hinder progress. Currently, there are some financial contributions from government to the NCCW programme and the Ministry of Interior’s support to the running cost and staffing of FCPUs has increased dramatically over the years. UNICEF will continue to advocate for child-friendly budget allocations nationally

and at decentralised levels. The child protection programme will support a budget review in 2018 and will work with government partners to implement its recommendations.

**Limited capacity of government and non-government institutions and high turnover of staff are key bottlenecks, particularly at the state and locality levels.** This affects the quality of service delivery. Government ownership is important for long-term programme sustainability. UNICEF will support the government by providing institutional capacity support to the NCCW, SCCWs, other relevant institutions, as well as to civil society organisations, NGOs and academic institutions at national and state levels. UNICEF will also support state task forces and engage with additional partners at state level such as the Community Development Universities. In spite of active efforts, the risk may remain due to turn over of government staff, unfavourable institutional dynamics, and insufficient government investment in institutions.

**Resistance of stakeholders at national and state levels to the strategic refocus of the programme may hamper implementation.** Key government partners were involved in the annual review and planning process, the Strategic Moment of Reflection and the development of the Country Programme Document. However, not all organisations could be consulted, and the programme needs to actively re-engage with national and state partners to share its new strategy. UNICEF will continue to seek opportunities to brief the Government and civil society organisations about its future plans, and explain how they were informed by the latest evidence.

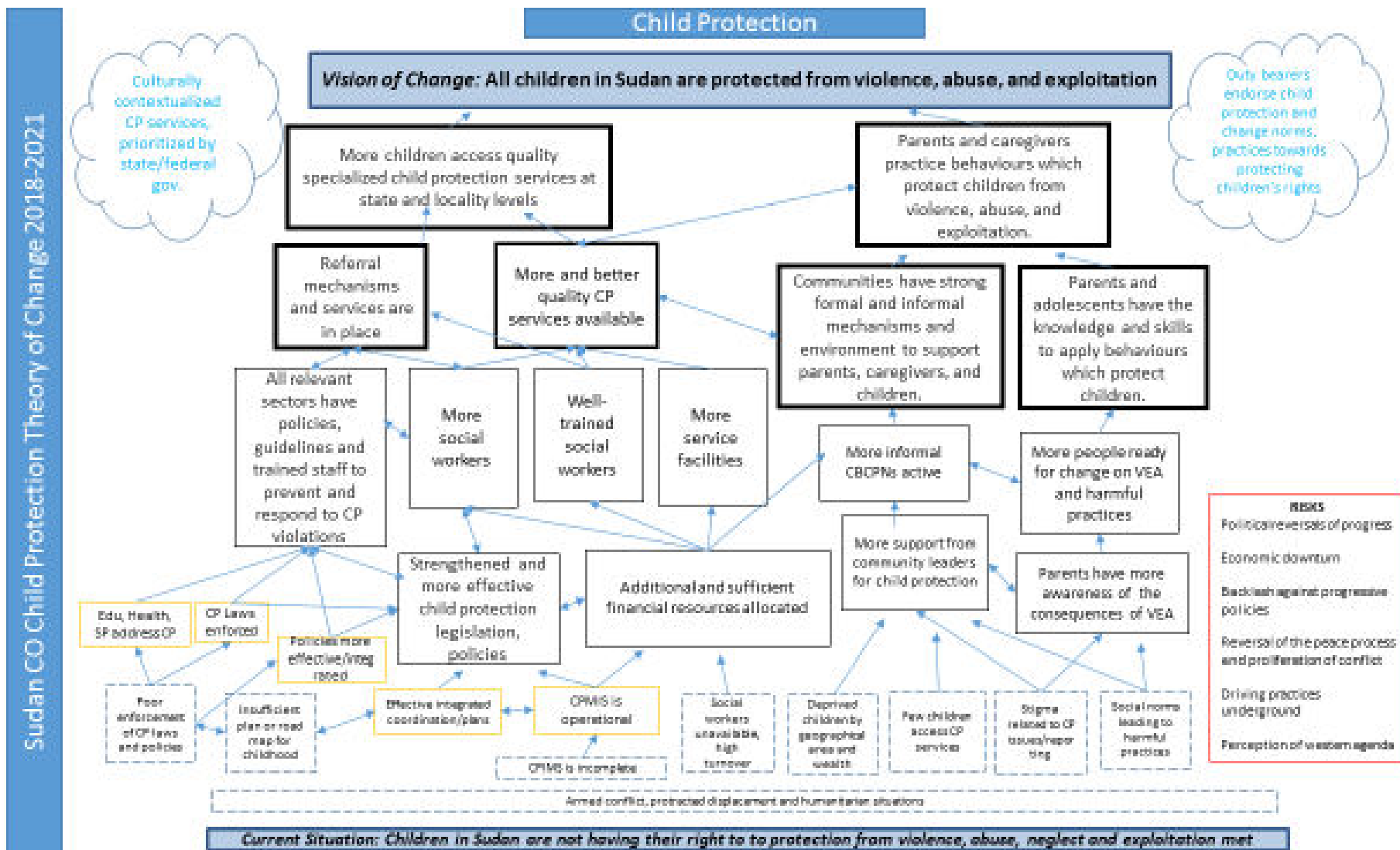
**FGM/C, child marriage and sexual and gender-based violence interventions risk being framed as part of “external agendas”, causing backlash.** The child protection programme is aligned to Sudan’s national priorities, created by the Government. However, UN and donor involvement may be used as a pretext to resist legal reform efforts or to put out counter-messages against the abandonment of FGC and child marriage. UNICEF’s contributions need to be seamlessly and consistently framed as contributing to government-owned programmes.

**A political environment in which civil society organizations are not provided with the space to work limits their ability to implement child protection and justice reforms, particularly in conflict and humanitarian contexts.** The programme will closely monitor the situation at the field level and strengthen community-based and national organisations that can support child protection interventions. The programme will prioritise national and state ownership (through relevant line ministries) and long-term partnerships with national NGOs and community-based organisations.

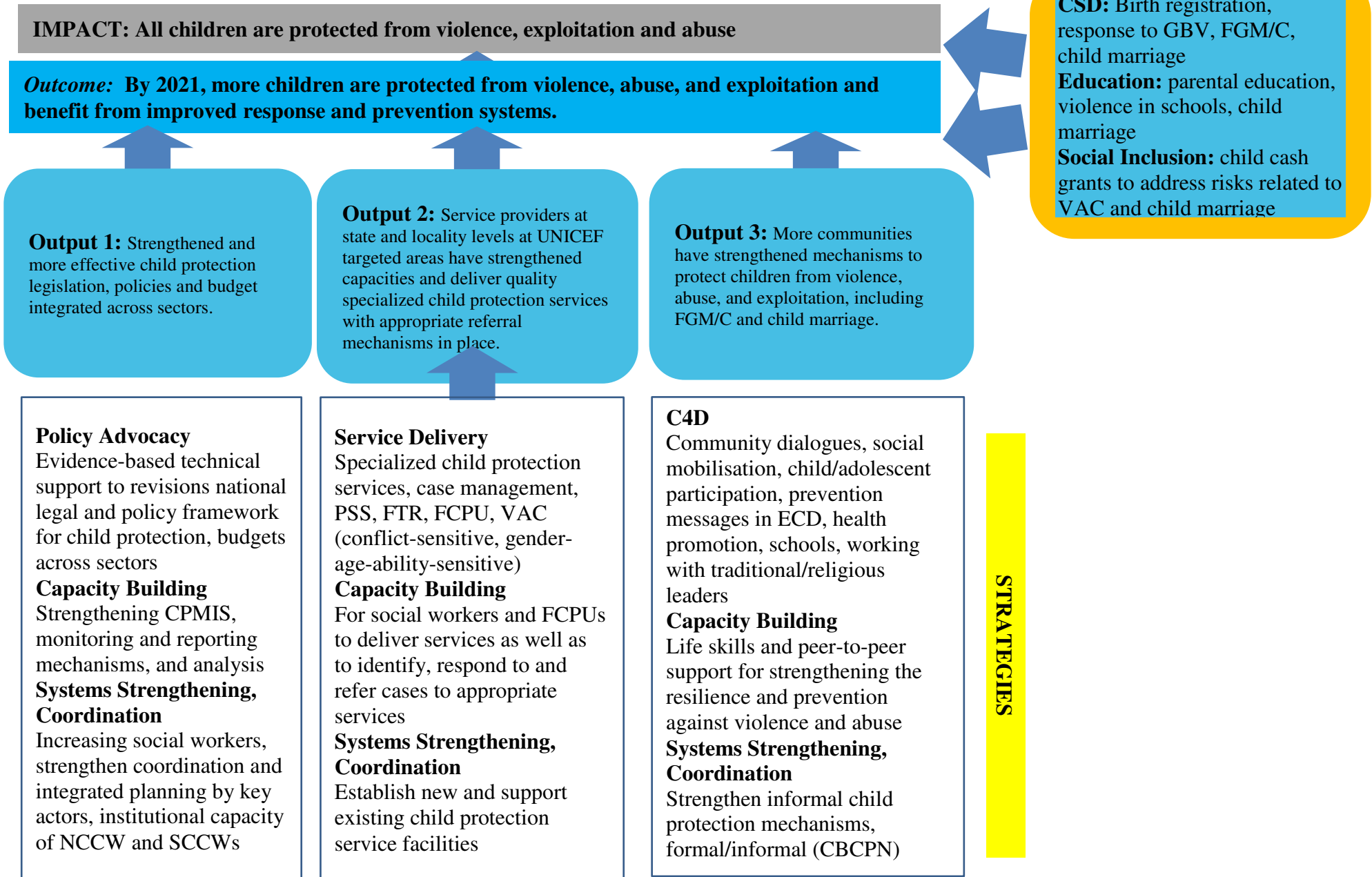
**Limited ability to detect fraud and corruption is another key risk for programme implementation.** As part of HACT financial procedures, partners will be micro-assessed and given risk ratings. Based on these ratings, UNICEF will carry out risk management activities including financial spot checks and field monitoring. Sudan has few low-risk implementing partners. Because of this, it is important that UNICEF ensures compliance with due diligence measures and scrutinises partners’ financial and audit statements and procurement processes.



# Annex 1: Theory of Change of Child Protection



## Annex 2: Results Structure – CHILD PROTECTION



## 8. POLICY, EVIDENCE & SOCIAL PROTECTION PROGRAMME STRATEGY

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### 8.1. Introduction

The overarching vision of the programme Policy, Evidence and Social Protection is to support Sudan's efforts to effectively address inequity, child poverty and deprivation at the national and state levels. The most disadvantaged and excluded children will be the key focus of the programme, including children and adolescents from the poorest families, children affected by climate change, natural hazards and conflict, internally displaced and refugee children as well as children living with disability.

UNICEF will mobilize large partnerships and support Government in order to develop Integrated Social Protection system with needed policies and evidence that can be scaled up nationally with the view to universal coverage, and inclusive programmes. The social protection system will contribute to reduce inequality and vulnerability of children by ensuring social transfer/including cash transfer; access to service delivery; social support and care services; and legislation and policy reform.

This programme component contributes to the UNDAF Outcome 3: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes as well as Outcome 5: By 2021, security and stabilization of communities affected by conflict are improved through utilization of effective conflict management mechanisms, peace dividends and support to peace infrastructures and durable solutions that augment peaceful coexistence and social cohesion.

The programme will contribute to the Poverty Reduction Strategy Paper, which is currently under development, as well as sectoral plans and strategies. It will contribute to SDG 1 (1.1, 1.2, 1.3, 1.5), as well as SDG 10 (10.2, 10.7).

The 'whole child approach' that integrates all phases of the child's life cycle will be central to the programme. Evidence generation, child-sensitive budgeting, public financing and policy advocacy and child participation will be supported for all stages of the lifecycle of the child, starting from investment in early childhood development (ECD) to adolescent and youth-related policies.

As a cross-cutting strategy, timely and updated evidence will be generated and collated, and national and regional information systems strengthened to ensure adequate monitoring of the situation of children and inform policies, including those in support of the achievement of the SDG targets.

The Social Inclusion component is closely linked to, and will support, other components of the Country Programme. Improvement of living standards of children through effective social protection policies will naturally contribute to improvements in the realization of the rights to education, child protection and health. In addition, the Social Inclusion component will support other programmes to identify space for leveraging national budget resources. It will promote and undertake costing exercises of sectoral policies in areas like justice for children, preschool, and the de-institutionalization of children, and contribute to increased, well-monitored public expenditure for children. At the decentralized level, the programme will reinforce the capacity of local authorities in promoting and carrying out participatory policy and programme planning.

At the national level, the Social Inclusion programme component will work in partnership with the key members of the Social Protection Working Group (World Bank, IMF, UNDP, AfDB, European Union, Islamic Development Bank), members of the inter-agency cash transfer working group (UNICEF, WFP, OCHA, UNHCR, IOM), the Ministry of Social Welfare, the Ministry of Finance and Economic Planning, Ministry of International Cooperation, Central Bureau of Statistics, the National Council of Child Welfare, the National Council of Strategic Planning, the National Chamber of Governance and Decentralization, and decentralized institutions (the State Governors and State Ministries of Finance), as well as with the sectoral line ministries. Civil society organizations, youth groups, academic institutions and media will also be engaged.

## 8.2. Situation analysis and prioritisation

### Child poverty and multi-deprivation situation in Sudan

According to the child poverty and equality study completed in 2016<sup>86</sup>, 52.8 per cent of children are affected by child monetary poverty. This is higher than the percentage of adults (40.4 per cent) and all household members (46.5 per cent). Children living in rural areas (63 per cent) are twice as likely to be affected by child monetary poverty than children from urban areas (31.8 per cent). The incidence of child multi-dimensional poverty is very high in Sudan: 75 per cent of children aged 5-17 years old experience multiple deprivations (at least two deprivations of child rights). Nearly a quarter (22.3 per cent) experience overlapping deprivations in nutrition, health and access to safe water. The national average masks regional disparities. A quarter of children experience multiple deprivations in the Northern State compared to over 95 per cent in East Darfur. Disparities are also stark between poor and non-poor children, and those living in households headed by females compared to those headed by males (in which children are facing the highest deprivations). The main determinants of child multidimensional poverty and inequality are related to:

- Limited evidence on disaggregated multi-dimensional child poverty and children's vulnerability;
- Absence of child-centered budget analysis for better prioritization of investments for children;
- The lack of effective enforcement of national policies and strategies that prioritize children;
- Insufficient public financing of basic services for children at national, state and locality levels;
- Inadequate National Social Protection Framework and systems in addressing both the humanitarian needs and resilience of families for sustaining gains for children;
- Lack of national and state capacities in results-based planning, child friendly budgeting and management.
- Lack of evidence-based engagement of communities for local governance and social change in favour of child rights;

Five years on from the secession of South Sudan in 2011, Sudan's economic crisis has grown more acute due to the country's financial isolation, high levels of debt (US\$45 billion), budget deficits as well as high and volatile inflation. In spite of the fragile macro-economic situation, in 2016, Sudan reached Lower Middle-Income Country status, implying an increased need for the Government to use its own resources to invest in, and deliver, social services. Sudan's pro-poor spending has increased from 4.6 per cent of the GDP in 2012 (budgetary and non-budgetary) to 5.4 per cent in 2014<sup>87</sup>, and from 32 per cent of public expenditure to over 45 per cent during the same period. In spite of this increase, the quality of such spending has been poor, with the budget allocated

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<sup>86</sup> Central Bureau of Statistics and UNICEF (2017): "Child Poverty and Inequality in Sudan", UNICEF, Khartoum, February 2017).

<sup>87</sup> World Bank: "Sudan, State-level Public Expenditure Review, Meeting the Challenges of Poverty Reduction and Basic Service Delivery", Poverty Reduction and Economic Management Unit Africa Region, the World Bank, Report No. ACS880,3 May 2014

predominantly to recurrent costs. The increase in social spending has not translated into a more balanced distribution of resources by the Government to address inequality across states and reduce poverty gaps. The weaknesses in public service provision in Sudan stem from poor prioritization of spending and an inadequate focus on results.

There are many factors that account for persistent poverty in the country, including the long civil conflicts that have diverted resources away from development; impaired social capital and governance; and destroyed human and physical capital. Additional factors include the lack of durable peace and security that dissuaded households and firms from making investments in the future; the urban bias of development policies and programmes in the past, which neglected the rural areas, and protracted displacements that have given rise to congested camps, some of which have effectively become poor urban/peri-urban slums.

The near absence of inclusive public institutions that adequately share resources between federal and state levels has been an underlying source of fragility and conflict in Sudan. On the other hand, Sudan has been driving political and fiscal decentralization to transition the responsibility for basic service delivery to the subnational, state level. Greater transparency and accountability are required for equitable allocation and management of resources. Such transformation can only be achieved through more civic and community participation in decision making.

The 2016 Humanitarian Response Plan for Sudan targets 4.6 million people out of the 5.8 million in need. They have been affected by new displacements (including refugees from South Sudan), new conflicts, malnutrition and food insecurity. UNICEF's cross-cutting strategic objective is to strengthen self-reliance and facilitate durable solutions for conflict-affected people. This represents a shift from short-term humanitarian assistance to an approach that puts livelihoods, strengthening of community resilience, partnerships and social cohesion at the centre of programming. Households and communities throughout Sudan are exposed to a wide variety of risks and shocks, which can cause and be exacerbated by poverty and vulnerability. At the community level, these shocks are predominantly cyclical (e.g., droughts, floods) or protracted (e.g., displacement, conflict). Both community and household-level risks can be aggravated by marginalization and social or economic exclusion. The vulnerability of populations in Sudan is influenced at the macro-level by both risk exposure, and the capacity to anticipate and cope with shocks and stresses. Such capacity is determined by formal and informal mechanisms, such as the quality of early warning systems, the strength of social support networks, access to credit, and the existence of strong and predictable social safety nets. At the micro level, communities and households are influenced in their capacity to absorb, react to and overcome shocks by individual internal strength, provision of psychosocial support and community social linkages.

Equal access to quality basic services in Sudan remains a big challenge, especially given the high out-of-pocket expenses and high poverty rates. The government's capacity to provide basic services remains weak and ongoing conflicts have hampered investment in basic infrastructure in many states. MICS 2014 findings revealed that social indicators are worst in conflict-affected areas in comparison to non-conflict-affected areas regarding child survival, learning and protection.<sup>88</sup>

Social protection in Sudan is classified under social development and includes limited central government contributions to pension and social security funds, as well as social subsidies that directly benefit the poor, including subsidizing electricity, free medication in emergencies, and free medicine for kidney dialysis and heart disease, as well as some direct support for poor students.<sup>89</sup>

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<sup>88</sup> ['MICS 2014 Final Report', 2015.](#)

<sup>89</sup> Ali, Hisham Mohamed Hassan, 'Social Protection and Economic Growth in the Sudan: Trends and Perspectives', University of Khartoum, March 2011.

An important and primary social protection mechanism in Sudan is Zakat led by Government, an Islamic measure for wealth distribution and the building of productive capabilities. The Zakat contribution as a proportion of government pro-poor spending was around 1.4 per cent of the total pro-poor expenditure in 2008, mainly due to an increase in the absolute value of government pro-poor spending.<sup>90</sup> The World Bank estimates the percentage of the government's share in social protection and safety net interventions at 27 per cent (excluding subsidies), with the remaining percentage provided by donors and NGOs.<sup>91</sup>

The coverage of the social protection system in Sudan is still limited as it focuses on formal workers in the public and private sector only. The challenge here is the extension of coverage to include workers in the informal economy, who comprise about two thirds of the workforce<sup>92</sup>. The social security system in Sudan covers five elements, including aging, death, health insurance, occupational diseases and work-related injuries and disability. Therefore, there are four components that are still outside the coverage of the social security system in Sudan. These include: unemployment, social assistance, family allowances and maternity leave.

The absence of a clear policy of social protection is a key impediment to the improvement of the social protection system in Sudan. While there are several governmental and non-governmental bodies that play different roles within the social protection system, they remain uncoordinated and information is scarce. The social protection system suffers from limited financial resources, especially in light of tremendous pressures on government spending to offset the costs of dealing with armed conflicts, as well as the decline in revenue since the secession and the decline in foreign aid resulting from economic sanctions. There are no reliable figures for remittances sent to Sudan; estimates vary from a US\$0.5 billion to US\$3 billion. It is estimated that about half of these remittances benefit poor families.<sup>93</sup> Even at the lowest estimate, remittances constitute perhaps the most important social safety net for the families who receive them.

Low government expenditure on the social sector represent a critical bottleneck in scaling up coverage of basic services and ensuring greater impact vis-à-vis the SDGs. Families and communities cover the bulk of the costs of accessing and using basic services, a fact that creates inequalities. Sudan spends 1.3 per cent of gross domestic product (GDP) and about 11 per cent of total public expenditure on education, of which recurrent costs account for 85 per cent of expenditure on general education, mostly on wages and salaries, which leaves only 15 per cent for development spending to improve quantity and quality of education services. In terms of budget allocation, 98 per cent of government spending on general education occurs at the state and locality levels<sup>94</sup>. Although the government has a policy of free basic education, families are covering most of the costs of schooling, ranging from 78 per cent for pre-school, 66 per cent for basic school and 52 per cent for secondary education. Furthermore, household contribution to recurrent education financing is 1.6 per cent of GDP while that of government is 1 per cent.<sup>95</sup> For the poorest households, out-of-pocket education spending poses a real barrier to education, and even more so when a family has many children, with implications for student attendance and dropouts.<sup>96</sup>

The WASH sector has suffered from a lack of Government capital investment to construct new water

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<sup>90</sup> Government of Sudan, National Population Council, 'Sudan Millennium Development Goals Progress Report', Khartoum, 2010.

<sup>91</sup> Social Protection and Safety Nets in Sudan, Abdulgadir Turkawi, Dec 2015.

<sup>92</sup> Abdulgadir Turkawi, Institute of Development Studies, Centre for Social protection, WFP (2015): "Social Protection and Safety Nets in Sudan", WFP, Khartoum in Sudan, December 2015.

<sup>93</sup> Ibid.

<sup>94</sup> Sudan cost and financing of General Education 2012 – 2015, January 2017

<sup>95</sup> Ibid

<sup>96</sup> Sudan IPRSP (2012-2014) Status Report, Sudan Ministry Finance & World Bank, 16 May 2016

points and sanitation facilities. International aid and community participation represent the main financing sources for WASH interventions in communities. Following persistent public advocacy, in 2016, the Government allocated nearly US\$1.5 million specifically for sanitation promotion at national and state levels. There is limited awareness among decision makers about the severe health and economic implications of poor access to improved sanitation. The Ministry of Finance and National Economy with support from the Ministry of Health has pledged to progressively increase the budgetary allocation for sanitation from 0.01 per cent of GDP in 2014 to 0.05 per cent of GDP in 2018. There was not any increase, however, in the allocation in 2016. Decisions on finances are made by the Governor at state level and the Commissioner at locality level, however, frequent staff changes result in commitments not always be sustained.

Only about 10 per cent of the Sudan health sector costs come from Government funds, well below the 15 per cent target set in the Abuja Declaration. Some 64 per cent of health system funding comes from private sources, mainly household out-of-pocket costs, and the remaining gap is filled by external aid. The bulk of the limited public funding is allocated to public hospitals and substantial costs of administration, which leaves less than 20 per cent of public health funds for primary health care services and public health programmes.<sup>97</sup> The poorest quintile of the population are beneficiaries of only 13 per cent of government spending on health as opposed to 26 per cent for the richest quintile.<sup>98</sup>

### **UNICEF's experience and comparative advantage**

During the current cycle of the country programme, UNICEF has built solid partnerships with government ministries, the Central Bureau of Statistics, academic institutions, the World Bank, UN agencies and civil society which have enabled UNICEF to generate sound evidence that for advocacy to influence public financing. In a very complex political and aid environment, UNICEF has played an instrumental role in leveraging partnerships and continuous investments for combatting children malnutrition through the evidence-based and costed Nutrition Investment Case that was officially launched by the Government in 2015.

The generation of sound knowledge from MICS 2014 and an in-depth study on FGM/C have contributed to increased awareness and enabled new strategic directions for addressing critical issues faced by children in Sudan. In 2017, UNICEF completed the first Child Poverty Study in Sudan and also the costing and financing of the education sector 2012-2015. Both included innovative economic policy options that will serve as critical advocacy tools in building the Humanitarian-Peace-Development Nexus.

UNICEF's presence in 13 of Sudan's 18 states, and its efficient and effective service delivery to vulnerable children has increased its credibility. This has facilitated upstream work by UNICEF Chiefs of Field Offices to leverage state government financial contributions to the construction, functionality and maintenance of basic services. UNICEF has also provided technical and financial support to State Ministries of Finance to develop and publish Economic and Social profiles, which are key advocacy tools for decentralization.

UNICEF will build on its comparative advantages in order strengthen national and sub-national capacities on child-centred budget analysis, child-friendly budget planning and monitoring of public expenditure on social sectors.

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<sup>97</sup> National Health Sector Strategic Plan (2012-2016), July 2013

<sup>98</sup> Health System Financing Review Report, Ministry of Health, May 2014

## Prioritised child poverty deprivations and issues

The analysis of the situation in Sudan highlights that **three-quarters (74.7%) of children in Sudan experience at least two deprivations of child rights, and over one half are living in poverty.** UNICEF has the reputation, experience and partnerships in Sudan needed to generate evidence and advocate and model multi-sectoral approaches to reducing poverty and deprivations

### 8.3. Theory of Change

The long-term vision for Sudan is the achievement of SDG1 and SDG 10 (equity agenda) and other SDGs for children. The Theory of Change of the Policy, Evidence and Social Protection programme component describes the change pathway to move:

- From the current manifestation of deprivation where at least **10 million children under-five are facing inequitable high incidence of child multi-dimensional poverty and vulnerability;**
- To the desired state, where ***by 2021, more children in Sudan survive and thrive.***

The desired state mentioned above will be achieved:

- ***If*** there is increased and more efficient public expenditures for scaling up the coverage of social services and sustaining gains in favour of children, ***and***
- ***If*** the poorest and most vulnerable children benefit of improved quality services in health, nutrition, education, water, sanitation and child protection, ***and***
- ***If*** households living in extreme poverty and vulnerability have improved financial and resilient capabilities to overcome child deprivations.

Additional details of the pathways of the theory of change are as follow:

- ***If*** partnerships are in place for policy advocacy for sufficient and efficient government expenditure in favour of children are in place and effective; ***and***
- ***If*** data about the most disadvantaged children and family is available; ***and***
- ***If*** evidence on budget allocation and public expenditures for children are available; ***and***
- ***If*** key stakeholders and decision-makers in relevant sectors have understood the importance and have the will and capacity to budget and plan for child-friendly basic services; ***and***
- ***If*** there is sufficient fiscal space and political will to prioritize and allocate budget for social spending;

**Then** enhanced quality equity-focused multi-sector programmes and projects are developed and funded at federal and state levels;

- ***If*** Government's capacities are enhanced to design and implement social protection systems at federal, state and locality levels; ***and***
- ***If*** Social Protection systems (including cash transfer programme) are in place reaching the most disadvantaged and vulnerable children; ***and***



- *If* more public expenditures are invested by Government and donors for scaling up the coverage of social services and sustaining gains in favour of children; *and*
- *If* households living in extreme poverty and vulnerability have improved financial and resilient capabilities to overcome child deprivations;

**Then** more of the poorest and most vulnerable children will use improved quality services in health, nutrition, water and sanitation, education and child protection;

**Then: By 2021, more disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social protection system.**

**Then: In the long term, multi-dimensional child poverty and inequality is reduced in Sudan.**

This change will be achieved through two outputs that correspond to the priorities identified above:

- i) National and sub-national government partners have strengthened capacities for evidence-based, child-centered policy formulation, planning and budgeting;
- ii) The national and sub-government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to the most vulnerable children and their families.

- **Multi-pronged strategies** will be employed including (a) evidence generation; (b) evidence-based policy dialogue and advocacy and development of adequate policy & legal reforms and their effective enforcement; (c) institutional and capacity building; (d) partnerships and alliances; (e) communication for development to support individual and social change; (f) social mobilization.
- **Key assumptions** are that national partners will be receptive to the multi-dimensional child poverty concept; national surveys and data collection is done as scheduled to contribute to the analysis; communities, families and children are ready and open to social change; independent civil organizations and civic movements continue to have a presence; and the decentralization process will continue.
- **Risks** that could compromise UNICEF's aims include political instability, economic setbacks, shifts in donor and stakeholder priorities, restrictions of access to information on budget for child friendly budget analysis, and lack of political will. Conflict and natural hazards could impact access, as well as divert government attention away from social inclusion or protection.

#### **8.4. UNICEF Programme Strategic Framework**

Based on an analysis of the theory of change and the specific value added by UNICEF, the programme will focus on generation of evidence, strengthening the capacities of national and state level government agencies to analyse and use evidence and data for planning, and ensure adequate budget allocation and efficient financial disbursements for capital investment in health, nutrition, water and sanitations, education and social protection.

UNICEF's technical and financial collaboration with the Government and other key stakeholders aims to contribute to ensuring that social policies and programmes, including public financing and social protection systems, are evidence-based and are strengthened to ensure social inclusion of vulnerable children and their equitable access to basic social services.

Key strategic direction of interventions will focus on:

- i) Development of legislation and policy reforms for adequate public financing and child rights;
- ii) Development of an Integrated Social Protection pilot system with needed policies, evidence to help establish systems that can be replicated;
- iii) Generation of sound evidence for public advocacy;
- iv) Advocacy for scaling up nationally innovative high impact social protection system with the view to universal coverage of social transfer/including cash transfer; access to service delivery; social support and care services, and inclusive programmes that will contribute to reduce inequality and vulnerability of children by ensuring.

This programme component will contribute to the realization of other outcomes by generating evidence, advocacy and policy dialogue at a cross-sectoral level, through a holistic approach to policy development, advocacy and social budgeting.

## **Results Framework**

**Outcome: By 2021, disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social protection system.**

UNICEF will contribute to the achievement of the outcome through two outputs:

**Output 1:** National and subnational government partners have strengthened capacities for evidence-informed child-centred policy formulation, planning and budgeting

**Output 2:** National and sub-national government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and families in the most vulnerable situations.

**OUTPUT 1: National and subnational government partners have strengthened capacities for evidence-informed, child-centred policy formulation, planning and budgeting.**

Despite the restoration of economic growth in Sudan, the fourth largest economy in sub-Saharan Africa, the level of government capital investment in social sectors still very low in comparison to global and regional commitments. Government expenditure on social sectors is mostly dedicated to operational costs. Lack of knowledge of the practice of child-focused public expenditures is a major gap for influencing government financial contributions to programmes.

During the country programme, UNICEF will strengthen its partnerships with the World Bank, IMF, UNDP, DFID, the EU and the Ministry of Finance, in order to generate sound knowledge that will inform consistent policy advocacy for the Government to prioritize budget allocation for social sectors, in line with its previous commitments to 15 per cent of budget allocation to health and 20 per cent for education. Evidence-based policy briefing papers will be developed to support UNICEF and UN delivery of key strategic messages to high-level policy makers in Sudan both in the parliament and government. The probable lifting of US economic sanctions and the return of peace will be catalytic to the reduction of government expenditures on security in favour of children.

The key strategies to be employed are:

- **Evidence generation:** Ensure the availability of sound analytical evidence on public expenditures, child poverty and vulnerabilities that will be used for public policy and financing. UNICEF will continue its partnership with the Central Bureau of Statistics (CBS), the University of Khartoum, World Bank, UN agencies and bilateral partners to measure child income poverty and child multi-dimensional poverty. UNICEF will advocate for the introduction of regular measurement and analysis of child multi-dimensional poverty into the national statistical system. Capacity of the CBS and the Poverty Unit at the Ministry of Social Security and Welfare will be strengthened to perform the Multiple Overlapping Deprivation Analysis (MODA) for SDG 1 monitoring and also to ensure regular monitoring and analysis of social and economic indicators in assessing the impact of social budgeting on children. UNICEF will also support household surveys, budget analyses and operational research to provide new evidence to support planning, policy development and decision-making. UNICEF will also support the completion of studies related to the costing and financing of sectors (health, WASH and child protection).
- **Capacity building:** UNICEF, together with partners, will strengthen data collection, information management systems and knowledge sharing platforms that will enhance the effective utilization of evidence generated for advocacy, leverage partnerships and resources and improve strategies to better target the most vulnerable families and children. UNICEF, together with sectorial partners, will strengthen the capacity of the Ministry of Economy and Finance at the federal and state levels in budget planning, monitoring and analysis to provide information on the patterns of budget allocation and expenditure and assess whether they are equitable, child-sensitive and inclusive.
- **Policy advocacy:** UNICEF will provide technical and financial support to sector line ministries to develop child-equity focused policies and strategic plans and Mid-Term Expenditure Frameworks (MTEF) which clearly outline results, coordinate partnerships and assign accountability. UNICEF will engage key decision-makers who influence budget formulations, in order to raise their awareness of the economic and social benefits of investing in children. UNICEF's policy briefings and costed investment cases will serve as key advocacy tools for the Government, as well as donors and the private sector. UNICEF will also engage with civil society and children to increase their awareness and participation in the budget process to strengthen its transparency as well as to influence more equity-focused budgeting that favors the social sectors.

**Assumptions:**

- Continued partnerships with key institutions that produce data and statistics
- Continued progress in decentralization reform
- Commitment and interest of national and sub-national partners in monitoring child poverty indicators

**Risks:**

- Weak coordination among data producers
- Weak investment in data/information management at the federal and decentralized levels

**OUTPUT 2: National and sub-national government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and families in the most vulnerable situations.**

Lessons learned from previous cycles of the country programme have confirmed the limitations of supply-focused programming and service delivery. This approach makes the poorest and most vulnerable families dependent on assistance, without sustainable gains in access and use of basic services. UNICEF has decided to respond to this by introducing cash-based programming into the 2018-2021 country programme. This will enhance the resilience of families and help break the cycle of fragility and inter-generational poverty in the most disadvantaged communities.

Main strategies to achieve the output and its targets will be:

- **Policy advocacy:** Based on the evidence on multi-dimensional child poverty as well as reviews and evaluations that demonstrate the efficacy of social protection initiatives, including documentation of pilot initiatives such as the Child Cash Grant, UNICEF will partner with key actors and partners (WFP, WHO, World Bank, UNDP, UNHCR, IOM) in advocating for Government policies that create a stronger safety net. UNICEF and partners will also support child-focused vulnerability assessments as well as socio-economic and market analyses that build the evidence base of social protection.
- **Expand and facilitate coordination and inter-sectoral partnerships for strengthening social protection systems:** Given the cross-sectoral and convergent nature of social protection interventions, UNICEF will facilitate policy dialogue and coordination among key sectoral stakeholders in nutrition, education, health, WASH and child protection. This will include identification, prioritization and targeting of vulnerable populations for social protection programmes, development of protocols for referral to basic services and social protection schemes, and evaluating the effectiveness of such programmes. UNICEF will also engage the Zakat Fund, the Islamic Bank and the Qatar Fund to ensure that social transfer programmes focus on children.
- **Capacity building:** UNICEF will build on World Bank support to the Ministry of Social Security and Development to establish an integrated management information system and a targeting system for its safety net programme. UNICEF will advocate for inclusive and equitable outcomes for children in the programme, by ensuring that data collected and targeting criteria considers variables relevant to children's wellbeing. UNICEF will provide technical and financial contributions to the Ministry of Welfare and Social Security for the finalization and adoption of the Sudan National Social Policy Document. This policy will provide a framework for better coordinating complementary social protection partnerships and interventions in Sudan.
- **Modeling and generating evidence on what works:** UNICEF will support the pilot and scale up of cash transfer schemes aimed at strengthening the resilience of the most deprived and disadvantaged communities, families and children, focusing on refugees and internally displaced persons. Its initial target is 20,000 of the most vulnerable children. Two schemes will be implemented in partnership with WFP and UNHCR as well as state-level sectoral partners: 1) WASH vouchers to ensure equitable and sustainable access to safe drinking water and appropriate management and maintenance of WASH facilities; 2) Multi-purpose unconditional cash transfers for internally displaced persons and refugees to address the basic needs of their children and prevent negative coping strategies.

**Assumptions:**

- A functioning market and availability of products and services in the area of intervention;
- Traders willing to participate in a voucher programme, who have the financial capacity to purchase goods and the logistical capacity to transport them into the region;

- A functioning, secure and reliable system through which payments can be made to traders (voucher programmes) and/or recipients, e.g. direct cash, smart card, bank/post
- Availability of a reliable recipient identification system
- Availability of implementation capacity and political acceptance
- Acceptable security levels

**Risks:**

- Risk of inflation if the supply is not able to meet demand (cash transfers increase purchasing power and demand), causing harm to affected people and other community members who use the market.
- Wide use of vouchers and cash transfers may increase the risk of fraud and corruption. Such risks are linked to the level of transparency in reporting, and in financial and accounting procedures
- Cash and voucher programmes may increase the risk of inter-household or inter-group tensions, for example between internally displaced/refugee and host communities, including traders. They could also increase household disagreements over the use of resources. In this respect, well-designed eligibility criteria and community-based targeting and awareness campaigns about eligibility should be considered in the design of the programmes.
- Inappropriate targeting due to unavailability or inaccuracy of information, leading to errors in terms of who is included and excluded from the programmes. In this case, rigorous vulnerability assessments and support to strengthening existing safety net targeting mechanisms ensure more equitable results.

**Measurement Framework**

<b>Sustainable Development Goals:</b>			
<ul style="list-style-type: none"> <li>•SDG 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions;</li> <li>• SDG 1.3 : By 2030, implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable;</li> <li>• SDG 1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters;</li> <li>• SDG 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status; SDG 13.2: Integrate climate change measures into national policies, strategies and planning</li> <li>• SDG 17.2: Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection;</li> <li>• SDG 17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts</li> </ul>			
<b>Government of Sudan priorities:</b>			
<ul style="list-style-type: none"> <li>• The 25 Years National Strategy 2007-2031: Continue to build a Unified, Secured, Civilized, Advanced and Progressive Sudanese Nation</li> </ul>			
<b>UNDAF:</b> 1. Economic Development and Poverty Reduction; 2. Environment, Climate Resilience and Disaster Risk Management; 3. Basic Social Services			
<b>UNICEF Strategic Plan 2018-2022:</b> Goal Area 4: Equity - A fair chance for all children			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>MoV</b>
<b>Outcome:</b> By 2021, disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social- protection system.			

Number of children covered by social protection systems	500,000 (2016)	1000,000 (2021)	Implementing partners' reports, cash transfer database, programme reviews
Existence of two new Government-approved national surveys with reliable and disaggregated data on the situation of children.	No	Yes - S3M (2017-2018) and MICS 2019	MICS and S3M survey reports
Public expenditure for children by sector:	Education: 11.3% (2016) Health: 10% government contribution (2015) Sanitation: 0.01% of gross domestic product (GDP) (2014) Social welfare: 0.5% of GDP (2012)	Education: 5% increase Health: 15% (Abuja target) Sanitation: >0.05% of GDP Social welfare: >0.5 %	Ministry of Finance and Economy, line ministry budget reports, social budget analysis reports
<b>Output 1:</b> National and subnational government partners have strengthened capacities for evidence-informed child-centered policy formulation, planning and budgeting.			
<b>Key Partners:</b> Federal and State line ministries, Ministry of Finance, NGOs, Zakat Fund, private sector, UN agencies, World Bank, Central Bureau of Statistics			
Annual Analysis of Child-Sensitive Budget and Child focus Public Expenditure Review available for the four main sectors (Education, Health & Nutrition, WASH and Child protection sectors)	Available for Education (2016)	Available for the four sectors (annually for one sector)	Annual Child-Sensitive Budget Analysis Published Report
Government budget allocations to social sector programmes as percentage of total government budget allocations	TBD	TBD	Ministry of Finance and Economy, Line Ministry budget reports, Social budget analyses Reports
Number of key Government staff with strengthened skills on child friendly Budgeting	0 (2016)	20000%	Training reports; programme reviews
Percentage of planned research and studies from IMEP which are completed on time and uploaded in Geros	70% (2016)	90%	Programme reviews, published reports
<b>Output 2:</b> National and sub-national government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and families in the most-vulnerable situations.			
<b>Key Partners:</b> Federal and State line ministries, Ministry of Finance, NGOs, Zakat Fund, private sector, UN agencies, World Bank, Central Bureau of Statistics			
Number of children from poorest and vulnerable families benefiting of UNICEF-supported social child cash grant transfers	0	20,000 children	Implementing partners' reports, cash transfer database, programme reviews

Existence of valid national social protection strategy and/or policy that addresses children's needs	No	Yes	Programme review Published National Social Protection Policy Document
Availability of an updated and functional information management system to follow-up and monitor the social protection delivery	No	Yes	Programme reviews, information products and maps; published Reports

## 8.5. Monitoring Outputs and Demonstrating UNICEF's contribution to Outcomes

UNICEF's contribution to the outcome-level result will be monitored and measured through thematic analyses on child poverty and social budgeting, conducted as part of the programme. Child poverty data will be monitored through the Central Bureau of Statistics (CBS) and the Ministry of Social Security and Development, while the budget data will be monitored through the Ministry of Finance and Economy (MFE) as well as the sectoral ministries.

UNICEF will support the CBS and the MFE to produce measures of multidimensional poverty for children, using National Multiple Overlapping Deprivation Analysis (N-MODA). This data will also contribute to national reporting for the SDGs 1 and 10.

UNICEF will work closely with social protection partners (UNHCR, World Bank, UNDP, WFP and IOM) for the mapping of child-focused social interventions and the updated registry of vulnerable families and children for targeting in social protection (notably cash transfer) programmes. Vulnerability assessments as well as market assessments will be conducted jointly with partners, while registration data for IDPs and refugees will be obtained from UNHCR, IOM and the Humanitarian Aid Commission (HAC).

UNICEF will continue to strengthen its programme performance, by ensuring regular monitoring of interventions, including third party partners in hard-to-reach areas. To strengthen its accountability to affected populations, UNICEF will also ensure participation and feedback from beneficiaries on their needs and the quality of services provided. Regular monitoring will be conducted using mobile phones or Personal Digital Assistants to ensure rapid transfer of data. UNICEF will use this feedback to address bottlenecks immediately.

UNICEF will support the development and operationalization of web-based monitoring platforms using innovative KOBO software to track nutrition, health and WASH supply chains in order to reduce the risk of stock-outs of commodities and guarantee the continuum of use of basic services by children. Digital platforms such as the UNDP-supported 'Raik Shino' initiative will be used to promote adolescent participation and to gather as well as monitor their opinions and feedback in an interactive manner. For those with limited access to digital technology, focus group discussions as well as the adolescent 'citizen monitor' mechanism will be used to ensure their participation in the feedback.

UNICEF will leverage partnerships to support the Central Bureau of Statistics to undertake MICS6 in 2019 and Sudan S3M in 2020. UNICEF will also establish partnerships with academic institutions

to conduct both quantitative and qualitative research to better understand the causes of persistent issues like stunting, open defecation, FGM/C, child marriage and out-of-school children.

An evaluation is planned on the efficiency and effectiveness of the cash transfer programme in 2019 to inform learning as well as scale-up of the approach. Other studies and thematic evaluations will be completed as part of the costed evaluation plan and the IMEP for the 2018-2021 period.

## 8.6. Resource requirements

Required resources are estimated around US\$12,051,000 (US\$2,356,000 in RR and US\$9,695,000 in OR) for the duration of the programme. Main costs will be the MICS survey in 2019 (about US\$2.5 million against output 1), other evidence generation projects, the strengthening of social protection systems and capacity building activities.

UNICEF will develop strategies to leverage partnerships and resources for the social protection system, particularly the operationalization of a multi-purpose child cash grant for 20,000 vulnerable children, budgeted at US\$18 million.

UNICEF will leverage investments from UN agencies, bilateral and multilateral donors, and the Government to fund MICS 2019, building on its experience raising about US\$2 million in multi-donor funding for the MICS 2014.

Resources will be required to strengthen UNICEF Sudan's internal staffing capacity for social policy and social protection.

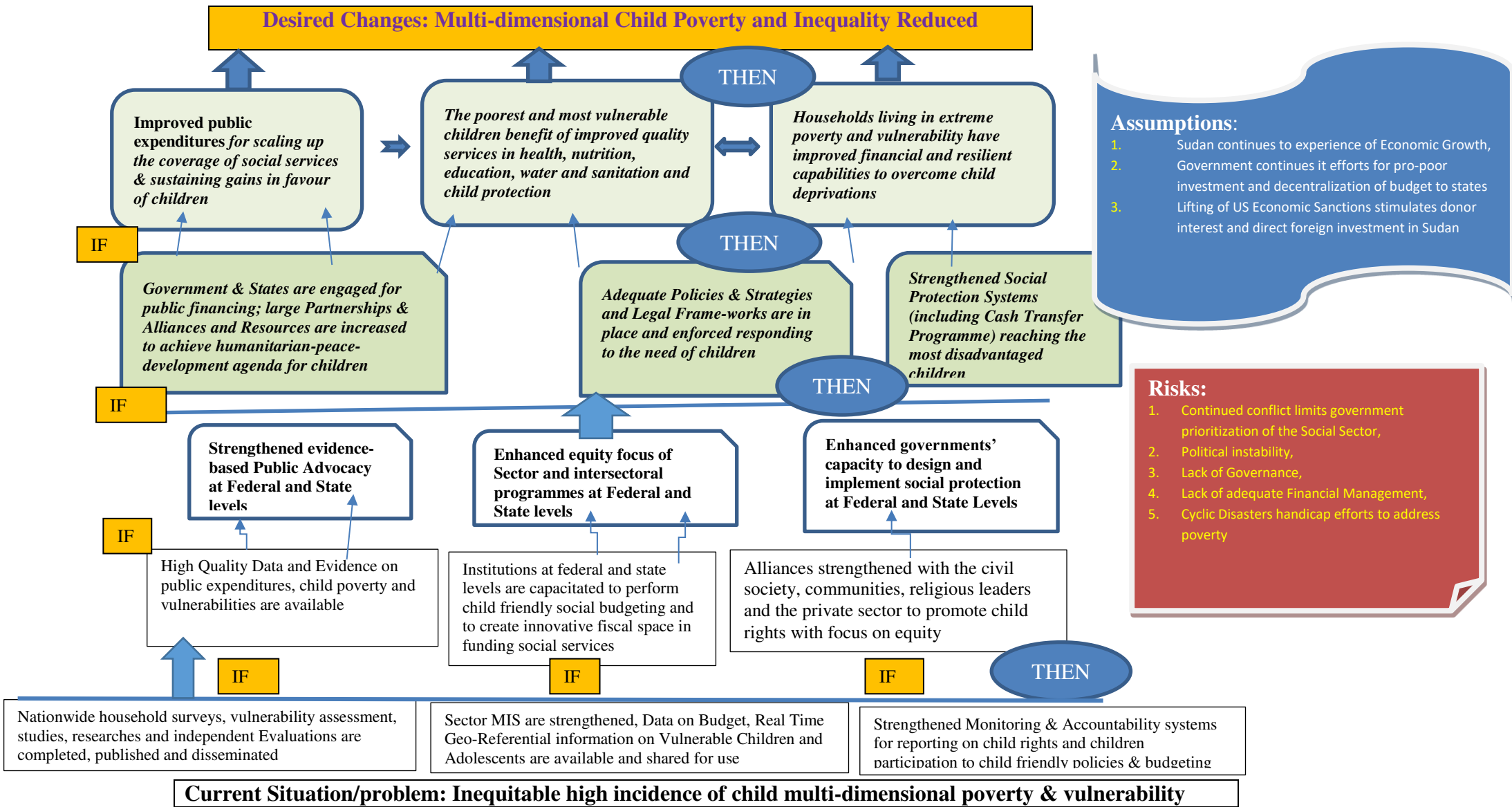
<b>OUTCOME: By 2021, disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social- protection system.</b>					
<b>Fund Category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
<b>Output 1. National and subnational government partners have strengthened capacities for evidence-informed child-centered policy formulation, planning and budgeting.</b>					
<b>RR</b>	500,000	500,000	500,000	500,000	2,000,000
<b>OR</b>	1,950,000	1,950,000	1,950,000	1,950,000	7,800,000
<b>Total</b>	2,450,000	2,450,000	2,450,000	2,450,000	9,800,000
<b>Output 2. National and sub-national government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and families in the most-vulnerable situations.</b>					
<b>RR</b>	89,000	89,000	89,000	89,000	356,000
<b>OR</b>	473,750	473,750	473,750	473,750	1,895,000
<b>Total</b>	562,750	562,750	562,750	562,750	2,251,000
<b>Outcome Total RR</b>	<b>589,000</b>	<b>589,000</b>	<b>589,000</b>	<b>589,000</b>	<b>2,356,000</b>
<b>Outcome Total OR</b>	<b>2,423,750</b>	<b>2,423,750</b>	<b>2,423,750</b>	<b>2,423,750</b>	<b>9,695,000</b>
<b>OUTCOME TOTAL</b>	<b>3,012,750</b>	<b>3,012,750</b>	<b>3,012,750</b>	<b>3,012,750</b>	<b>12,051,000</b>



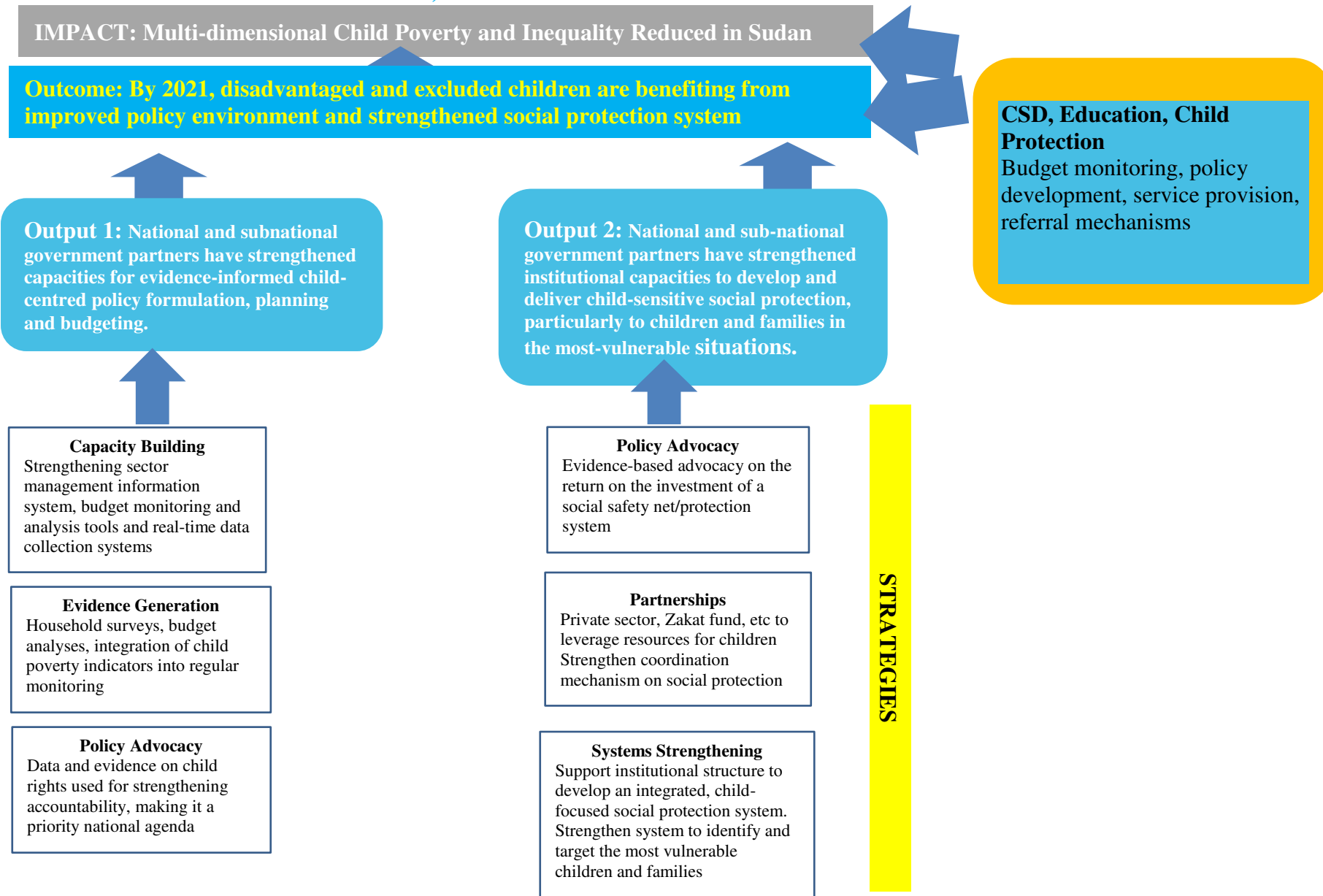
## 8.7. Identified Risks and Mitigation Measures

Potential Risks	Risk Mitigation Measures
Limited donor interest and funding for the Social Inclusion Programme	<ul style="list-style-type: none"> <li>- Integrate social inclusion systematically into donor proposals</li> <li>- Have clear advocacy products and resource mobilisation plans for the programme</li> <li>- Secure seed funding for the piloting of initiatives for accelerated resource mobilisation once evidence of effectiveness is available</li> </ul>
Weak commitment of stakeholders and low political will to move the social inclusion agenda forward	<ul style="list-style-type: none"> <li>- Form strategic partnerships to speak with one voice</li> <li>- Develop and implement advocacy plan for social inclusion</li> <li>- Strategic advocacy using high profile events, goodwill ambassadors and high level visits</li> </ul>
Political instability and economic crisis	<ul style="list-style-type: none"> <li>- Ensure adapted plan is in place for prioritisation of activities. For example, cash transfers should be put at the forefront in times of crises</li> <li>- Ensure technical-level counterparts who are likely to stay are engaged and their capacity developed</li> </ul>
Conflict and natural hazards undermine political will or prevent access by UNICEF and partners	<ul style="list-style-type: none"> <li>- Undertake a risk and conflict analysis to generate the evidence necessary</li> <li>- Increase recognition and inclusion of ways to strengthen social cohesion into social service delivery</li> <li>- Increase capacity of partners, duty bearers and beneficiaries responsible for the delivery and use of social services to contribute to strengthening social cohesion</li> </ul>
<ul style="list-style-type: none"> <li>- <i>See separate analysis and mitigation measures above for specific risks associated with cash transfer</i></li> </ul>	

# Annex 1: Theory of Change – Policy, Evidence, Social Protection



## Annex 2: Results Structure – POLICY, EVIDENCE & SOCIAL PROTECTION



## UNICEF SUDAN RESULTS AND RESOURCES FRAMEWORK 2018-2021

### Child Survival and Development

**Child Rights (CRC): Every child fulfills their right to child survival, development and protection**

**Sustainable Development Goals 2030:**

- SDG 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- SDG 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- SDG 6: “Ensure availability and sustainable management of water and sanitation for all”;
- SDG 11 on “Make cities and human settlements inclusive, safe, resilient and sustainable”, and
- SDG 13 on “Take urgent action to combat climate change and its impacts

**UNICEF STRATEGIC PLAN 2018-2021:** Goal Area 1: Every child survives and thrives; Goal Area 4: Equity – Every child has a fair chance in life; Goal Area 3: Every child is protected from violence and exploitation; Goal Area 2: Every child lives in a safe and clean environment;

**NATIONAL PRIORITIES HEALTH AND NUTRITION:**

- RMNCAH 2016-2020: Reduce under five mortality rate from 68 to 55 per 1,000 live births; reduce new born Mortality rate from 33 to 25 per 1,000 live births.
- NATIONAL NUTRITION STRATEGY 2014-2018: Reduce the Prevalence of stunting by 8%
- 2007-2031 Twenty-Five years National Strategy, developed by The National Council for Strategic Planning
- The draft WASH policy aims also at implementing the 25 Year Strategy 2007 -2031

**UNDAF OUTCOME Basic Social Services:** By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes

**IMPACT:** Under Five Mortality and Stunting are reduced in Sudan

Indicators, Baselines, and Targets						Indicative Resources (US\$)		
Expected Outcomes/Outputs	Outcome/Output Indicators	Baseline	Target	Means of verification	Key Partners	Regular Resources	Other Resources Regular	Total
<b>Outcome 1:</b> By 2021, more children under the age of 5 years and women of reproductive age utilize high-	Children < 1 year receiving measles-containing vaccine at the national level	60% (2014)	80% (first dose) (2021)	Multiple indicator cluster survey (MICS), coverage survey	Ministry of Health, (MoH), World Health Organization	12,535,000	62,444,000	74,979,000

impact, quality health and nutrition services.	Live births attended by skilled health personnel	77.5% (National 2014)	90% (National 2021)	MICS, Health Management Information System; (HMIS)	(WHO), World Food Programme (WFP), United Nations Population Fund (UNFPA), Global Fund, Gavi, the Vaccine Alliance			
	Proportion of newborns receiving postnatal care within two days of births at national level	0% (not yet in the national standards)	50% (2021)	MICS				
	Percentage of children 0-5 months old who are exclusively breastfed	55.4% national (2014)	70% (2021)	MICS; Simple spatial sampling method survey (S3M)				
<b>Output 1.1:</b> Government at national and subnational levels has strengthened capacities and develops evidence-based and equity, multi-sector focused policies, plans and budgets to improve health and nutrition services.	Number of DHSS targeted states in which barriers and bottlenecks related to child survival are monitored	2 (2016 Kassala, North Darfur State)	12 (2021)	Administrative data, monitoring data, DHIS-2	Federal and State Ministries of Health, WHO, GAVI, Global Fund	5,113,411	6,702,820	11,816,231
	Share of budget requirements for non-GAVI vaccines (measles, polio, tetanus toxoid, BCG) and related devices covered by the government	0% (2016)	100% (2021)	Government EPI specific budget monitoring				
	Availability of a costed national multi-sector nutrition implementation plan endorsed by all key line ministries with UNICEF support	No	Yes (end 2019)	SUN Annual report				
	A coordination structure for multisector actions on scaling up nutrition functional at national and subnational levels with UNICEF contribution	No	Yes (2021)	SUN Annual report				
<b>Output 1.2:</b> Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services.	Number of hard to reach communities in targeted localities with trained community workers to deliver community-based treatment of child illnesses	4,400 (44%)(2016)	6,000 (2021, 60%)	Administrative data IMCI database	Federal and State Ministries of Health; WHO; UNFPA	4,075,865	39,667,937	43,743,802
	Number of targeted localities reporting zero months without stock outs of ORS at the health facility level	TBC in 2017 based on new geographical priority localities	70% (TBC)	Administrative data DHIS-2				

	UNICEF-targeted children 6-59 months in humanitarian situations who are vaccinated against measles.	414,312 2016	833,326 (2021, 15% annual increase first dosage)	MoH HMIS				
	Number of children age 6-59 months receiving 2 annual does of Vitamin A in the reporting year	3,842,016 (2016)	3,993,591 (annual)	MoH HMIS				
	Number of pregnant women who receive iron and folic acid supplementation for at least 90+ days with UNICEF support in the reporting year	335,345 (2016)	400,000 (annual)	MoH HMIS				
<b>Output 1.3:</b> More severely malnourished children receive quality treatment with integrated water, sanitation and hygiene (WASH) and infant and young child feeding services.	Number of children (6-59 months) affected by severe acute malnutrition admitted into treatment	224,118 (2016)	250,000 (annual)	Community-based management of acute malnutrition database	Federal and State Ministries of Health	<b>767,269</b>	<b>10,371,609</b>	<b>11,138,878</b>
	Percentage of OTP centers that meet minimum standards for WASH.	486/1099 (2016, 44%)	824 (2021)	CMAM data base				
	Number of PHC facilities with zero stock out or RUTF	159 (2016, 14%)	Less than 50 (annual)	CMAM data base				
<b>Output 1.4:</b> Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.	Percentage of mothers and other care givers practicing at least six of the key family practices	0 (2015, planned 2017 85% for five key practices, Alshufa Initiative)	80% (TBC)	LQA MICS	Federal and State Ministries of Health, UNDP, Civil Society.	<b>2,578,454</b>	<b>5,701,633</b>	<b>8,280,087</b>
	Number of mothers/ care givers accessing Infant and Young Child Feeding counselling through UNICEF-assisted Mothers Support Groups	490,591 (2016)	1,300,000 (2021)	IYCF data base				
	Number of children under-five sleeping under LLINs in targeted states.	2,438,522 (2016, 41%)	4,460,711 (2021, 75%)	MIS/LLIN tracking system Malaria Indicator Survey				

	Percentage of children identified with severe acute malnutrition who are referred by a UNICEF-supported community health provider for treatment	0	100%	CMAM data base				
<b>Outcome 2:</b> By 2021, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices	Proportion of population having access to basic sanitation	33% (2014)	41% (2021)	MICS, Sudan national household surveys	MoH, Ministry of Water Resources, Irrigation and Electricity Ministry of Education (MoE), United Nations Office for Project Services, WHO, African Development Bank	5,373,000	26,761,000	32,134,000
	Proportion of the population practicing open defecation	29% (2014)	21% (2021)	MICS and Sudan national household surveys				
	Proportion of population using basic drinking water service	68 % (2014)	76% (2021)	MICS and Sudan national household surveys				
<b>Output 2.1:</b> More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices.	Number of people who gained access to basic sanitation services as a result of UNICEF direct support	288,227 (2016)	2,600,000 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system	Federal and State Ministries of Health; NGOs, UN agencies	549,200	10,704,400	11,253,600
	Number of communities certified free of open defecation as a result of UNICEF direct support	29 (2016)	600 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system				
	Percentage of UNICEF targeted population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system				

	Percentage of UNICEF-targeted population in humanitarian situations reached with messages on appropriate hygiene practices	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system				
<b>Output 2.2:</b> More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities.	Number of people accessing a basic sustainable drinking water source as a result of UNICEF direct support	108,339 (2016)	1,600,000 (2021)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system	Ministry of Water Resources, Irrigation and Electricity, State Water Corporations, NGOs, UN agencies	<b>686,500</b>	<b>13,059,500</b>	<b>13,746,000</b>
	Percentage of UNICEF targeted population in humanitarian situations who access and use safe drinking water	TBC (2016)	100%	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system				
<b>Output 2.3:</b> WASH sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services	Number of monitoring systems reporting on equity of access to WASH services.	0 (2016)	13 (2021) (national and 12 states)	WASH Information Systems, Sector reviews, UNICEF monthly monitoring system	Federal and State Ministries of Health; Ministry of Water Resources, Irrigation and Electricity, State Water corporations, NGOs, UN agencies	<b>4,137,300</b>	<b>2,997,100</b>	<b>7,134,400</b>
	Number of functioning sector coordination mechanism for water, sanitation and hygiene	13 (2016) (national and 12 states)	13 (2016) (national and 12 states)	WASH Sector reviews, UNICEF monthly monitoring system				
	The level of integrating climate resilient development and/or risk management strategies into water, sanitation and hygiene sector plans	Weak (2016)	Established (2021)	WASH sector reviews, UNICEF monthly monitoring system				



## Education and Learning

**Child Rights (CRC):** Every child fulfills their right to child survival, development and protection

**Sustainable Development Goals 2030:**

- SDG 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;
- SDG 5 Gender equality;
- SDG 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels.

**UNICEF STRATEGIC PLAN 2018-2021:** Goal Area 2: Every child learns; Goal Area 3 key result area 1: Every child protected from violence – prevent and reduce all forms of violence; Goal Area 4: Equity – a fair chance for all children; Goal 5 key result area 1 Access to safe drinking water and basic sanitation;

**NATIONAL PRIORITIES:**

Interim Education Sector Strategy Plan

**UNDAF OUTCOME Basic Social Services:** By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes

**IMPACT:** More children reach their full potential through quality learning

Indicators, Baselines, and Targets						Indicative Resources(US\$)		
Expected Outcomes/Outputs	Outcome/Output Indicators	Baseline	Target	Means of verification	Key Partners	Regular Resources	Other Resources Regular	Total
<p><b>Outcome 3:</b> By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.</p>	Gross enrolment ratio (GER)	<p>Pre-primary (age 5) – 47.5% (Girls: 46.4%, Boys: 48.6%)</p> <p>Primary (6-14 years) – 70.2% (Girls: 68%, Boys: 72.3%)</p> <p>Secondary – 40.9% (Girls: 42.6%, Boys: 39.3%)</p>	TBD (Targets are being developed in the Education Sector Strategic Plan (ESSP-2018-2022))	Educational Management Information System, Education Sector Strategic Plan (ESSP)	Federal and State Ministries of Education, NGOs, UNESCO, World Bank, European Union	3,770,000	38,785,000	42,555,000

	Percentage of students able to read with comprehension on the grade 3 learning assessment	60 % (2015)	TBD (ESSP-2018-2022)	National learning assessment report				
	Primary education completion rate	79.3% (2014) (Boys: 84.8%; Girls: 74.3%)	TBD (ESSP-2018-2022)	Multiple indicator cluster survey (MICS)				
	Percentage of children of primary school entry age entering grade 1 (net intake rate)	36.8% (2014) B: 36.1%; G: 37.5% Rural: 29.5%; urban: 56.6%	TBD (ESSP-2018-2022)	MICS				
<b>Output 3.1:</b> More out-of-school children, especially girls and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities.	Number of out-of-school children accessing formal or non-formal education with direct support from UNICEF	276,091 (48.1% girls) (2016)	1,000,000 (50 per cent girls) (2021)	Monitoring and field office reports	Federal and state Ministries of Education, United Nations Educational, Scientific and Cultural Organization, World Bank	<b>1,508,000</b>	<b>15,514,000</b>	<b>17,022,000</b>
	Number of out-of-school children in the reporting year enrolled in grade one with direct support from UNICEF	N/A	175,000 (annually)	Monitoring and field office reports				
	Number of children who received subsidies, scholarships, grants or social assistance from UNICEF to attend school	508,340 (2016) 51% girls	350,000 (50% Girls)	Monitoring and field office reports				
	Percentage out-of-school children in humanitarian situations accessing formal or non-formal basic education in the reporting year with direct UNICEF support	TBC (2016)	100%	Monitoring and field office reports				
<b>Output 3.2</b> Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments.	Number of School Management Committees (or Parent Teacher Association or similar structures) with improved knowledge on how to develop School Improvement Plans that explicitly address quality learning and equity issues with UNICEF	412 schools (2016)	25 schools per year	Monitoring and field office reports, sector review	Federal and State Ministries of Education, NGOs, UNESCO, World Bank,	<b>1,508,000</b>	<b>15,514,000</b>	<b>17,022,000</b>

	funding				European Union			
	Number of schools supported by UNICEF to have inclusive, safe and protective school environments with fully functioning gender-specific latrines and quality water supply.	TBD (2016)	1,000 (2021) 250 (Annually)	Monitoring and field office reports, sector review				
	Number of primary school teachers with enhanced knowledge to provide quality learning with support from UNICEF	6,257 (2016)	30,000 (6,000 annually)	Monitoring and field office reports, sector review				
<b>Output 3.3:</b> Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities.	EMIS that provides quality and timely data at federal and state levels (score 1-4)	3 (2016)	4	MoE reports UNICEF reports	Federal and State Ministries of Education, NGOs, UNESCO, World Bank, European Union	<b>754,000</b>	<b>7,757,000</b>	<b>8,511,000</b>
	Existence of a national education strategy/plan that promotes equity in terms of access and learning	ESSP 2012-2016	ESSP 2018-2022 developed and approved	National education strategic plan				
	Early learning policy and early learning programme including quality early learning curriculum and standards (score 1-4)	1.5 (2016)	3	National education strategic plan				

## Child Protection

**Child Rights (CRC):** Every child fulfills their right to child survival, development and protection; Articles 2, 4, 6-7, 9-10, 12-13, 19-20, 22, 24, 26, 28-29

### Sustainable Development Goals 2030:

- SDG 16 on “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels” – in both humanitarian and development contexts. SDG 16.1 Significantly reduce all forms of violence and related death rates everywhere; 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children;
- SDG 5: Achieve gender equality and empower all women and girls. 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation;
- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

**UNICEF STRATEGIC PLAN 2018-2021:** Goal Area 3: Every child is protected from violence and exploitation; Goal Area 4: Equity – Every child has a fair chance in life; Goal Area 2: Every child learns; Goal Area 1: Every child survives and thrives

### NATIONAL PRIORITIES

(a) The Twenty-Five Year National Strategy 2007-2030: Capacity Building and Community Development; Social Services; (b) The draft National Five Year Strategic Plan 2017-2021 (not yet completed); (c) The National Strategy on the Abandonment of FGM/C in one Generation (2008-2018); (d) The National Policy on Alternative Care

**UNDAF OUTCOME:** 1. Economic Development and Poverty Reduction; 2. Environment, Climate Resilience and Disaster Risk Management; 3. Social Services; 4. Governance, Rule of Law and Institutional Capacity Development; 5. Community Stabilization

**IMPACT:** More children are protected from violence, exploitation and abuse

Indicators, Baselines, and Targets						Indicative Resources(US\$)		
Expected Outcomes/Outputs	Outcome/Output Indicators	Baseline	Target	Means of verification	Key Partners	Regular Resources	Other Resources Regular	Total
<b>Outcome 4:</b> By 2021, more girls and boys are protected from violence, abuse and exploitation and benefit from improved response and prevention systems	Number of children who have experienced grave violations	916 (2016)	458 (2021) - 50% decrease in number of grave violations	UN Secretary General's Annual Report on Children and Armed Conflict	National and states Council of child welfare, Disarmament, Demobilization and Reintegration Commission line ministries, WHO, UNFPA,	4,241,000	25,210,000	29,451,000
	Children in detention per 100,000 child population	238 (2016)	150 (2021)	Child Protection Management Information System (CPMIS), Ministry of Justice database				

	Number of children 0-17 years living in formal foster care	4,016 (2016)	6,000 (2021) (Annual)	Ministry of Welfare & Social Security alternative care database, Family and Child Protection Units database	African Union-United Nations Hybrid Operation in Darfur, UNDP, Office of the United Nations High Commissioner for Refugees			
	Percentage of girls (0-14 years) undergoing female genital mutilation/cutting (FGM/C)	31.5% (2014)	25.5% (2021)	Multiple indicator cluster survey (MICS)				
	Percentage of women aged 20-24 years married before 18	38% (2014)	25.5% (2021)	MICS				
<b>Output 4.1:</b> Strengthened and more effective child protection legislation, policies and budget are integrated across sectors.	Number of new child protection laws, policies, plans and frameworks available and operationalized	6 (2016) Action Plan on Child Recruitment Strategy on Child recruitment FGM/C National Strategy Federal Child Act 2010 , 4 FGM State laws Children without parental care (policy) Diversion Strategy Armed Forces Act 2011 (amended) and 16 other	11 (New: 1 Constitution, 4 laws and policies) Sudan's new constitution; 4 new laws, policies and plans; New National Childhood Plan, Child Marriage Strategy and action plan on Social Protection Policy, Criminal Act amended (FGM/C law)	Policies, tools, administrative decisions/ Decrees	Federal and states Ministry of Welfare & Social Security, National and States Council of Child Welfare, Ministry of Interior, the Judiciary, Ministry of Justice, Universities, National Assembly, Ministry of Health, Ministry of Education, The National Mechanism of FCPUs, Security Sector/SAF;	<b>2,128,200</b>	<b>5,042,000</b>	<b>7,170,200</b>

		related legislations			Ministry of Youth, Culture and Sports; Ministry of Finance; State Government (Zakat Chamber); private sector; faith-based organizations			
	Existence of costing exercise for child protection services (prevention and response)	No costing review completed	Completed (2019)	Annual Government Budget report; States Ministries of Finance 'financial decisions'				
	Number of social workers in the country	8 per 100,000 in Khartoum, 2 per 100,000 in Kordofan States	15 per 100,000 national average (2021)	Ministry of Welfare & Social Security annual reports Field Monitoring reports UNICEF End of Year Reports with partners (Mapping of the social service workers in 2018)				

<p><b>Output 4.2:</b> Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate referral mechanisms in place.</p>	<p>Percentage of UNICEF-targeted children in humanitarian situations benefitting from psychosocial support</p>	<p>TBC (2016)</p>	<p>100%</p>	<p>Child Protection Management Information System, Family and child protection unit database, Ministry of Social Welfare database</p>	<p>National and states Council of Child Welfare, Ministry of Interior, Ministry of Welfare &amp; Social Security, the Judiciary, Ministry of Justice, Universities, Ministry of Health, Ministry of Education, The National Mechanism of FCPUs, FCPUs, NGOs</p>	<p><b>1,320,500</b></p>	<p><b>12,605,000</b></p>	<p><b>13,925,500</b></p>
	<p>Number of children who benefited from FCPU services including GBV</p>	<p>90,624 (2016 G: 48,923 B: 41,701)</p>	<p>80,000 (annual G: 43,000 B: 37,000)</p>	<p>Family and Child Protection Units database</p>				
	<p>Percentage of UNICEF-targeted children in humanitarian situations registered as unaccompanied or separated who were reunified with families/caregivers</p>	<p>TBC (2016)</p>	<p>100%</p>	<p>CPIMS Database, FTR national data system</p>				
	<p>UNICEF-targeted children released from armed forces and groups who were reintegrated</p>	<p>21 (boys, 2016)</p>	<p>2500 (2021)</p>	<p>Database on Children released from Armed Forces</p>				
	<p>Percentage of children diverted outside the judicial system</p>	<p>35% (2016 - 2,661 children out of 7,507 Girls: 680 Boys: 1,981)</p>	<p>50% (2021)</p>	<p>Judicial system data, NCCW information management system, Education Management Information System Family and Child Protection Units database</p>				
<p><b>Output 4.3:</b> More communities have strengthened mechanisms to protect children from violence,</p>	<p>Number of communities that have participated in a public declaration of support for the abandonment of FGM/C</p>	<p>42 (2016)</p>	<p>50 (annual)</p>	<p>Child Protection MIS (NCCW/SCCW)</p>	<p>National Council for Child Welfare, State Councils</p>	<p><b>792,300</b></p>	<p><b>7,563,000</b></p>	<p><b>8,355,300</b></p>

abuse, and exploitation including FGM/C and child marriage	Number of social workers in the country trained and qualified in line with minimum standards to prevent and respond to violence against children	65 (2016, new CPCBN)	104 (annual)	Mapping, CBCPN Directory, Monitoring reports, KAP survey	for Child Welfare; Ministry of Education, Ministry of Welfare & Social Security, Universities, Private sector, NGOs, CBOs, Youth unions, Media institutions, Ministry of Information			
	Number of at-risk adolescents equipped with knowledge and life skills that reduce their vulnerability and protect them from violence.	445 (2016 Girls: 224 Boys: 221)	5,000 (annual G: 2,500 B: 2,500)	Training reports NCCW & SCCWs Reports				



## Policy, Evidence and Social Protection

**Child Rights (CRC):** Every child fulfil the right of child survival, development and protection; Articles 2, 4, 6-7, 9-10, 12-13, 19-20, 22, 24, 26, 28-29

### Sustainable Development Goals 2030:

- SDG 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions;
- SDG 1.3 : By 2030, implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable;
- SDG 1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters;
- SDG 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status; SDG 13.2: Integrate climate change measures into national policies, strategies and planning
- SDG 17.2: Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection;
- SDG 17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

**UNICEF STRATEGIC PLAN 2018-2021:** Goal Area 4: Equity - A fair chance for all children

### NATIONAL PRIORITIES

The 25 Years National Strategy 2007-2031: Continue to build a Unified, Secured, Civilized, Advanced and Progressive Sudanese Nation

**UNDAF OUTCOME:** 1. Economic Development and Poverty Reduction; 2. Environment, Climate Resilience and Disaster Risk Management; 3. Basic Social Services

**IMPACT:** Multi-dimensional Child Poverty and Inequality Reduced in Sudan

Indicators, Baselines, and Targets						Indicative Resources(US\$)		
Expected Outcomes/Outputs	Outcome/Output Indicators	Baseline	Target	Means of verification	Key Partners	Regular Resources	Other Resources Regular	Total
<b>Outcome 5:</b> By 2021, disadvantaged and excluded children are benefiting from an improved policy environment and strengthened social-	Number of children covered by social protection systems	500,000 (2016)	1,000,000 (2021)	Implementing partners' reports, cash transfer database, programme reviews	Central Bureau of Statistics, Federal Governance Chamber, line ministries,	<b>2,356,000</b>	<b>9,695,000</b>	<b>12,051,000</b>

protection system.	Existence of two new Government-approved national surveys with reliable and disaggregated data on the situation of children.	No	Yes - S3M (2017-2018) and MICS 2019	MICS and S3M survey reports	Ministry of Finance, Zakat Fund, UNDP, World Bank			
	Public expenditure for children by sector	Education: 11.3% (2016) Health: 10% government contribution (2015) Sanitation: 0.01% of gross domestic product (GDP) (2014) Social welfare: 0.5% of GDP (2012)	Education: 5% increase Health: 15% (Abuja target) Sanitation: >0.05% of GDP Social welfare: >0.5 %	Ministry of Finance and Economy, line ministry budget reports, social budget analysis reports				
<b>Output 5.1:</b> National and subnational government partners have strengthened capacities for evidence-informed child-centered policy formulation, planning and budgeting.	Annual analysis of Child-Sensitive Budget and Child-focused Public Expenditure Review available for the four main sectors (Education, Health & Nutrition, WASH and Child protection)	Available for Education (2016)	Available for the four sectors (annually for one sector)	Annual Child-Sensitive Budget Analysis Published Report	Federal and State line ministries, Ministry of Finance, NGOs, Zakat Fund, private sector, UN agencies, World Bank, Central Bureau of Statistics	<b>968,172</b>	<b>7,800,000</b>	<b>9,800,000</b>
	Government budget allocations to social sector programmes as percentage of total government budget allocations	TBD	TBD	Ministry of Finance and Economy, Line Ministry budget reports, Social budget analyses Reports				
	Number of key government staff with strengthened skills in child-friendly budgeting	0 (2016)	200	Training reports; programme reviews				
	Percentage of planned research and studies from IMEP which are completed on time and uploaded in GEROS	70% (2016)	90%	Programme reviews, published reports				
<b>Output 5.2:</b> National and sub-national government partners have strengthened institutional capacities to develop and deliver	Number of children from poorest and vulnerable families benefiting from UNICEF-supported cash transfers	0	20,000 children	Implementing partners' reports, cash transfer database, programme reviews	Federal and State line ministries, Ministry of Finance, NGOs, Zakat	<b>356,000</b>	<b>1,895,000</b>	<b>2,251,000</b>

child-sensitive social protection, particularly to children and families in the most vulnerable situations.	Existence of valid national social protection strategy and/or policy that addresses children's needs	No	Yes	Programme review Published National Social Protection Policy Document	Fund, private sector, UN agencies, World Bank, Central Bureau of Statistics			
	Availability of an updated and functional information management system to follow-up and monitor the social protection delivery	No	Yes	Programme reviews, information products and maps; published Reports				

Programme Effectiveness								
Indicators, Baselines, and Targets						Indicative Resources(US\$)		
Expected Outcomes/Outputs	Outcome/Output Indicators	Baseline	Target	Means of verification	Key Partners	Regular Resources	Other Resources Regular	Total
<b>Outcome 6:</b> The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards within the priorities for affected populations in achieving results for children.	Percentage of management and programme priority indicators meeting scorecard benchmarks	N/A (2017)	100%	Insight	Ministry of International Cooperation	18,850,000	31,030,000	49,880,000
	Percentage of funds received as other resources (OR) against 2018-2021 country programme planned amount	TBD (2017)	80%	Insight				
<b>Output 6.1:</b> UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes	Percentage of Outputs which are updated within office deadlines in the Results Assessment Module (RAM)	100% (2016)	100%	RAM system in Insight	Ministry of International Cooperation, Line Ministries			
	Programme review meetings held with partners per year	TBD (2017)	At least one meeting	Review meeting report				
<b>Output 6.2:</b> UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues	Number of cross-sectoral public advocacy initiatives with partners to promote the rights of children in the Pacific	UNICEF at 70 public events; SDG debates;	At least two public advocacy initiatives per year	Media products, Sector reports	UN agencies, donors, civil society, media, RO, HQ, NATCOMS, Children			
	Percentage of social media reach through Facebook and Twitter	Facebook: TBD Twitter: TBD	Facebook: TBD Twitter: TBD	Facebook and Twitter Analytics				
<b>Output 5.3:</b> Strategies to address cross-cutting issues related to child rights are developed and applied.	EWEA preparedness score	100% (2016)	100% (2016)	Insight Scorecards	Line Ministries, UN agencies, NGOs.			

	Evaluations for priority C4D interventions planned, designed and budgeted	TBD (2017)	Yes (Evaluation of Al-Shuffa Al Soghar C4D Initiative)	Evaluation Report	.Line Ministries, NGOs.			
<b>TOTAL BUDGET</b>					<b>US\$</b>	<b>47,125,000</b>	<b>193,925,000</b>	<b>241,050,000</b>