EVALUATION REPORT

Country Programme Evaluation of UNICEF Sudan Country Programme 2018-2023

Final Report

February 2023

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Sudan Country Programme Evaluation (2018-2023)

Final Report

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Abbreviations

AMP	Annual Management Plan
BERP	Basic Education Recovery Programme
C4D	Communication-For-Development
CBCPN	Community Based Child Protection Networks
CBS	Central Bureau of Statistics
CLTS	Community Led Total Sanitation
CMAM	Community Based Management of Acute Malnutrition
CO	Country Office
CPD	Country Programme Document
CSO	Civil Society Organization
CSSPR	Commission On Social Safety Net and Poverty Reduction
DP	Development Partners
ECE	Early Child Education
EMIS	Education Management Information System
EQ	Evaluation Question
EPRI	Economic Policy Research Institute
ESSP	Education Sector Strategic Plan
ET	Evaluation Team
FCPU	Family And Child Protection Unit
FGDs	Focus Group Discussions
FGM/C	Female Genital Mutilation/Cutting
FMoH	Federal Ministry of Health
FO	Field Office
FTR	Family Tracing And Reunification
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GoS	Government Of Sudan
GPE	Global Partnership For Education
H&N	Health And Nutrition
HDI	Human Development Index
HNO	Humanitarian Needs Overview
IDPs	Internally Displaced Persons
IMCI	Integrated Management Of Childhood Illnesses
IMS	Information Management System
IYCF	Infant And Young Child Feeding
KIIs	Key Informant Interviews
MAM	Moderate Acute Malnutrition
MCCT+	Mother And Child Cash Transfer Plus Programme
MDAs	Ministries, Departments, Agencies
MENARO	UNICEF's Regional Office For Middle East & North Africa
MoE	Ministry Of Education
MoI	Ministry Of Interior
MoIWR	Ministry Of Irrigation And Water Resources
MoJ	Ministry Of Justice
MoLSD	Ministry Of Labour And Social Development
MRM	Monitoring And Reporting Mechanism

MTR	Mid-Term Review
MUAC	Mid-Upper-Arm Circumference
MWSS	Ministry Of Welfare And Social Security
NCCW	National Council For Child Welfare
NGO	Non-Governmental Organization
OD	Open Defecation
ODF	Open-Defecation-Free
OOSC	Out Of School Children
OTP	Outpatient Therapeutic Programme
PHC	Primary Health Centres
PSEA	Protection Against Sexual Exploitation And Abuse
PTA	Parent-Teacher Associations
QA	Quality Assurance
RAM	Results Assessment Module
RUTF	Ready To Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBC	Social And Behaviour Change
SCCW	State Council Of Child Welfare
SDGs	Sustainable Development Goals
SFP	Supplementary Feeding Programme
SMoH	State Ministry Of Health
SWC	State Water Corporation
TOC	Theories Of Change
ToR	Terms Of Reference
TSFP	Targeted Supplementary Feeding Programme
UASC	Unaccompanied And Separated Children
UNCRC	Convention On The Rights Of The Child
UNEG	Un Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNITAMS	United Nations Integrated Transition Assistance Mission In Sudan
WASH	Water Sanitation And Hygiene
WFP	World Food Programme
WHO	World Health Organization's

Executive Summary

a. The United Nations Children's Fund (UNICEF) commissioned an evaluation of its Sudan Country Programme for the period 2018-2023[1] to provide accountability to national counterparts and development partners, and draw lessons and recommendations for programme improvement. The evaluation was commissioned by UNICEF's Regional Office for Middle East & North Africa (MENARO) in line with UNICEF's policy that each country programme is evaluated every second cycle. The evaluation was carried out between August and October 2022. This report brings together the findings, conclusions and recommendations from the various processes of the evaluation.

b. The overall purpose of the evaluation was to provide an impartial and independent assessment of the results achieved, lessons learned and the main gaps and challenges in implementation of the country programme as articulated in the Country Programme Document (CPD). The CPD is premised on five main pillars of programming: i) Child survival and development: health and nutrition (H&N), and Water sanitation and Hygiene (WASH); ii) Education and learning; iii) Child protection; iv) Policy, evidence and social protection; v) Programme effectiveness.

c. Based on six evaluation criteria, namely: coherence, relevance, efficiency, effectiveness, sustainability and cross-cutting issues of gender and human rights, the evaluation used mixed methods involving key informant interviews, desk review of key documents and visits and meetings with communities or users of the services provided through UNICEF's support. The key informants included officials from the implementing partner institutions, development partners, UNICEF staff and other development agencies selected through purposive sampling. In total, the evaluation team (ET) conducted 113 key informant interviews and visited six communities in two states where eight group interviews were conducted with community members and beneficiaries of UNICEF-assisted activities.

d. The main audience of the evaluation are UNICEF Sudan Country Office (CO), the MENARO, implementing partners, donors and the UN country team. A major limitation of the evaluation has been the team's inability to gather data on a number of CPD outputs which targeted various institutions of the federal and state governments on policies, institutional framework and capacity development. This was due to sensitivities and restrictions following the coup d'état in 2021.

Findings of the evaluation

Coherence

e. UNICEF's country programme demonstrated a strong convergence with the national priorities through its focus on addressing critical gaps in the areas of health and nutrition, WASH, education, child protection and social protection. Similarly, UNICEF programme covering multiple sectors across development and emergency response demonstrated a high degree of alignment with UN and UNICEF aims and global strategies. Across all clusters/sectors, UNICEF programme's strong alignment with the priorities of the Government of Sudan (GoS) and its good working relationship with relevant Ministries and partners in the basic services sector, particularly during the existence of the transitional government, enabled it to provide leadership and co-leadership in sector/cluster coordination in nutrition, education, WASH and child protection. For humanitarian programmes, based on the multi-year interagency humanitarian response strategy and annual humanitarian response plans under the aegis of the Humanitarian Coordinator, developed in agreement with the GoS, UNICEF has been a key provider of services in emergency health, nutrition, WASH, education in emergencies and child protection, applying a humanitarian-development-peace nexus approach and a conflict-sensitive programming. While in the past (pre-coup) most of the programme delivery was done through the GoS apparatus, it has now shifted to working largely through civil society organization (CSO) partnerships and direct cash

[1] Initially the country programme document was drafted for the period 2018-2021, but this duration has been extended twice and now runs up to the end of 2023.

modalities to frontline workers. UNICEF has thus prioritized programming at state and local levels emphasizing resilience at community and locality level, which became even more pertinent after the 2021 coup..

Relevance

f. UNICEF programming in different sectors has been strongly determined by child-centred vulnerability analysis for which it relied on systematic data and studies. Following favourable political environment in the country during 2019-2021, UNICEF assisted the government in institutional capacity building and policy development in core areas of child rights, protection and welfare, including revamping the social protection programme targeting the most-vulnerable. Development of a nationwide vulnerability map, combined with its extensive field presence keeps UNICEF connected to ground reality, and being able to build local partnerships and undertake necessary actions that address the most urgent needs give UNICEF the capacity to undertake at-scale programming targeting the vulnerable. UNICEF demonstrated agility and flexibility in responding to major changes in context and various emergencies, including the COVID during 2020-2022 and floods, drought and conflict which recur periodically in the country. UNICEF's increasing focus on resilience at community and locality level is all the more relevant in the current context as it is likely that donor funding may decline and most funding may be of humanitarian nature in foreseeable future. UNICEF's programming has on the whole been relevant, though integration of gender in programme remains limited with little attention given to the inclusion of boys and men in gender dialogue. A significant gap in UNICEF's programme has been a lack of strong focus on youth and adolescents during this country programme period.

g. UNICEF's comparative advantage lies in: (a) its ability to engage with the government and influence policies, and (b) deliver basic services at-scale and contribute to changes in norms and behaviours in partnership with multiple actors. UNICEF has leveraged strategic partnerships with several UN and related international agencies over the years to ensure synergy and complementarity in programmes and advocacy with government. The current political context however renders much of the progress made with regard to vulnerability-focused government policies and programmes redundant, at least in the foreseeable future. While UNICEF is able to ensure continuity of some of the basic services through working with NGOs, civil society and local officials, a number of urgent child protection issues are likely to remain unaddressed without active engagement of the Government.

Efficiency

h. Partnership with government, UN agencies and NGOs has been a key strategy in programme implementation as this enabled leveraging government's unique role in delivery of basic services through policies and direct action across the country. UNICEF's investment in strengthening institutional capacity of the GoS at both federal and state levels as well as policy advocacy and data-driven programmes in various sectors enabled the GoS to prioritize some of the key programmes and to significantly expand its outreach capacity to deliver at scale. UNICEF's extensive footprint has enabled it to rapidly respond to emerging urgent needs, ensuring timely delivery and facilitating outreach, being able to access some of the hard-to-reach areas and pockets of high vulnerability.

i. All these strategies have helped UNICEF reach a large number of vulnerable children with responses in different sectors. UNICEF has consistently been reaching out to the largest proportion of children targeted/reached by all agencies reporting to the Clusters in several areas. For example, at least a quarter to half the population in need of basic drinking water and sanitation were being reached by UNICEF during various years.

j. Thanks to its pre-existing partnership with over 40 national and international NGOs, UNICEF was able to diversify its implementation modalities following the late-2021 coup when it became clear that engagement with the new authorities was to be restricted. UNICEF has used the most appropriate implementation modality depending on the operating context including some continued work with state level line ministries where appropriate and acceptable to donor partners, NGO partnership and

direct cash to frontline workers and vulnerable women and families. However, the workflow process involving partnership with NGOs remains cumbersome and delivery costs higher than delivering through government which raises questions over the viability and sustainability of this modus operandi if the current impasse vis-à-vis engagement with government continues.

Effectiveness

k. UNICEF's multi-sectoral programme has continued to deliver outcomes for vulnerable children, achieving the intended objectives to a large degree, despite setbacks due to the COVID-19 pandemic and the coup. UNICEF supported the capacity needs of a number of government institutions that played a crucial role in delivery of targeted outputs only to see those results nearly disappear following the coup. Despite these, the scale of the results achieved are noteworthy, for instance, UNICEF:

- Provided 53 (2020) to 96 per cent (2018) of total nationwide Severe Acute Malnutrition (SAM) treatment to 6-59 months old children; UNICEF and its partners screened on an average 3.5 mn (2020) to 4.5 mn (2019) and 5.8 mn (2021) children for malnutrition
- Measles vaccination for under-1 and Integrated Management of Childhood Illnesses (IMCI) access provided for under-5: 27-37 per cent of children targeted by the entire sector covered by UNICEF and its partners
- At least 25 to 53 per cent of people in need of basic drinking water and sanitation were being reached by UNICEF during various years.

l. In Outcome area 1 – Health and nutrition, the evaluation findings show mixed results. The outputs related to policy development and capacity building at national and subnational showed signs of realising the intended objectives. At the locality levels, efforts towards revitalization of health centres have proven to be effective, and the community mobilization dimension of the programme has been strengthened during this period. Strong emphasis laid on integrating social behaviour and practice changes regarding public health issues, including responding to COVID-19, through local health structures is indeed creating good level of awareness among communities. On the other hand, despite substantial progress made in several areas of basic health and nutrition, the situation has deteriorated in two key areas at the national level, notably measles vaccination coverage and live-births attended by skilled personnel. Government absence and low budgetary resources in these areas are mainly responsible for this. UNICEF has been filling the void left by government's absence by increasing geographic footprint based on vulnerability mapping and working with communities. This has prevented a collapse of the health system and further deterioration of the basic health and nutrition services.

m. The evaluation found that UNICEF had a unique contribution in building national capacity on sanitation and that UNICEF's interventions on providing access to water, especially to crisis-affected populations, have been effective in reducing mortality rates. Water interventions are also being increasingly used by UNICEF and NGO partners as entry point in conflict-affected communities, which is a good example of how UNICEF can include activities that contribute towards local peace building and social cohesion. However, sanitation interventions and the key objective of open defecation-free (ODF) programme nationally are showing mixed results due to lack of leadership from the government and low government investment in the sector. Quality control of the WASH structures and their monitoring have generally been weak, besides sanitation facilities often having inadequate access to water sources, reflecting a predominantly supply-driven approach in implementation.

n. In education, UNICEF contributed towards enhancing the governance capacity of the Ministry of Education (MoE) at federal and state levels, innovatively supported learning opportunities for out-of-school-children (OOSC) and children who are hard to reach, supported girls' education and contributed towards improved quality of education and an enabling learning environment. Specifically, UNICEF's ability to reach children in states and areas affected by conflict or forced displacement, hosting a high number of refugees and displaced persons, as well as areas that have a high number of nomads, and to

provide them with basic education was a significant achievement. However, due to the external challenges - especially the COVID-19 pandemic, the limited investments in education reflected in the very low government budget allocations, and the low government technical, operational and capacity - it will be difficult for UNICEF to reach some of the key indicators in its CPD. Quality control of school construction/rehabilitation has also been a persistent issue.

o. UNICEF made major contributions to strengthening the national child protection system, through strong partnership with the government and institutional capacity development of the social work force and Family and Child Protection Units (FCPU). UNICEF was the driver and key partner for government in adopting child friendly legislation, including on the criminalization of female genital mutilation (FGM) and prevention of use and recruitment of children by national forces and armed groups, and in developing Action Plan and road maps for female genital mutilation/cutting (FGM/C). UNICEF's interventions were certainly the right choices to lay the foundation for a robust child protection system and for providing the basis for government and civil society to build on when addressing child protection violations. Most of the work on child protection system remains heavily reliant on UNICEF technical and financial support, with inconsistent or very small government budget allocations.

p. UNICEF has begun to engage on triple nexus through its programming in social protection. The cash transfer programme currently being implemented by UNICEF and its partners is showing good initial results even with a small cash transfer linked to mother and child health. All of its sectoral work has potential to directly contribute to resilience and nexus provided the interventions are of sustainable quality and rooted in strengthened capacity at community and locality levels, and combined with conflict-sensitive programming. While progress has been made by UNICEF to operationalize peacebuilding notably through the support from Peacebuilding Fund (PBF), further work is needed to translate peacebuilding into programmatic approaches and results across sectors to provide greater clarify for all UNICEF staff.

q. Throughout the CPD period, communication-for-development (C4D) has been given a prominent thrust during implementation in order to facilitate behaviour and practice changes at community level. UNICEF is now trying to address a key weakness in its sectorally-configured programming with each sector developing its plans and programmes independently which perpetuates a scattered approach in programming. The setting up of a dedicated team to provide support on social and behaviour change (SBC) has been an important initial step, which aims to further facilitate sectoral and programme integration. This will also be enhanced by better integrated of information management and outcome monitoring capacity within the CO which the latter is currently undertaking.

Sustainability

r. Sustainability of outputs and outcomes is largely affected by the continuing political uncertainly in the country. While UNICEF and partners continue to mobilize communities, CSOs and local authorities to sustain core outputs on basic services, a number of urgent issues are likely to remain unaddressed without active engagement of the GoS. For instance, the continued engagement of the social service workforce crucial for child protection, commitment towards government support to health workers, and the government's leadership to ensure public financing for children, will determine how most of the outcomes sustain in the long run.

s. UNICEF's efforts towards enhancing the quality of its delivery in some of the core areas and towards building resilience of communities, despite the limitations of not being able to fully engage with the government, is likely to have a positive contribution to sustainability. Quality of interventions (WASH, schools) and mechanisms for their maintenance is however a crucial issue UNICEF needs to address.

Conclusions

C1. UNICEF Sudan's capacity for at-scale programme delivery is one of its strengths, and this enabled it to provide multisectoral services at state and locality level where stakeholders see very little direct investment by the GoS in provision of basic services. The scale of UNICEF's delivery sometimes overshadows that of the GoS.

C2. The CPD was closely aligned with government policies, UN system-wide strategies and UNICEF internal policies and strategies. UNICEF has been able to work in close collaboration with the GoS, while playing an active role in sectoral coordination and in the development or updating of major sector policies and frameworks, till the coup d'état in 2021. Following the coup, a change in overall programming approach was needed, with UNICEF demonstrating the capacity to quickly and effectively focus on active engagement at locality level. UNICEF has been able to apply a humanitarian-development-peace nexus approach and a conflict-sensitive programming, emphasizing resilience at community and locality level, which becomes even more pertinent after the 2021 coup.

C3. UNICEF's strong focus on vulnerability and multi-sectoral programming capacity leveraging multiple partnerships make UNICEF's programming remain relevant in the current context of political uncertainty and economic hardships faced by people. Given the urgency of key child rights issues, UNICEF's role in advocacy with government and other international institutions assumes high criticality at this juncture.

C4. While the UN Integrated Transition Assistance Mission in Sudan (UNITAMS) continues to play a leading role in peacebuilding, UNICEF's programmatic relevance remains anchored in addressing vulnerability through providing basic services in a way that strengthens community resilience and social cohesion through addressing underlying drivers of social exclusion and conflicts, and this may, in turn, contribute to peacebuilding.

C5. Mainstreaming of gender and promotion of gender equality have been prioritized in plans, but specific attention to inclusion of boys and men in the gender dialogue (e.g., on gender-based violence (GBV), FGM and child marriage, girls education, management of menstrual hygiene, adolescents health and nutrition, youth empowerment) as well as the inclusion of standard indicators related to gender action plan (GAP), together with the additional financial and human resources allocated to gender responsiveness and integration remain significant gaps.

C6. As engagement with the current government remains partially suspended at federal and state levels, it is unclear if any of the outputs from the programme will be continued into the future. In this scenario, continued engagement with the government at state and locality levels which UNICEF continues to pursue remains crucial for effective delivery of basic services in health, nutrition, education, WASH, child protection, and social protection, along with engagement with NGOs, for efficient and effective delivery of services in foreseeable future.

C7. UNICEF's scale and geographical spread of programme delivery has been one of the largest in the spheres of nutrition, education and WASH, in particular, for which it has built multiple partnerships with government agencies, NGOs, civil society and UN agencies. This scale and spread of operation, however, does lead to a scattered approach spreading resources thinly across large geographical areas. There is space to create stronger integration between programme interventions.

C8. In a number of critical areas of UNICEF's core programme, the outcomes at national level have shown a negative trend. Further, in the prevailing context, child protection issues are assuming urgency, especially with regard to child rights violation in conflict and civil unrest situations. There is the need for UNICEF to redefine its role and approach in this context.

C9. UNICEF's enhanced emphasis on integration of various sectors, thrust on social and behaviour change and geographical concentration of programmes in partnership with other providers is timely and necessary to promote resilience, along with its emphasis on social protection in line with a nexus approach. Engagement on peacebuilding needs to be underpinned by the premise that UNICEF

programme is primarily geared to address unmet basic needs in vulnerable communities, through strengthening community resilience in a conflict-sensitive manner that fosters social cohesion.

C10. Comprehensive social protection programmes assume critical significance at this juncture due to the economic hardships people face. Despite the absence of an internationally accepted government, UNICEF continued to advance Sudan's social protection sector reform agenda, focusing on the launch and roll out of the Mother-to-Child Cash transfer Plus (MCCT+) Programme. This is one of the key flagship programmes that were proposed in the draft National Social Protection Strategy. Programmes like MCCT+ can be effective vehicles for delivering health and nutrition outcomes if these are integrated with other sectors as well as through an area-based convergence with other development actors targeting women and children.

C11. Prolonged disengagement with the government at federal level may affect sustainability of some of the programme outputs and outcomes, though this can be countered to some extent with increased thrust on resilience and social cohesion, as well as quality of service delivery, working through NGOs, localities and communities, as UNICEF intends to do.

C12. While there is good monitoring of activities, UNICEF's internal information management capacity has not supported good monitoring of results/outcomes, and might in turn affect the quality of delivery and the sustainability of interventions.

C13. Quality and maintenance of constructions being pre-requisites to sustainability of interventions at the community and locality level continue to receive attention through the establishment of UNICEF construction unit in Khartoum and six field offices.

Recommendations

t. The recommendations are made in the current context in the country which limits active engagement with the federal and state governments. The evaluation team (ET) assumes that should any dramatic positive shift occur in the sphere of governance, UNICEF is well aware of the priorities and focus vis-à-vis reengagement with the government. Secondly, the ET assumes that the current political context is likely to continue and this is likely to lead to reduction in funding. As development partner funding decreases and humanitarian funding becomes the major resourcing option, a number of development partners may switch part of their funds to direct-funding of NGOs, as opposed to funding through UN agencies. This will call for choices to be made in terms of scale and focus of the programme.

R1. ***Focus and depth***: In line with its internal discussions currently underway, UNICEF needs to develop clear focus (both geographical and programmatic interventions) so as to ensure depth and quality in programmes. This should include:

i) further increased internal integration of different sectors;

ii) establishing/redefining partnerships with other agencies (NGOs/UN) to mobilize a minimum package of basic needs services that addresses interlinked vulnerabilities in selected target areas;

iii) narrowing down target areas of interventions and/or a tighter focus within programmes, while keeping the current focus on vulnerable children;

iv) moving away from construction while focusing on quality of service providers/strengthening capacities of service providers rather than be the service provider.

R2. ***Address deterioration in outcomes in critical areas of programming.*** In the new CPD, clearly articulate how UNICEF will deepen and expand partnerships with a wide range of stakeholders to continue to prioritize programming where the key national level outcomes are showing a declining or stagnating trend (namely measles vaccination coverage, live-births attended by skilled personnel,

malnutrition among children, FGM practices). It may be that UNICEF defines its intended outcomes at two levels:

i) focus on particular geographical areas where it will demonstrate definite positive changes in trend over a period of time;

ii) support government/other agencies in the rest of the country, where resources allow.

R3. ***Sustainability of interventions***. More attention should be given to sustainability of results of interventions in the longer-term by:

i) Ensuring quality control and maintenance of all infrastructure work where UNICEF decides that their involvement is critical (as elaborated above, the recommendation is that UNICEF should move away from engaging in construction as much as possible); for infrastructures like WASH and school constructions/rehabilitation, UNICEF needs to produce an inventory of facilities it has supported and ensure periodic monitoring of these through the local authorities;

ii) In interventions for which results depend upon community capacity and their mobilization (e.g., WASH structures, school infrastructure), ensuring that adequate amount of time is given for community mobilization process and post-implementation (delivery) follow up to monitor how communities and local authorities are developing capacity, utilizing and maintaining the services;

iii) When implemented through NGOs (short-term grants), making provision for continuing monitoring and follow up after an activity is implemented. In this regard, UNICEF may encourage implementing partners and communities to set up a 'pooled fund' that is available for providing small maintenance/monitoring support; ideally, this will require all partners involved in a particular area to coordinate such an initiative.

R4. ***Programming for peacebuilding and focus on resilience***: As part of the new CPD, UNICEF needs to further clarify the scope of its programming on peacebuilding and ensure that all its staff have a common understanding. In this regard, it may be worth reinforcing the premise that UNICEF programme addresses unmet basic needs in vulnerable communities through strengthening community resilience in a conflict-sensitive manner and foster social cohesion; programming is not driven by peacebuilding, but contributes to it. Specific actions may include:

i) A clear definition of parameters (result indicators) to measure resilience and social cohesion;

ii) An assessment of UNICEF Sudan's specific expertise in peacebuilding – some field offices already have good experience in this regard;

iii) Strengthen life and livelihood skills as well as citizenship education of children and adolescents.

R5. ***Social protection***: While continuing to implement the MCCT+ programme, UNICEF needs to ensure that this is integrated with other sectors (especially nutrition and WASH) as well as through an area-based integration (R1 above) with other development actors targeting women and children. An impact study of the pilot cash transfer programme in the two states where this is being implemented will provide data and evidence which will be crucial for any expansion of the current programme or of any other social protection programme.

R6. ***Advocacy regarding child protection.*** Given that implementation of crucial laws and policies geared to the protection of children remain in limbo, UNICEF needs to continue its evidence-based advocacy with the GoS focusing on prevention of child protection violations, particularly violence against children, through increased human, financial and infrastructure resources for social service workforce. In parallel, UNICEF needs to continue working with service providers (e.g., government, NGOs and CSOs) to strengthen and scale up child protection systems, and partner with UNITAMS and key stakeholders from civil society and UN agencies to prevent violence against children.

R7. ***Partnerships with civil society***: Partnerships with NGOs and CSOs should be further increased and diversified as engagement with the government remains substantially suspended, and this may help enhance quality of delivery due the former's closer engagement with communities. UNICEF needs to i) examine if there is room for further improvement in the workflow process involving NGOs to increase efficiency of delivery. Confrontation with UNICEF Headquarters or other Regional / Country Offices could be beneficial; ii) duly assess the existing capacities of the NGOs to further build on these.

R8. ***Gender equality.*** More specific attention to the inclusion of boys and men in the gender dialogue (e.g., on GBV, FGM, child marriage, girls' education, management of menstrual hygiene, adolescents' health and nutrition, youth empowerment) as well as the development of gender-friendly indicators would be needed, together with the additional financial and human resources allocated to gender-responsiveness and integration.

1. Introducing the evaluation

1.1 Purpose of the evaluation

1. The United Nations Children's Fund (UNICEF) commissioned an evaluation of its Sudan Country Programme for the period 2018-2023[2] to provide accountability to national counterparts and development partners, and draw lessons and suggestions for programme improvement. The evaluation was commissioned by UNICEF's Regional Office for Middle East & North Africa (MENARO) in line with UNICEF's policy that each country programme is evaluated every second cycle. The evaluation was carried out between August and October 2022. This report brings together the findings, conclusions, and recommendations from the various processes of the evaluation.

2. **The overall purpose of the evaluation** was to provide an impartial and independent assessment of the results achieved, lessons learned and the main gaps and challenges in implementation of the country programme as articulated in the Country Programme Document (CPD) approved by the Executive Board of UNICEF[3] and related programme strategy.[4] An important element for the evaluation to assess is UNICEF's approach to nexus programming linking its development work with humanitarian response in view of UNICEF' frequent involvement in providing emergency response. The overarching reference point for the country programme is the CPD which is premised on five main pillars of programming:[5]

i) Child survival and development: health and nutrition (H&N), and Water sanitation and Hygiene (WASH)
ii) Education and learning
iii) Child protection
iv) Policy, evidence and social protection
v) Programme effectiveness

1.2 Intended users, scope and objective of the evaluation

3. The **main audience** of the evaluation are the UNICEF Sudan Country Office (CO), the MENARO, the government, implementing partners, donors and the UN country team. **The scope of the country evaluation** included all geographical areas in the country where UNICEF operates and covered the period from 2018 through to 2022.

4. **The specific objectives**[6] of the evaluation were to:

- Assess key UNICEF contributions to the results at the outcome level, including cross-cutting strategies, based on existing evidence and analysis, and identify key challenges and lessons learned
- Identify the opportunities and potential strategic shifts for the next country programme vis-a-vis UNICEF's comparative advantage and potential ways to integrate the nexus approach more systematically
- Based on the evolving situation in Sudan and the potential strategic shifts identified, assess where UNICEF is with regard to its strategic positioning, the current implementation modalities and decentralized operations.

[2] Initially the country programme document was drafted for the period 2018-2021, but this duration has been extended twice and now runs up to the end of 2022.
[3] UNICEF, Country Programme Document Sudan, United Nations Economic and Social Council, E/ICEF/2017/P/L.21, 17 July 2017
[4] UNICEF Sudan, Revised Consolidated Programme Strategy Note, March 2021
[5] Details of outcomes sought under each pillar is presented in the Terms of Reference for the evaluation (Annex 1)
[6] Source: The Terms of Reference for the evaluation and Inception Report for the evaluation.

5. The broad objectives described above were sought to be addressed through the lens of **six evaluation criteria, namely: *coherence, relevance, efficiency, effectiveness, sustainability and cross-cutting issues of gender and human rights*** (See Terms of Reference, Annex 1). The Terms of Reference (ToR) listed 16 evaluation questions (EQ) under the six criteria. However, during the inception phase, a review of the EQs to examine overlaps and evaluability led to 20 revised EQs which were agreed with the UNICEF steering Committee for the evaluation (See Evaluation Matrix, Annex 2).

1.3 Framework and methodology

6. The CPD and the revised programme strategy notes[7] provided clear articulation of country programme goals, outcomes and outputs, with the latter showing theories of change (TOC) on each outcome (see Annex 3). The use of the TOCs was made to identify the mechanisms of change, as well as the assumptions, risks and the context that supported or hindered the results. This was supplemented with empirical evidence obtained from a sample of interventions/projects/activities. UNICEF interventions broadly fell under four broad types of actions/inputs and data collection focussed on identifying key outputs and outcomes on each of these:

i) capacity building of governments at federal and state levels
ii) policy dialogue, advocacy and policy development
iii) interventions towards delivery of services, and
iv) strengthening the ecosystem at community level.

7. During the inception phase, the evaluation team (ET) developed an evaluation matrix mapping the EQs and corresponding judgment criteria, as well as indicative methods and sources of data to enable the ET to address the EQs systematically. To help gather evidence from the programme interventions, the ET developed a series of judgement criteria for all the 20 evaluation questions. The judgment criteria were based on various outputs and outcomes outlined in the CPD and these were used to develop appropriate methods for data collection and analysis and collated into an evaluation matrix which is presented as Annex 2 of this report. The ET used mixed methods, with primary and secondary data gathered from: (a) purposively selected documents; (b) key informants identified through stakeholder analysis at the inception stage; site visits to a representative sample of projects and activities supported / through the country programme; and (c) discussions with a cross-section of communities where UNICEF has been operational. For key informant interviews (KIIs), a non-probability sampling (purposive and snowball) was used for data collection. Secondary data available in various reports related to outputs and outcomes of the CPD were extracted from annual progress reports, project evaluation reports, monitoring reports in UNICEF's documents repository. The list of key documents studied is attached as Annex 4.

1.3.1 Key informant interviews and focus group discussions

8. The ET undertook a total of 113 key informant interviews across different stakeholder groups and visited six communities in two states (Kassala and South Darfur) where it was able to conduct eight (8) focus group discussions (FGDs) with various community groups comprising community child protection committees, parent-teacher associations (PTA), water committees and mothers attending nutrition centres. A breakdown of the interviews and FGDs is provided in the following Table (Table 1). A full list is annexed as Annex 5.

Table 1: No. of interviews and focus group discussions conducted

Stakeholder group	No. of key informant interviews/FGDs
1. UNICEF Sudan	59
2. UNICEF RO	1

[7] UNICEF Sudan, Revised Consolidated Programme Strategy Note, March 2021

Stakeholder group	No. of key informant interviews/FGDs
3. Government of Sudan	25
4. NGOs/CSOs	12
5. Other UN agencies	9
6. Donors	7
7. Communities/transect walks	Visits to health and nutrition centres, schools, WASH activities, IDP camps, child friendly space – 8 FGDs with mixed groups of men and women

1.3.2 Data mapping, triangulation and analysis

9. Throughout the evaluation, data collected from both KIIs and documents were recorded systematically for evidence assessment based on the judgment criteria against each EQ defined in the evaluation matrix. A set of keywords based on the judgment criteria was used to classify each piece of evidence by each team member. This method enabled the ET to trace the pattern in the data and then cluster these around emerging themes and sub-themes through regular team meetings. The clustering of data around themes and sub-themes in this manner enabled synthesizing the evidences into findings. Rigorous data triangulation was done mainly through comparing information gathered through multiple sources and methods. Where discrepancies occurred that could not be resolved with additional data gathering, the ET did not use such data for drawing findings or conclusions. The evaluation utilized three types of triangulation:

- *Methods triangulation* - both qualitative and quantitative data (interviews, observations, documents) was used to elucidate complementary aspects of the same subject;
- *Data source triangulation* – involved examining the consistency of different data sources (UNICEF internal and external key informants) within the same methods;
- *Theory triangulation* - which involved using multiple theories to interpret and examine the data obtained (process tracing).

10. All data from the desk review and individual interview notes were systematically assessed for their convergence or otherwise to examine their: (i) representativeness – do the data/information represent the whole or a sizeable picture? (ii) relevance – to the questions in the evaluation matrix; and (iii) attributability – if the data convey a 'state', is it attributable to the intervention/cause being described? The outliers were not rejected outright and, where relevant, additional data was gathered for validation. In weighing evidence, the ET imputed higher value to evidence emerging from key informant interviews and community visits/discussions, and, as far as possible, evidence from documents were used to supplement primary data for triangulation purposes. Validated data from any available independent evaluation reports were weighted higher than self-reported progress reports.

11. The analytical methods included assessing contribution of UNICEF in the four areas[8] (paragraph 6 above). Interviews/FGDs with a substantial number (over 50 per cent of the total) of external stakeholders enabled assessing UNICEF contributions against plausible alternative theories. Equity and gender issues were used to interrogate programme design and implementation, and wherever available, gender-disaggregated data were examined to see how the rights and needs of beneficiaries were reflected in the programme design and addressed during implementation.

[8] Capacity building of governments at federal and state levels; policy dialogue, advocacy and policy development; interventions towards delivery of services, and strengthening the ecosystem at community level.

1.3.3 Evaluation ethics and data protection

12. Protecting personal data is essential in any evaluation so as to respect dignity and ensure security of all stakeholders involved. The ET ensured full confidentiality of data provided, accessed and produced during the course of this work, unless information was obtained from sources that are in the public domain. Any personal data collected has been minimal and anonymized in the report. For stakeholder interviews (individual interviewees), although their names and title (function/role in an organization) were collected by the ET for analysis of any trend with regard to information/data collected, their names or any details are not presented in the report in any way that information presented can be traced back to an individual interviewee or organization, unless authorized by the latter in writing, or cited from published documents. The evaluations team followed the UN Evaluation Group (UNEG, 2020) ethical guidelines throughout the evaluation process. In specific terms, the ET adhered to the following ethical principles:

i. *Principle 1: Informed consent* – the ET informed participants the purpose of data collection and how information and data obtained was to be, processed, shared, disposed of, prior to obtaining consent.
ii. *Principle 2: Avoiding harm* – the ET ensured that the basic human rights of individuals and groups with whom they interacted, as well as their health and safety (risks related to COVID-19, for example) were protected.
iii. *Principle 3: Treatment of participants* – during its engagements with the communities, the ET was mindful of differences in culture, local customs, religious beliefs and practices, and potential implications of these differences when planning, carrying out and reporting on the evaluation.
iv. *Principle 4: Voluntary participation* - participation in the evaluation was voluntary and free from external pressure - all participants had a right to withdraw from the evaluation and withdraw any data concerning them at any point without fear of penalty.
v. *Principle 5: Ensuring confidentiality* – the ET has ensured people's right to provide information in confidence, and will ensure that information cannot be traced to its source, if the latter is an individual. No audio or video recording were used during interviews.
vi. *Principle 6: independence and impartiality of the evaluators* - while a participatory process underpinned the consultant's engagement with UNICEF staff and other stakeholders, impartiality and independence were strictly upheld.

1.3.4 Quality assurance

13. Quality assurance was ensured at all stages of the evaluation in terms of data collection and triangulation, compilation of the preliminary findings and drafting of the report. The TL provided much of the Quality Assurance (QA) role, with the draft report reviewed by Lattanzio's QA Adviser.

1.4 Limitations

14. A number of CPD outputs targeted various Ministries, Departments and Agencies (MDAs) of the federal and state governments on policies, national strategies and action plans, legislation, institutional framework and capacity development. However, since the coup of October 2021, due to sensitivities and restrictions from development partners, most collaboration and engagement with Government at federal and state levels had to be suspended. This limited the ET's ability to gather data from some of the key MDAs with which UNICEF has had engagements in the past, particularly at federal level.[9]

[9] e.g.: No government partner could be interviewed at federal level from the MoE or the NCCW.

1.5. Structure of the report

15. The report is structured into four chapters. Chapter 1 covers the purpose, scope, methodology and objectives of the evaluation. Chapter 2 covers a brief context analysis and overview of UNICEF programme, while Chapter 3 presents an analysis of the outcomes and the ET's assessment against the evaluation criteria and evaluation questions. The last chapter synthesizes the findings into conclusions and draws recommendations of the evaluation.

2. The country context and UNICEF programme

2.1 Key elements of the country context

16. **Economic deterioration, the COVID-19 pandemic, protracted conflict, and recurrent floods and droughts have exacerbated the situation of the vulnerable children.** From being recognised as a lower middle-income country in 2019, Sudan regressed back to being in the lower income category by 2020 due to economic crisis and the global pandemic. In 2019, Sudan ranked 170th (out of 189) with a human development index (HDI) value of 0.510; however, the inequality-adjusted HDI amounted to only 0.333,[10] which reflects the vast income inequality of the population. Nearly 51 percent of Sudan's population are aged below 18 mainly due to high population growth at 2.4 per cent annually.[11] The economy is contracting since 2011, with GDP declining from US$ 55.0 billion in 2011 to US$ 21.3 billion by 2020. COVID-19 preventative measures such as travel restrictions and curfews further impacted the economy, particularly affecting the urban poor in daily wage-earning employment in the informal sector. Sudan is experiencing high income poverty in 2022 with an estimated 9.8 million people – 22 per cent of the population having crisis or worse levels of food insecurity, with 13.6 per cent of children under five experiencing global acute malnutrition. Due to high and escalating inflation, poverty significantly increased. The abject poverty rate rose from 9 per cent in 2014 to 38 per cent in 2018, 61 per cent in 2019 and 78 per cent in 2020.[12] Child poverty rates have always been higher than that of the population as a whole in all states - child abject poverty increased from 12 per cent to 46 per cent and 85 per cent in 2014, 2018, and 2020 respectively.[13]

17. **Collapse of the transition process caused a serious setback to the path of development.** The signing of the Juba Peace Agreement in 2019 brought an end to decades of active conflict in parts of the country following which a series of social and economic reforms ushered in a transformational change. These reforms initiated by the new government after the ouster of the previous regime prompted the international community to lift decades-old embargoes, end sanctions and grant Sudan access to international development funding. The transition process raised high hopes of putting the country back on a development path after decades of misrule, oppression and multiple conflicts under the previous regime. This was however short-lived – the coup on 25 October 2021 threatened the political and economic progress made and created a breakdown of national governance systems. Protests and civil disobedience efforts by civilians against the coup d'état have been met with violent responses from military and police and have resulted in numerous casualties, including children.[14] The international donor community put a pause on official development assistance following the collapse of the transitional government.

18. **Low investment in health and poor health infrastructure seriously affects health of the population.** The World Bank data shows that expenditure on health as percentage of GDP has been steadily declining since 2015 – from a peak of 7.3 per cent, the figure declined to between 4.3 and 4.6 percent during 2018 and 2019 respectively.[15] Health services are provided by approximately 6,000 health facilities from third level hospitals to health units. Many of the facilities are not functional (36 per cent), or do not offer the basic package of primary health care (24 per cent), which seriously affects the health

[10] Ministry of Social Development, G, Economic Policy Research Institute EPRI, Khartoum, (Draft) National Social Protection Strategy (Daft), 2021

[11] UNICEF, Integration and Mainstreaming of Refugee Children into the Sudanese Education System and Improving the Quality of Education - First Progress Report, T05-EUTF-HOA-SD-65-01, UNICEF Sudan, February 2022

[12] UNICEF, State of Sudan's Children, Khartoum 2020

[13] UNICEF, State of Sudan's Children, Khartoum 2020

[14] UNICEF, Integration and Mainstreaming of Refugee Children into the Sudanese Education System and Improving the Quality of Education - First Progress Report, T05-EUTF-HOA-SD-65-01, UNICEF Sudan, February 2022

[15] https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=SD (accessed on 05 October 2022)

of a large portion of the Sudanese population.[16] Neonatal mortality rates (28 per 1,000 live births) accounted for nearly 70 per cent of infant mortality rates (42 per 1,000 live births) and 50 per cent of under-five deaths (60 per 1,000 live births).[17] At least 650,000 children are suffering from severe acute malnutrition.[18] The maternal mortality estimates of 295 per 100,000 live births[5] are symptomatic of the lack of investment in maternal health and nutrition.[19]

19. **The country has witnessed high malnutrition rates among children.** Stunting at 36.4 per cent among under-five children has been stagnant over the past five years and Global Acute Malnutrition (GAM) rates at 13.6 per cent are below the World Health Organization's (WHO) public health emergency threshold.[20] According to the 2022 Humanitarian Needs Overview (HNO), Sudan is experiencing high income poverty with an all-time high 9.8 million people or 22 per cent of the country's population acute or crisis-level food insecurity, and with 13.6 per cent of children under five experiencing GAM.[21] It is estimated that 14.3 million people will need humanitarian assistance in Sudan in 2022, 7.8 millions of whom are children. Sudan has over three million internally displaced persons (IDPs) and is hosting 1.1 million refugees, one of the largest numbers in Africa. These figures are expected to increase as crises continue in neighbouring countries, especially South Sudan and Ethiopia.

20. **Sudan is far from meeting the SDG6.2 target of universal access to safely managed sanitation.[22]** Sudan population's access to domestic basic water supply as per MICS 2014 was 68.0 percent. Access to basic sanitation facilities was 32.9 percent, leaving about 67 percent of Sudan population without access to sanitation. Only 28.2 per cent of Sudan population has access to both domestic basic water supply and sanitation facilities.[23] Since then there has been some progress with regard to access to basic drinking water (at 74 per cent), while sanitation coverage remains at 32 per cent. Over twelve million people still practice open defecation, posing grave public health risks.[24]

21. **Extremely small government budget allocation on education (in 2017 the GoS spent 1.2 per cent of GDP on education; about 11.2 per cent of public expenditure[25]) keeps the education infrastructure and quality poor.** The scale of unmet needs in education in Sudan is staggering. One UNICEF press release[26] indicates that approximately 6.9 million girls and boys, one in three school-aged children, do not go to school in Sudan, and a further 12 million have their school years heavily interrupted by a lack of sufficient teachers, infrastructure, and an enabling learning environment. Often the running and maintenance of school costs, books and education material are required to be mobilized by the PTAs through parental direct contributions to schools. These placed a heavy burden on families.[27] The consequence of low investment means that in a context of poverty and economic hardship, a high number of children are deprived of education because their parents cannot pay school fees and other contributions. Poor funding of the education system resulting in poor learning

[16] Hera, Supply chain review for ready to use therapeutic foods (RUTF) in Sudan, Volume 1 - Study report, Final version, March 2020

[17] United Nations Children's Fund Sudan, End of Year Results Summary Narrative 2020, undated

[18] UNICEF Sudan, Sudan Humanitarian Situation Report No. 1 January – March 2022

[19] United Nations Children's Fund Sudan, End of Year Results Summary Narrative 2020, undated

[20] United Nations Children's Fund Sudan, End of Year Results Summary Narrative 2020, undated

[21] UN Sudan, Humanitarian Needs Overview (HNO), 2022

[22] WHO and UNICEF, Joint Monitoring Report (JMP), Khartoum, 2017

[23] https://www.sanitationandwaterforall.org/sites/default/files/2021-01/2020%20Country%20Overview_Sudan.pdf

[24] United Nations Children's Fund Sudan, End of Year Results Summary Narrative 2020, undated

[25] UNICEF Sudan, Country Office Annual Report 2018

[26] https://www.unicef.org/sudan/press-releases/joint-statement-urgent-action-needed-69-million-children-are-out-school-and-12

[27] UNICEF Sudan, Country Office Annual Report 2018; Parents provide approximately 16 per cent of total education expenditures, despite the government's free-of-charge education policy. Fees are levied by parent-teacher associations or other groups (CBS, UNICEF Sudan, Multiple Indicator Cluster Survey (MICS) 2014 of Sudan, Final Report, February 2016)

environment and quality of education (curricula and teachers' qualifications) and education facilities; parents' out-of-pocket expenses; social norms; long distances to schools and the social structure of the population with a high percentage of rural population, nomads and internally displaced persons and refugees leads to a high number (over 3.5 million) of children being out of school (OOSC).

22. **Sudan is among the five countries with the highest prevalence of Female Genital Mutilation/Cutting (FGM/C)**, with 87 per cent of women aged 15-49 years, and 31 per cent of girls below fourteen years of age having been subjected to this harmful practice. Sudan also ranks high when it comes to child marriage (34 per cent of girls are married before the age of 18 years, and 12 per cent of girls are married before the age of 15 years) and lack of birth registration.[28]

23. **Children in conflict-affected areas in Sudan continue to be affected by grave violations in an unstable political environment and worsening humanitarian situation.** The United Nations verified 520 grave violations against 445 children during the reporting period of January 2020 to December 2021 committed by the Government security forces as well as armed groups, including killing (120) and maiming (236), followed by sexual violence and rape; attacks on 21 schools and 11 hospitals (32 in total) and 10 incidents of denial of humanitarian access.[29] The UN report also verified an increase in cases of recruitment and use of children by armed groups, all in Darfur states. Eighty-six percent of these recruitments occurred within the four months following the signature of the Juba Peace Agreement in October 2020.

2.2 UNICEF Sudan country programme

24. The CPD and related programme strategy notes (PSN) provide details of the aims and key objectives of the country programme (CP) which was initially planned for the period 2018-2021, then extended to 2023. With an overall initial budget of US$ 241 million,[30] the CP aims to contribute to eight (8) of the 17 Sustainable Development Goals (SDGs) and contributes to UNDAF 2018-2022, through the focus areas related to social services, governance, rule of law and institutional capacity development and community stabilization. The country programme is expected to utilize US$596.7 million during the five-year period beginning January 2018 to December 2022 (see Table 4*, section 3.3*), including expenditure on emergency operations. The CP is clustered along the following intertwined programme components:

- Outcome 1: Health and Nutrition
- Outcome 2: Water, sanitation and hygiene (WASH)
- Outcome 3: Education and learning;
- Outcome 4: Child protection;
- Outcome 5: Policy, evidence and social protection
- Outcome 6: Programme Effectiveness.

25. The programme components and related outcomes and outputs are presented below (Box 1), while the following paragraphs present some remarks on the four sectoral components.

Box 1: CPD Outcomes and outputs, UNICEF Sudan

Child survival and development

Outcome 1: Health and Nutrition – by 2022, more children under the age of five years and women of reproductive age utilize high-impact, quality health and nutrition services:

* Support to government at national and subnational levels to strengthen capacities and develop evidence-based and equity, multi-sector focused policies, plans and budgets to improve health and nutrition services;

[28] UNICEF, State of the World's Children 2019, October 2019

[29] United Nations, Seventh Report of the Secretary-General on Children and Armed conflict in Sudan, 17th August 2022

[30] This figure does not include funding for emergency operations.

* Strengthening health systems and communities through capacity building to deliver integrated high-impact health and nutrition services;
* Providing Infant and Young Child Feeding (IYCF) services to severely malnourished children along with reliable access to safe drinking water, sanitation and hygiene;
* Strengthening capacities at the national, state and locality levels to design, implement and monitor demand generation interventions for promoting key family practices and behaviour change for high impact nutrition and health services.

Outcome 2: Water, Sanitation and Hygiene (WASH) – by 2022, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices.
* Providing access to basic sanitation facilities and supporting communities to adopt adequate hygiene practices;
* Providing communities with equitable and sustainable access to improved drinking water facilities;
* Supporting the government through institutional capacity and systems strengthening to scale-up equitable and sustainable access to basic improved WASH services in schools and health facilities.

Education and learning

Outcome 3: Education – by 2022, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.
* Supporting the establishment of second-chance education learning opportunities in emergency and non-emergency situations so that more out-of-school children in Sudan, especially girls and those in the most vulnerable situations, access quality pre-primary and alternative learning opportunities;
* Increasing capacity of the education system to deliver quality and inclusive education services in conducive learning environments throughout the continuum of formal or non-formal schooling, from pre-primary to primary and into secondary;
* Enhancing the governance and managerial capacity of the Ministry of Education and Higher Education and other institutions to effectively legislate, plan, coordinate, and budget the provision of equitable and inclusive education opportunities.

Child Protection

Outcome 4: Child Protection – by 2022, more children are protected from violence, abuse, and exploitation and benefit from improved response and prevention systems.
* Strengthening the national capacity and accountability through policy advocacy of the Ministry of Social Affairs to address legal gaps in the protective environment and more effectively implement existing laws and policies on child protection, policies and budgets integrated across sectors;
* Supporting institutional and capacity development of Ministry of Security and Social Development, Ministry of Justice, Ministry of Interior and FCPU professionals to deliver specialized child protection services at state and locality levels, in line with international standards and referral mechanisms;
* Supporting the capacities of children, families, and communities to protect themselves by enhancing the knowledge and skills of rights-holders, establishing formal community commitments, and supporting risk mitigation activities promoting practices and behaviours that protect children and women.

Policy, evidence and social protection

Outcome 5: Policy, evidence and social protection – by 2022, disadvantaged and excluded children are benefiting from improved policy environment and strengthened social protection system.
* Strengthening capacities of national and sub-national government partners for evidence-informed child-centred policy formulation, planning and budgeting;
* Strengthening institutional capacities of government partners to develop and deliver child-sensitive social protection, particularly to children and families in the most vulnerable situations.

Programme effectiveness

Outcome 6: Programme Effectiveness – 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.
* UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes;
* UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues;

* Strategies to address cross-cutting issues related to child rights are developed and applied.

(Source: UNICEF Sudan Country Programme Document, 2018-2021)

26. On **Outcome 1 - Health and Nutrition**, UNICEF's programme targeted both development of plans and capacities of government institutions at the federal, state and locality levels to ensure that the health facilities and service providers at decentralized levels including at community levels had the capacity to deliver immunization, integrated management of childhood illnesses (IMCI), basic obstetric care, new-born care, and nutrition interventions. Annual Reports for the years from 2018 show that across various states, health system strengthening interventions included providing 85 percent of the states' a functional cold chain, solar electrification of 84 PHC facilities,[31] and District Health Information Management System in 18 states equipped with monitoring and data management system.[32] UNICEF provided health centres with essential equipment and strengthened the capacities of midwives. On nutrition, a new initiative focused on mid-upper-arm circumference (MUAC) measurement for families to enhance the ongoing community-level early detection and referral of malnourished children; mothers of children with SAM received orientation sessions and training in the nutrition centres on using MUAC tape for screening and how to identify malnourished children, refer them to the OTP centres and monitor their treatment progress at home.[33] UNICEF led the Risk Communication and Community Exchange (RCCE) initiative of the UN following the COVID-19 which focused on vaccine refusal and hesitancy, besides enabling the GoS in drafting a national vaccine deployment and RCCE plan.

27. As regards **Outcome 2, Water, Sanitation and Hygiene (WASH),** seeking to build capacity of the MOH[34] and Ministry of Irrigation and Water Resources (MoIWR) and local authorities and service providers on sanitation, UNICEF has used a two-pronged approach to address the WASH needs: (a) elimination of open defecation and scaling up access to basic sanitation by supporting the implementation of the National Roadmap for the elimination of open defecation; and (b) sustaining and increasing access to basic water in water-scarce areas. Using community-led-total-sanitation (CLTS) approach involving multiple partnerships with state, locality, communities and NGOs, UNICEF and service providers have undertaken sustained advocacy to promote open-defecation-free (ODF) status. The pace of CLTS accelerated exponentially since the high-level launch in 2019 of the national roadmaps to make Sudan open-defecation-free. From just around 40 ODF-certified communities per year through 2017, there was a significant increase to 243 and 454 ODF-certified communities in 2018 and 2019 respectively[35] which further picked up pace during 2020 - 2022. UNICEF supported the Government of Sudan (GoS) by building capacities in the use and operationalization of the web-based WASH Information Management System (IMS), collaborating on the costed roadmap with prioritized interventions for Sudan's realization of SDG 6.1, 6.2 and 6.5 targets for reaching everyone with access to basic water and basic sanitation by 2030.

28. On **Outcome 3 – Education and learning** - UNICEF focused on improving the quality of education through support to the development of school curricula and teachers' training; and providing access to education for out-of-school-children (OOSC) with a focus on nomadic children, internally displaced persons (IDPs) and refugees. UNICEF also provided, in collaboration with the Ministry of Education (MoE), alternative education where formal education was not available, and launched the *Learning Passport*, an e-learning platform[36] which aims at allowing children to continue education

[31] UNICEF, in collaboration with the FMoH and GAVI launched a solarization project targeting 100 health facilities in rural areas. The project leverages power supplied primarily for cold chain. It is a major infrastructure and capacity improvement in the primary healthcare (PHC) sector (Source: UNICEF Sudan, The Country Office Annal Report 2019)

[32] UNICEF Sudan, Results Assessment Module (RAM) 2021, January 18, 2022

[33] UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020

[34] In Sudan, sanitation is the responsibility of the MOH, while water is under the MoIWR

[35] UNICEF Sudan, Results Assessment Module (RAM) 2019, undated

[36] The platform is adapted to Sudanese Arabic and housing the pdf versions of government textbooks; more than 1,000 audio-visual modules; more than 250 interactive learning activities; and assessments to measure learning progress.

throughout the closure of schools, and contributed towards an enabling learning environment through construction and rehabilitation of schools, classrooms and latrines and alternative learning programme (ALP) centres.

29. UNICEF also supported the GoS in developing national Education Management Information System (EMIS) and community-driven parent-teacher associations (PTAs), and contributed towards improving the quality of education through support to the development of school curricula and teachers training.

30. The **Child Protection (CPr) programme** (**Outcome 4**) aims at strengthening the child protection system through contributing to legislative reform, policies and strategies; institutional building of key MDAs, including the National Council for Child Welfare (NCCW) and the Ministry of Welfare and Social Security (MWSS) and strengthening capacities to deliver quality emergency and long-term specialized child-protection services by social workers, law enforcement and the justice system. The child protection programme also aimed at setting up Community Based Child Protection Networks (CBCPN) and supported behaviour change through addressing social norms, focusing particularly on FGM.

31. The **Annual Management Plans** (AMPs) offer the CO an opportunity to review its priorities based on half-yearly or annual review of the programme. While the AMP priorities over the period (Table 2) show consistency in their emphasis on nutrition and health, education (particularly OOSC), and child protection/safeguarding, evidence generation feature in 2018 and 2021 AMPs, and peacebuilding appear to have been introduced as priority in the 2020 and 2021 AMP to contribute to UNITAMS core mandate.

Table 2: AMP priorities, 2018-2021

2018	2019	2020	2021
Child survival (H&N, WASH)	Contribute to Stunting Reduction in Sudan	Contribute to Stunting Reduction in Sudan	Revitalizing primary health care
Education	-	Out of School Children and Girls Education	Improved access and learning for OOSC
Child protection	Advocacy for the Convention on the Rights of the Child (CRC) on the 30th Anniversary @CRC30	Promotion of peacebuilding, conflict sensitivity, gender and child safeguarding	Evidence generation for organizational learning and peacebuilding
Policy, Evidence and Social Protection	Prevention of Sexual Exploitation and Abuse	-	COVID-19 vaccine procurement and equitable delivery
-	Efficient programme management and implementation	Alliances and partnerships for transformative change and results	-

(Extracted from AMPs for years between 2018-2021)

32. As regards the utilization of funds, the following Table (*Table 3*) shows the actual utilization of funds under the six programme areas during 2018-2022.[37] As can be seen, over 42 per cent of the budget[38] is utilized for health and nutrition which has consistently been the largest component, followed by WASH, Education and child protection in that order.

[37] The figures for 2022 are likely estimated utilization by the end of the year.

[38] This Table presents only the funds utilization on programme sectors, and does not include the management and other costs. Hence the total utilization in this Table adds up to US$547.8 million only, while the overall utilization including management and overheads is US$596.7 million.

Table 3: Year-wise Funds utilization by programme sectors (US$), 2018-2022

Sectors	2018	2019	2020	2021	2022	Total	% of total
Programme effectiveness	4.284.850	4.689.833	6.169.010	7.795.986	16.107.037	**39.046.716**	6,54
Health & Nutrition	31.760.124	54.943.796	62.591.394	41.638.611	60.945.018	**251.878.943**	42,21
Water, Sanitation and Hygiene	9.855.740	16.625.771	20.519.070	21.321.899	21.986.643	**90.309.123**	15,13
Education and Learning	10.042.670	12.919.730	11.876.995	12.400.947	33.484.813	**80.725.156**	13,53
Child Protection	8.814.570	12.119.102	12.350.969	9.971.924	11.943.787	**55.200.351**	9,25
Policy, Evidence & Social Protection	1.893.699	2.342.479	3.873.892	6.010.015	16.591.858	**30.711.942**	5,15

(Source: UNICEF Sudan, October 17, 2022)

3. Findings of the evaluation

3.1 Coherence

3.1.1 Alignment with national and UN system-wide strategies, plans and priorities

33. **The country programme was developed and implemented (until the coup d'état in 2021) in close collaboration with the GoS to ensure alignment** with the priorities defined in Sudan's National Strategic Development Plan 2017-2020. It was designed to contribute to all five outcomes of the UNDAF 2018-2022, particularly the social services outcome, as well as the Multi-Year Humanitarian Strategy 2017-2019 and the Integrated Strategic Framework for the Darfur.[39] All of the basic services outcomes (H&N, education and learning, WASH, Child protection, social protection) which contribute to several SDG outcomes were framed and implemented in line with relevant national policies,[40] some of which UNICEF helped develop. While direct engagement with the GoS remains suspended post-coup, UNICEF continues to deliver its programme in accordance with the integrated UN country team's common approach[41] which is pivoted on lifesaving humanitarian assistance and life sustaining interventions throughout Sudan, and programmatic efforts on critical priorities in three areas that span the humanitarian-development-peace nexus: i) basic services,[42] community stabilization and resilience; ii) protection of civilians, rule of law and human rights; and iii) democratic transition, peace building and conflict prevention.

34. **UNICEF's health and nutrition outcome (outcome 1) were predicated on an integrated approach to providing access to basic healthcare, nutrition services and WASH,[43] in line with**

[39] UNICEF, Country Programme Document – Sudan, 2018-2021, 17 July 2017

[40] For example: National Health Sector Strategic Plan (2017-2021), National Reproductive, Maternal, Neonatal and Child Health Strategy (2016-2020); National comprehensive Multi-Year plan for immunization (2021 to 2025), National Nutrition Policy, the WASH Sector Strategic Plan; and the Sudan National Sanitation and Hygiene Strategic Framework, the National Roadmap for making Sudan Open Defecation Free by 2022, The National Water Supply Transformation Strategic Plan, 2021 – 2031, 2018-2022 Education Sector Strategic Plan (ESSP), Sudan SDG6 Plan 2019-2030, National Child Protection Strategy and Action Plan.

[41] United Nations Sudan, UN in Sudan – Common Approaches and Priorities

[42] Basic services prioritized in the Common Approach include: Health; Food and Nutrition; Water, Sanitation and Hygiene; Education; Social protection; Provide technical support / capacity building for systems that deliver basic services at scale throughout the country; advocate for and support public financing of essential services and the SDGs.

[43] UNICEF Sudan, Consolidated Programme Strategy Note, 2019

government policies. Working mainly with the Federal and State Ministry of Health (FMoH/SMoH) and WHO, the key policies of the GoS that provided the reference point for UNICEF's programme were: the national nutrition policy,[44] Health Sector Strategic Plan, National Reproductive, Maternal, Neonatal and Child Health Strategy (2016-2020), National Comprehensive Multi-Year Plan for Immunization (2021 - 2025), National Health Sector Recovery and Reform Policy 2021-2024 being the important ones.[45]

35. **The WASH outcome (outcome 2) and related outputs are aligned with the Sudan SDG6 Plan 2019-2030, the GoS' WASH sector strategic plan** and several other related polices and frameworks which UNICEF was involved in developing or updating.[46] Before the coup, close collaboration was held with the FMoH/SMoH, the Ministry of Irrigation and Water Resources (MoIWR), the State Water Corporation SWC (Water and Environmental Sanitation, WES), the MoE, as well as international and national NGOs and the private sector. Since the coup, active engagement with the government on policies and their implementation has stopped; technical collaboration at locality level for delivery of WASH activities at community level, however, continues.

36. **The UNICEF education and learning programme (outcome 3) supported the implementation of sector priorities in the 2018-2022 Education Sector Strategic Plan (ESSP) of the GoS.** The UNICEF Education and learning programme is implemented in partnership with the MoE and other organizations active in primary and to a limited degree also pre-primary education, and providing alternative education where formal education is not available. UNICEF supported the MoE to developed the Girls' Education Sub-Sector Strategy and to review the Teacher Training Strategy. Sudan was successfully awarded three main Global Partnership for Education (GPE) grants including the Programme Implementation Grant and the Accelerated Funding Grants following the approval of the ESSP 2018/19-2022/23 by the Education Partner's Group. UNICEF played a lead role through advocacy and consultation leading to consensus on the financing priorities.[47]

37. **On child protection (outcome 4), working with the NCCW, UNICEF helped revise the Federal Child Act 2010 to bring it in line with the Convention on the Rights of the Child (UNCRC).** On key aspects of child protection and other related protection issues (FGM/C), use and recruitment of children by armed forces and groups, UNICEF worked closely with relevant government departments and, to a lesser extent, with the integrated mission, UNITAMS, which has the primary mandate on protection of civilians.

38. **The evidence and social protection component (outcome 5) focused on enabling the government in generating and using data and evidence for development of policy and plans** for adequate public financing of social protection system that ensures multi-sectoral response to acute and chronic vulnerability facing Sudan's children and their families. Sudan has had a basic social protection system comprising the *Zakat* fund providing a range of benefits to 1.9 million households, besides social insurance which covers full range of pensions and work injury limited to the formal sector. A national

[44] Republic of Sudan, National Nutrition Policy (2019-2024), Federal Ministry of Health, January 2021

[45] Additionally, UNICEF's technical support enabled review and updating of several guidelines and policies, including the national nutrition policy, CMAM operational manuals, national breast-milk substitute (BMS) code, infant and young child feeding (IYCF) guidelines geared towards women in emergency settings, National New-born Road Map and Essential Service Package and malaria strategic plan. (UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020)

[46] Key plans and roadmaps developed and/or updated with UNICEF's assistance were: the WASH Sector Strategic Plan; and the Sudan National Sanitation and Hygiene Strategic Framework; the National Roadmap for making Sudan Open Defecation Free by 2022; The National Water Supply Transformation Strategic Plan, 2021 – 2031; The Strategy for Sustainable Operation and Maintenance of Water Yards, 2020; The Integrated Water Resources, Environmental and Social Impacts Assessments of Targeted localities in Kassala, Gedaref, Red Sea and Blue Nile states, 2021

[47] UNICEF Sudan, Combined outcomes and outputs and End of year summary narrative, 2019; and UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020

health insurance fund exists with very limited coverage.[48] KIIs and UNICEF documents show that significant progress on partnership, dialogue on social legislative and protection policy developments were made during the CPD period, working with several other organizations including the Ministry of Labour, World Bank, UNDP, African Development Bank, International Labour Organization (ILO) who were part of the Social Protection Working Group. Like in other programmes, engagement with government however remains suspended, with little clarity about the current government's priorities and likely emphasis on social protection.

39. **Across all sectors, UNICEF programme's strong alignment with the GoS priorities and its good working relationship with relevant GoS Ministries and partners in the basic services sector, particularly during the existence of the transitional government, enabled it to provide leadership and co-leadership in sector/cluster[49] coordination** in nutrition, education, WASH and child protection. For humanitarian programmes, based on the multi-year interagency humanitarian response strategy[50] and annual humanitarian response plans under the aegis of the Humanitarian Coordinator, developed in agreement with the GoS, UNICEF has been a key provider. Throughout the CPD, up until the coup, most of the delivery of humanitarian response has been through the governments at state and locality levels. In the subsequent period, UNICEF diversified its implementation modalities by switching from implementation largely through government line ministries to more emphasis on CSO partnerships and direct cash modalities to frontline workers. This was done by prioritizing programming at state and locality levels with emphasis on resilience-oriented programmes, while suspending some of the upstream policy work. KIIs with UNICEF staff suggest that while in the past (pre-coup) over 70 per cent of delivery was done through the GoS apparatus and the rest through NGOs, it has reduced substantially after the coup. UNICEF now engages with the government through a third-party modality of cash payment, re-orientating the latter's role towards monitoring and quality assurance, rather than direct implementation.[51]

3.1.2 Alignment with UNICEF strategies

40. **The outcomes and partnership approach outlined in the CPD correspond to the UNICEF Strategic Plan 2018-2021 and the aims outlined in the strategy.** At sectoral level, the CPD was planned to align with UNICEF's five core goals of its strategic plan,[52] namely child survival, education, child protection, safe and clean environment, and equitable chance in life. At the level of individual sectors, the sectoral plans reflect priorities and approaches outlined in UNICEF's global strategies in respective areas.[53] The Protection programme is closely aligned with UNICEF 2008 Global Child Protection Strategy, along the strategy's five principal sections,[54] following the main approaches for building a protective environment. UNICEF also makes efforts to integrate humanitarian action and gender equality. However, gender integration still lacks emphasis on gender-discriminatory roles and

[48] Source: International Labour Organization, https://www.socialprotection.org/gimi/Contribution.action;jsessionid=NybaiZkk2S67Mya6RpAqs6r1JJbibFekc0Ad1eY1CwpTgB4cwMGu!-915126135?id=750 (accessed 15 October 2022)

[49] In Ethiopia, Clusters which are part of the Inter-Agency Standing Committee (IASC) Mechanism are also referred to as sectors, and vice versa.

[50] UN Sudan & HAC, Multi-year Humanitarian Strategy 2017-2019, January 2017

[51] UNICEF Sudan, RAM Report 2022, December 2022

[52] UNICEF, UNICEF Strategic Plan 2018-2021, UNICEF New York, January 2018

[53] UNICEF Strategy for Health 2020-2030; UNICEF Strategy for water, sanitation and Hygiene 2016-2030; Every Child Learns – UNICEF Education Strategy, 2019-2030; UNICEF Child Protection Strategy 2021-2030; Nutrition for Every Child – UNICEF Nutrition Strategy 2020-2030

[54] (a) strengthening national protection systems, and (b) supporting social change; followed by (c) promoting child protection in conflict and natural disasters. The cross-cutting areas are (d) evidence-building and knowledge management, and (e) convening and catalysing agents of change.

practices, mainstreaming gender in programme design and delivery as well as engaging more with men and boys, and the need to change social norms to address the root causes of gender-based discrimination.

41. **In line with its Core Commitments for Children in Humanitarian Action (CCC), UNICEF has been one of the largest humanitarian response agencies in the country**, with nearly half of its annual expenditure (Table 4, *Section 3.3*) going into humanitarian response during every single year from 2018. In line with the CCCs which emphasize linking humanitarian response with development, UNICEF has increasingly been emphasizing programming for resilience at community and locality level through conflict-sensitive and humanitarian-development-peace nexus approach. In the early part of this CPD period, the programmes were mostly humanitarian which, following the revolution in late-2018, shifted to development-oriented programmes that gave space for longer-term programming integrating resilience at community level in line with UNICEF's global emphasis on contributing to the 2030 Agenda for Sustainable Development. With the October 2021 coup, as the pendulum swung back to humanitarian operations and most of the development funding dried up, the nexus approach to build resilience becomes highly pertinent. The newly launched joint programme with WFP on resilience and social cohesion is a good beginning. To be implemented in Darfur over a four-year period, it combines provision of basic services and capacity building at locality and community levels with peacebuilding, disaster risk reduction and climate change adaptation.

Key finding

UNICEF programme covering multiple sectors across development and emergency response demonstrated a high degree of alignment with Government, UN and UNICEF goals and strategies.

Conclusion on coherence

The CPD was closely aligned with government policies, UN system-wide strategies and UNICEF internal policies and strategies. UNICEF has been able to work in close collaboration with the Government of Sudan, while playing an active role in sectoral coordination and in the development or updating of major sector policies and frameworks, till the coup in 2021. Following the coup, a change in overall programming approach was needed, with UNICEF demonstrating the capacity to focus on active engagement at locality level quickly and effectively. UNICEF has been able to apply a humanitarian-development-peace nexus approach and a conflict-sensitive programming, emphasizing resilience at community and locality level, which becomes even more pertinent after the 2021 coup.

3.2 Relevance

3.2.1 Addressing the most-urgent needs and responding to major changes

42. UNICEF's programme strategy notes[55] and accompanying sectoral strategy documents show **evidence of systematic identification of needs and a prioritization process reflected in Annual Wok Plans (AWP).** The Juba Peace Agreement was followed by a substantial rise in development funding (as well as humanitarian funding in 2019 for a number of emergencies) which led to UNICEF scaling up its partnership in order to deliver quality services for vulnerable children. As meeting basic needs continued to be a priority area for most development partners, UNICEF was able to leverage its programming capacity at scale. After the establishment of the new transitional government, UNICEF stepped up its support to the GoS and partners to enhance institutional capacity for delivery of social protection and social assistance to vulnerable children and families in Sudan. Results of the UNICEF-supported Simple, Spatial Survey Method (S3M) were endorsed and disseminated by the GoS in July 2019 that helped to determine geographical areas with the highest needs, while enabling better targeting and programme expansion based on a prioritization approach.

[55] UNICEF Sudan, Consolidated Programme Strategy Notes (Internal), 2019

43. Following favourable political environment in the country during 2019-2021, **UNICEF thus assisted the government in prioritizing areas with highest needs including revamping its social protection programme targeting the most-vulnerable.** UNICEF supported the government to review its flagship cash transfer programme[56] so as to improve the accuracy of targeting by introducing a harmonized approach to determining programme eligibility based on proxy means testing, as well as the establishment of an integrated beneficiary database.[57] The progress made by the Government was welcomed by all development partners, and institutions like the World Bank, European Union (EU) and other UN agencies also began engaging with the GoS on social protection for the vulnerable. As part of this, the capacity building of the Central Bureau of Statistics (CBS) and the Poverty Unit of the Ministry of Social Security and Welfare were supported by UNICEF to enable them to perform child poverty analysis and child-focused vulnerability analysis for SDG1 monitoring.

44. **UNICEF programming in different sectors has been strongly determined by vulnerability analysis for which it relied on systematic data and studies conducted from time to time.** A major initiative has been to develop a nationwide vulnerability map which identifies the hotspots of child vulnerability based on multiple criteria and hazard vulnerability through the S3M II carried out in all 18 states of Sudan.[58] This, combined with its presence in 12 of the 18 states (through 6 field offices and 6 sub-offices) keeps UNICEF connected on the ground, being able to build local partnerships and undertake necessary actions that address the most urgent needs. Based on this mapping, UNICEF has identified 122 priority localities in the country which are multi-dimensionally vulnerable (92), flood and drought-prone (26) and conflict-prone (4). KIIs with staff showed that there was a good understanding and uptake of this map in the field offices (FOs) as well as among the NGO partners interviewed. Within the vulnerability analysis discussed above, the nutrition and WASH programmes have developed further granular analysis of needs using locality and district level data which when overlaid on the vulnerability map help identify specific communities within localities for targeting. UNICEF's programming has thus been mostly relevant. However, without the active engagement of the GoS some important child protection issues are likely to remain unaddressed (see effectiveness section).

45. **UNICEF's WASH response sought to bring about transformative and gender-responsive change through influencing policies, strategies and programmes, particularly prioritizing cholera/acute watery diarrhoea (AWD) hotspots, water scarce hot spots and areas with high malnutrition prevalence.**[59] The strong correlation between poverty rate and open defecation justified the selection of the targeted states for WASH interventions. This was later confirmed by the vulnerability map developed by UNICEF during the current programme. While the vast majority of the interviewees agreed with the selection of targeted states, a minority believes that there are areas within the excluded states that suffer from similar or worse development conditions than the areas covered by the programme. So, while the map enables UNICEF to focus on the most-vulnerable communities, there are pockets of vulnerability outside of these areas/localities where needs might remain unaddressed; and reaching out to communities in these pockets maybe costly. This is a conundrum UNICEF faces all the time, for example, in targeting remote and hard-to-reach or inaccessible areas for Extended Programme of Immunization (EPI) coverage. How UNICEF balances its geographical focus with the scattered unmet needs in the country will depend on how it links its development arm with the humanitarian arm internally, and with other partners externally.

46. **A strong emphasis on data and evidence-driven policies and programmes in various sectors backed by support on capacity building to implement these enabled the GoS to prioritize**

[56] Introduced in 2012 to mitigate the impact of economic and subsidy reforms undertaken following the secession of South Sudan, the programme, administered by the Commission on Social Safety and Poverty Reduction (CSSPR) under the Ministry of Labour and Social Development (MOLSD), expanded rapidly in the last several years, reaching approximately 500,000 households or 7 per cent of all households across Sudan.

[57] UNICEF Sudan, Combined outcomes and outputs and End of year summary narrative, 2019

[58] Ministry of Health, Simple, Spatial, Survey Method Sudan (S3M II), Khartoum, 2018

[59] UNICEF Sudan, Consolidated Programme Strategy Notes, Internal (2019)

some of the key programmes, for example: developing a database for GoS cash transfer/social protection programme; national baseline assessment of WASH situation in schools; national situation on OOSC; data from a study of *hafirs* used in national planning; district level health information system, among others. While there is no definitive information on the fate of these significant achievements in the current period, KIIs at state levels suggest that these are being run down for lack of adequate support from the government or UNICEF and other agencies.

47. **UNICEF demonstrated flexibility to respond to major changes in context and various emergencies, including the COVID-19 during 2020-2022.** UNICEF's emergency preparedness and response strategy which is part of its humanitarian strategy enables it to provide life-saving services to population in acute need, including the internally displaced and refugees. This includes leveraging its cluster lead roles and multiple partnerships with GoS, local authorities, local and international NGOs, besides other UN agencies. Following the revolution at the end of 2018 as opportunities for significant scaling up of development interventions in partnership with the transition government emerged from 2019, UNICEF engaged with it on all areas of basic service provision. The CPD period was marked by UNICEF's involvement in several major emergencies facing the country. At the beginning of the CPD period, UNICEF responded at scale to the needs of South Sudanese refugees (2017-2018); the year 2019 witnessed several disasters including outbreaks of cholera which affected children, boys and girls; and 2020-2021 saw the COVID crisis and its aftermath, as well as the Tigray crisis that brought thousands of children and families as refugees inside Sudan. All of these demanded multi-sectoral emergency response. Besides meeting urgent humanitarian needs, UNICEF was either leading or involved in a number of advocacy campaigns on behalf of children as well.

48. **The emergence of UNITAMS as an integrated mission with mandate on facilitating the transition process opened up space for the peacebuilding process to start, though there is a varied understanding of how programmatic interventions can contribute to peacebuilding.** Several UN agencies including UNICEF began to integrate peacebuilding in their programmes. KIIs with both internal and external stakeholders showed a varied understanding and interpretation of what this means for a humanitarian or development agency. Peacebuilding is a loaded term with various connotations involving service provisions, negotiations, dialogue, arbitration, adjudication, reconciliation, peacekeeping and governance. All agreed that UNICEF programming cannot be driving peacebuilding but, while UNITAMS continues to drive peacebuilding, through its programming UNICEF can seek to strengthen community resilience in a conflict-sensitive manner that fosters social cohesion, and this may contribute to peacebuilding, which is highly relevant in the current political context, with clashes over access to land, water and other resources and reoccurring armed conflict in the Darfur, Blue Nile State and Kordofan. UNICEF's emerging focus on resilience at community and locality level is highly relevant in the current context as while the current impasse with regard to any development scenario in the country continues, it is likely that donor funding is going to decline, and most funding may, in foreseeable future, be of humanitarian nature. It is highly likely that Sudan will remain in a protracted humanitarian scenario, with chronic and acute needs of a vast numbers of people needing to be addressed.[60] Similarly, UNICEF's targeted cash transfer programmes (MCCT+) linked to vulnerability-reduction outcomes would become increasingly relevant and their need urgent.

> 'UNICEF's programme cannot be an incentive for peacebuilding, but may contribute to peacebuilding. UNICEF needs to be guided solely by need, peace may follow'.
>
> - *An external key informant*

49. **With 19 per cent of the population being between 15-24 years of age (UN 2018), and young people being a driving force in striving for change, a significant gap in UNICEF's programme has been a lack of strong focus on youth and adolescents.** This is acknowledged in internal discussions (Mid-Term Review, for example) and KIIs. There is no clear strategy regarding this,

[60] As the context section shows, already close to a quarter (22 per cent) of the country's population are facing acute food insecurity.

though attempt has been made to include them in some of the community groups (for instance, girls' clubs, community child protection network) and sporadic training and other events, besides their participation in alternative learning programme (ALP). According to WHO, Sudan has about 20 per cent of its population who are in the 10-19 years age group,[61] and this offers a significantly large target group for UNICEF's programme through SBC, health campaigns, social cohesion and community mobilization. In the past one year the CO has been attempting to develop the office's capacity in this regard.

3.2.2 Integration of cross-cutting issues

50. **Integration of gender issues has been prioritized in plans, but with limited resources.** The CPD laid strong emphasis on gender equality and gender-sensitive policies, drawing lessons from the previous CPD cycle. The mid-term review (MTR) and programme strategy notes (2019) highlighted the need for building staff capacities and promoting staff learning on gender responsiveness and integration so as to be able to consistently apply a gender lens in programming. *"The lack of dedicated capacity as required under the Gender Action plan negatively impacts meeting Core Commitments to Children and strategic priorities under the Gender Action Plan GBV Risk Mitigation",* noted the programme strategy notes.[62] KIIs with a number of UNICEF staff confirmed that the situation has not changed much from the time these observations were made in 2019. Apart from one staff member in the CO who is expected to give one-fifth of her time on gender issues, there is no other resource the CO or FOs can draw on. Interviews with staff indicated that the understanding of gender issues and gender equality has remained largely limited to activities or strategies that focus on girls (e.g., girls' education, FGM prevention, girls' clubs, child marriage, WASH in schools, SGBV/GBV, PSEA), and gender-disaggregated data, but less attention is paid to the inclusion of boys and men in the gender dialogue, e.g., on GBV, FGM and child marriage. Furthermore, a coherent analysis of the CP through a gender lens and the development of gender-friendly indicators to align the CP fully with the gender action plan (GAP) is still outstanding.

51. UNICEF Sudan's CO management is committed towards the implementation of UNICEF's corporate 'Protection against Sexual Exploitation and Abuse' (PSEA) obligations[63] and has demonstrated this commitment by training Implementing Partners (IPs) on PSEA in 2021[64] and by developing a PSEA Action Plan. All NGO partners are assessed for their PSEA-compliant policies within the organizations. UNICEF has also 'nominated' and trained PSEA advocates in all 12 UNICEF field/sub-offices, most of them being part of the child protection unit, and developed an internal reporting mechanism, according to UNICEF CO and FO key informants. The PSEA Advisor worked closely with the education team, especially in developing a Code of Conduct for teachers, which was piloted in West Kordofan. Challenges remain in reaching contractors and government with PSEA training and assuring their full understanding and commitment to UNICEF PSEA standards, in establishing reporting channels, ensuring that communities have knowledge about these channels, and ensuring that reporting channels are accessible, trusted and functioning

52. **In line with UNICEF guidelines**,[65] **another important thrust has been in integrating conflict-sensitivity in programme planning and implementation.** KIIs with UNICEF staff in FOs indicate that while there is broad understanding of the need for conflict-sensitivity, there is lack of clarity on how to operationalize this in programming

> "We deliver services and capacitate local authorities while an undercurrent of conflict may be brewing. Then conflict flares up and all the work we did is destroyed. We start all over again." *- A UNICEF respondent*

[61] https://www.who.int/news/item/14-08-2019-sudan-takes-action-to-improve-the-health-of-its-youth-aa-ha!
[62] UNICEF Sudan, Consolidated Programme Strategy Notes (Internal), 2019
[63] KI Interviews with UNICEF staff
[64] Interview Key Informant and RAM 2021
[65] UNICEF, Conflict sensitivity and peacebuilding – programming guide, November 2016

terms. There are capacity issues in some of the FOs which often mean that conflict-sensitivity integration has been weak in programmes which is now being strengthened. All FOs were trained in tools for conflict-sensitive programming; KIIs indicate that Darfur FOs are well versed in this through their years of involvement in this conflict-affected region.

3.2.3 Comparative advantages and leveraging the UN system

53. **UNICEF's long history of working with the government over several decades and its substantial footprint on the ground through FOs gives it a distinct advantage which is reflected in: (a) its ability to engage with the government and influence policies, and (b) deliver basic services at-scale in partnership with multiple actors.** UNICEF has extensive partnership with government at federal (at least, till the 2021 coup) and state levels. All these make UNICEF a preferred partner for many donor agencies. UNICEF has been the main provider of the cold chain network for EPI in the country, sole agent for all vaccines delivered to Sudan and major partner for Polio and vit A supplementation campaign which reached over 8.5 million children in 2021. It is the sole provider for treatment of (non-complicated) Severe Acute Malnutrition (SAM) through health centres run by the Government and NGOs. The number of Outpatient Therapeutic Programmes (OTP) sites increased from 1,478 in 2019 to 1,614 in 2020,[66] and 1,838 centres across Sudan in 2022.[67] This represents about 36 per cent of existing health centres in the country. Data from Annual Reports show that over 2.8 million people were provided access to drinking water between 2018 and 2021, and over a million people gained access to basic sanitation, besides over 450 schools and health facilities being provided with water facilities. Similarly in education and learning, it is the largest provider of education materials and school constructions/repairs. For example, in Kassala, UNICEF is the primary and largest supporter of education in the state, supporting 100 schools, while the second largest agency supports only 24 schools.[68] In South Darfur UNICEF works across the state while other partners like ZOA, World Vision International, World Food Programme (WFP), Save the Children work in a limited number of localities; UNICEF has built or rehabilitated a large number of schools and runs Alternative Learning Programme (ALP) centres on a similar scale. There is a good brand recognition of UNICEF at community level as well.

54. **UNICEF's ability to undertake evidence-based advocacy on major policy issues building on its work on the ground is another distinctive strength which enables it to work at both policy and delivery ends.** Together with WHO, UNICEF successfully advocated for the government to contribute to fill the funding gap for vaccinations – a 2016 Agreement with the GoS laid down that the latter will cover at least 45 per cent of the cost of vaccinations by 2019.[69] In the following year, despite the effects of the COVID-19 pandemic, the GoS filled a funding gap of $5.6 million for the nationwide polio vaccination and mass long-lasting insecticide-treated nets (LLIN) distribution campaigns. KIIs with UNICEF staff however confirmed that since 2021 as the GoS contribution has stopped due to economic crisis and political turmoil in the country, UNICEF has been bearing the full cost of the vaccines and maintaining the pipeline for the ready-to-use-therapeutic-food (RUTF) used in treatment of severe acute malnutrition (non-complicated). The Sanitation Road Map developed and issued by the MoH with UNICEF support represents a high level of political commitment (it was declared by the Prime Minister in a launch event attended by nine ministers). Also, UNICEF's consistent advocacy over the past several years, in partnership with the United Nations Population Fund (UNFPA) and WHO, led to the adoption of Article 141 of the amendment to the Criminal Act which criminalizes FGM/C in Sudan, and a roadmap for its implementation was also developed. The sustained advocacy at federal and state levels led to adoption of an ODF roadmap. These are some of the examples of UNICEF's successful advocacy linking

[66] UNICEF Sudan, Sudan Humanitarian Situation Report No. 1 January – March 2022

[67] UNICEF Sudan, Results Assessment Module 2022, December 2022

[68] Field visit to Kassala

[69] During that year the GoS mobilized domestic resources to pay for 20 per cent of the cost of traditional vaccines and all required syringes and associated devices. UNICEF Sudan, The Country Office Annal Report 2019.

its work on the ground with national policies. The willingness to provide practical support in delivery of services as well as back its advocacy work with well-researched data were key contributory factors in its advocacy successes.

55. **UNICEF has leveraged strategic partnerships with several UN and related international agencies over the years to ensure synergy and complementarity in programmes and advocacy with government.** Besides strategic partnership with WHO on health and nutrition, UNICEF has a Memorandum of Understanding (MOU) with WFP on nutrition in Sudan which covers all areas of complementary nutrition programming. There is also broader coordination on nutrition among UN agencies through UN Nutrition Sudan, a network of the SUN Movement, which is chaired by UNICEF. Both UNICEF and WFP have now (2022) launched a new joint programme to strengthen resilience and social cohesion in Darfur. Funded (US$ 100 million over four years) by the German Federal Ministry for Economic Cooperation and Development (BMZ) through the KfW German Development Bank, the programme aims to provide durable solutions to nearly 300,000 people affected by multiple shocks related to conflict, climate change, natural disasters, and economic downturns. A strategic partnership with UN Population Fund (UNFPA) on FGM/C and PSEA is another key alliance that helped in advocacy as well in operationalizing actions on the ground to scale up and accelerate efforts to reduce FGM/C prevalence in Sudan through the Saleema Initiative. UNICEF also contributed to other UN joint programmes, including rule of law project with UNDP, protection of children on the move with UNHCR and UNFPA, scaling up birth registration and GBV interventions.[70] The UNFPA-UNICEF-WHO Sudan Free of FGM Initiative Phase 2, funded by the UK Foreign Commonwealth & Development Office and Canada, as well as the joint programme UNFPA-UNICEF against FGM have been implemented. UNICEF plays a key role in various interagency processes through the integrated mission: for instance, it currently co-leads the Integrated Programme Management Team (IPMT) which seeks to harmonize programming by all UN agencies. As coordinating agency, UNICEF supported Sudan's successful applications to two GPE main grants and multiplier funding; UNICEF served as the communication link between GPE partners, i.e., the government, GPE Secretariat, World Bank, and education coordination group which included donors, UN agencies and civil society organizations. Partnership with multiple agencies including the World Bank, European Union and Economic Policy Research Institute (EPRI) on social protection policies and programmes made significant progress prior to the October 2021 coup.

Key findings

UNICEF programming in different sectors has been strongly determined by vulnerability analysis for which it relied on systematic data and studies from time to time. Development of a nationwide vulnerability map, combined with its extensive field presence give UNICEF the capacity to undertake at-scale programming targeted at the vulnerable.

In its work with the government, following favourable political environment in the country during 2019-2021, UNICEF assisted the government on revamping the social protection programme targeting the most vulnerable.

The current political context renders much of the progress made with regard to vulnerability-focused government policies and programmes redundant, at least in the foreseeable future. While UNICEF can ensure continuity of some of the basic services through working with NGOs, civil society and local officials, a number of issues are likely to remain unaddressed without the active engagement of the GoS (see *Effectiveness* section).

UNICEF demonstrated flexibility in responding to major changes in context and various emergencies, including the COVID during 2020-2021.

[70] Implemented through the Asylum, Migration and Integration Fund.

UNICEF programming has laid emphasis on cross-cutting issues of gender and conflict-sensitivity, though little attention to the inclusion of boys and men has been given. The limited resources devoted to the integration of gender is also an important negative element.

UNICEF's comparative advantage lies in: (a) its ability to engage with the government and influence policies building on its work on the ground, and (b) deliver basic services at-scale in partnership with multiple actors.

The integrated mission opened space for engagement on peacebuilding process to start. Field staff need greater clarity on precise role of UNICEF in peacebuilding.

UNICEF has leveraged strategic partnerships with several UN agencies over the years to ensure synergy and complementarity in programmes and advocacy with government.

Conclusions on relevance

1. UNICEF's strong focus on vulnerability and multi-sectoral programming capacity leveraging multiple partnerships make UNICEF's programming remain relevant in the current context of political uncertainty and economic hardships faced by people. Given the urgency of key child rights issues, UNICEF's role in advocacy with government and other international institutions assumes high criticality at this juncture.

2. While UNITAMS continues to play a leading role in peacebuilding, UNICEF's programmatic relevance remains anchored in addressing vulnerability through providing basic services in a way that strengthens community resilience and social cohesion through addressing underlying drivers of social exclusion and conflicts, and this may – in turn - contribute to peacebuilding.

3. Mainstreaming of gender and promotion of gender equality have been prioritized in plans, but specific attention to inclusion of boys and men in the gender dialogue (e.g., on GBV, FMG and child marriage girls education, management of menstrual hygiene, adolescents health and nutrition, youth empowerment) as well as the inclusion of standard indicators related to gender action plan (GAP) together with the additional financial and human resources allocated to gender responsiveness and integration would be beneficial.

3.3 Efficiency

3.3.1 Use of resources and workflow process

56. **UNICEF's extensive footprint through its six FOs and six sub-offices covering the hotspots of chronic vulnerability, conflict and displacement enables it to rapidly respond to emerging urgent needs.** While this evaluation did not critically examine the rationale for locating the offices where they are, these locations have a significant presence of other humanitarian organizations including several UN agencies. More substantially, it is clear that extensive field presence has enabled timely delivery and facilitated outreach. Operating from these bases has enabled UNICEF to access some of the hard-to-reach areas and pockets of high vulnerability.

57. The precipitous collapse of the transition government and concomitant changes in programming strategy brought challenges which UNICEF, like all other agencies, has been navigating through. Due to this changed context and the restrictions regarding working with the GoS, UNICEF had to change its mode of delivery, seeking new partnerships and strengthening existing partnerships with CSOs. Thanks to its pre-existing partnership with several national and international NGOs which were implementing partners in emergency response in the past, UNICEF was able to make a rapid change in its implementation modality in late-2021 when it became clear that engagement with the new government was going to be challenging. At the local level, facilitated by its extensive field presence,

UNICEF has been engaging with locality functionaries like health officials, water departments and social workers to ensure that delivery of basic services to communities is not disrupted.

58. In terms of staffing, UNICEF has grown significantly in the past three years showing the capacity to reflect the expanded programme delivery. As the programme funding increased after 2018, from US$ 80 million to US$ 109-126 million (Table 4) during the years 2019-2021, UNICEF had to ratchet up its staff and overall management capacity. The increased scale of programme delivery during 2020 in response to COVID-19 pandemic besides other emergency responses created an increased demand for operational support. This necessitated increasing the capacity of operations team at Khartoum and Field offices level.[71]

Table 4: Overall resource utilization (US$), 2018-2022[72]

Resources	2022	2021	2020	2019	2018	% of total resources
OR - Emergency	66.128.722	55.003.473	67.695.349	56.070.029	41.694.062	47.82
OR - Regular	87.304.825	43.724.766	46.526.126	42.603.252	26.737.822	41.20
Regular resources	14.754.192	10.044.179	11.142.766	15.368.213	11.069.752	10.41
Others	661.150	537.980	598.808	983.692	676.396	0.58
	168.848.889	**109.310.398**	**125.963.049**	**115.025.186**	**80.178.032**	

(Source: UNICEF Sudan, October 2022)

59. **The workflow process involving partnership with NGOs remains cumbersome and delivery costs higher** than delivering through government, which raises questions over the viability of this *modus operandi*. UNICEF's programme delivery had been largely (over 70 per cent) through government partners before the 2021 October coup. According to UNICEF staff in CO and FOs, working through the government agencies kept the costs of delivery low for two reasons: (a) salaries and most of the administrative / overhead costs were covered by the government, and (b) transport for moving supplies from warehouses to localities were usually borne by the government agencies. However, with the government route now almost closed, most of the delivery is made through NGOs,[73] with all associated direct and indirect costs having to be provided for. Additionally, implementation through government agencies is often faster as UNICEF already will have an Annual Work Plan (AWP) agreed in advance which made release of funds from UNICEF faster. However, in case of NGOs, UNICEF must put in place project documents (PD) each time a grant is awarded to them, and this takes time. According to all NGOs and FOs interviewed during this evaluation, the PD process can take anything from 5-7 months, with emergency grants taking substantially less time. The process involves having clearance from the government's Humanitarian Aid Commission (HAC) at both state and federal levels. Once formal approval is received, the price quotations used in the original application often will have

[71] The number of staff members grew from 259 in 2020 to 284 in 2021;71 in 2020 alone, 109 consultants were hired beside 44 extensions requests for contracts issued in 2019.71 The 2021 Annual Management Plan (AMP) shows evidence of a rapid assessment of staffing and skills gaps following which certain staff positions were filled in priority programme areas. During 2022, the CO's financial resources went up by over 50 per cent compared to the previous year, and the total workforce stood at 425, with a third of this number comprising short-term consultants/temporary staff. Whether or not these significant increases in workforce which included substantial ad hoc/short-term recruitments were justified is a subject of another study - the CO is currently undertaking a comprehensive workforce review including its staffing and field office structure. (Data taken from UNICEF Sudan, Results Assessment Module (RAM) 2021, January 18, 2022, and UNICEF Sudan, Results Assessment Module (RAM) 2020

[72] The 2022 figures are estimated utilization by the end of the year.

[73] As mentioned previously, all engagement with government is now only through a third-party modality of cash payment, re-orientating the latter's role towards monitoring and quality assurance, rather than direct implementation.

escalated significantly, requiring another round of negotiation with UNICEF. With more than half of the annual grant duration gone in the process, NGOs then find less than 5-7 months remaining for implementation.[74] The increasing cost and time factors involved in UNICEF's delivery through NGOs raises questions about long-term viability of this modus operandi. There is however another side to the argument that NGOs often are able to deliver better quality as they work closely with communities.

60. Specifically on Child Protection, about 70 per cent of the CPr budget was dedicated to governmental Implementing Partners (IP).[75] Partnerships with INGOs and NGOs were few and only increased slowly following the October 2021 coup. The delays in developing new partnerships with non-governmental IPs was mainly due to the delays in the finalization of PDs and can partly be attributed to the lack of capacities and expertise.

61. **UNICEF relies on local supply for SAM treatment products, and this makes it time and cost-effective.** UNICEF Sudan CO is the main procuring agency for RUTF for SAM treatment in Sudan. It procures the commodities either directly from a local manufacturer, Samil, or through UNICEF Supply Division from international suppliers. Currently, Samil is responsible for the production and supply of almost half of the quantity of RUTF consumed in the country (capacity limitations do not permit a higher percentage). Considering the high efficiency of relying on local suppliers, UNICEF has explored another potential domestic supplier which however has not passed the stringent quality checks and procurement requirements so far.

3.3.2 Programme strategies

62. The country programme was operationalized through several key strategies by the CO, namely:[76] strengthen institutional capacity; policy advocacy; development of models for replication; communication-for-development (C4D)/SBC; evidence generation and analysis; strengthen and diversify shared value partnerships; UN working together; innovations; and private sector partnerships.

63. **UNICEF's investment in strengthening institutional capacity of the GoS at both federal and state levels as well as policy advocacy enabled significant expansion of the GoS' outreach capacity to deliver at scale.** This paid off well in terms of results in all areas where GoS had strong ownership. Despite being low on resources and weak on overall governance, GoS had put in place a fledgling welfare and basic service system providing healthcare, nutrition, education, water and sanitation, as well as some form of social protection to a limited number of vulnerable families throughout the country. UNICEF's support to the Commission on Social Safety Net and Poverty Reduction (CSSPR)[77] which is in charge of implementing the government's flagship programmes, *Shamel,* the national cash transfer scheme and the National Pension and Social Insurance Fund,[78] paved the way for streamlining government's social protection programme (*social protection* section).

[74] In this regard, UNICEF internal document (RAM 2021) however indicates that the work process with regard to PDs has improved and 84.4 per cent of the PDs were approved within UNICEF's global benchmark of 45 days. The anomaly may be arising due to the fact that while NGOs measure the time-frame from the time of first application through to the final approval with revisions where required, UNICEF CO may be using a different point of reference to the timeline.

[75] UNICEF KII

[76] Source: UNICEF Sudan, Revised Consolidated Programme Strategy Note, March 2021

[77] The International Policy Centre for Inclusive Growth, Social protection in Sudan: system overview and programme mapping, 2020

[77] Many governmental and non-governmental actors are involved in the Sudanese social policy scheme, most importantly: the Zakat Fund, which is the most comprehensive source of social protection in Sudan, reaching up to 3.7 million Sudanese families (as of 2018); and the National Health Insurance Fund (NHIF) which is the main health insurance provider.

64. **Partnership with government, UN agencies (see *relevance* section) and NGOs has been a key strategy in programme implementation as this enabled leveraging government's unique role in delivery of basic services through policies and direct action across the country enabling timely delivery.** Partnership with NGOs remained a critical implementation modality for nutrition, sanitation and hygiene interventions, with the involvement of the SMOH at locality level as the NGOs were able to strengthen the community participation element of the programme. In most states, NGO partners implemented the community-led-total-sanitation (CLTS) activities while the state Ministry of Health conducted monitoring, verification and certification of ODF status. During emergency responses, quick partnership with national NGOs enabled UNICEF to provide much needed sanitation and hygiene response in a short time; for instance, with Al-Twaki in Tigray Refugee response and with Peace Lights for Rural Development in Geneina IDP camp.[79] Working through local authorities and other partners, the UNICEF public health emergency (PHE) prevention, preparedness and response plan focuses on risk-based programming using a three-pronged approach: a) prevention of outbreaks, b) preparedness for potential outbreak, and c) supporting the response to control the outbreak.

65. UNICEF has started to engage with the private sector, exploring the involvement of construction sector in supporting the GoS in the construction of schools; providing facilities and other resources to early child education (ECE) for their employees/workers/communities where they operate; supporting school feeding schemes; supporting supplies in WASH, for instance. However, due to the current political and economic context, private sector engagement is yet to take off in any significant way.

66. **All these strategies have helped UNICEF reach a large number of vulnerable children with responses in different sectors.** While UNICEF reports show the number of children/people it has reached with specific interventions, to make a comparison of its reach against total needs and/or response by all development and humanitarian agencies in the country, the ET used HRP reports and Cluster/sector reports for the years 2018-2022 (See Annex 6). This comparison (where comparable figures were available) shows that UNICEF has consistently been reaching out to the largest proportion of children targeted/reached by all agencies reporting to the Clusters in several areas, namely:

- Provided 53 (2020) to 96 per cent (2018) of total nationwide SAM treatment to 6-59 months old children; UNICEF and its partners screened on an average 3.5 mn (2020) to 4.5 mn (2019) and 5.8 mn (2021) children for malnutrition
- Measles vaccination for under-1 and IMCI access provided for u-5: 27-37 per cent of children targeted by the entire sector covered by UNICEF and its partners
- On education and learning, some 14 to 71 per cent targeted children received support on education materials and financial assistance from UNICEF
- At least 25 to 53 per cent of people in need of basic drinking water and sanitation were being reached by UNICEF during various years.

Key findings

UNICEF's extensive footprint has enabled UNICEF to rapidly respond to emerging urgent needs and has facilitated outreach.

UNICEF has managed the transition in its mode of delivery well, switching from government partners to NGOs following the 2021 coup. However, the workflow process involving partnership with NGOs remains cumbersome and delivery costs higher than delivering through government which raises questions over the viability of this *modus operandi* if the current impasse vis-à-vis engagement with government continues.

UNICEF's efforts in strengthening the institutional capacity of the GoS at all levels and its partnerships have enabled the GoS' outreach capacity and role in delivery of basic services.

[79] UNICEF Sudan, Results Assessment Module (RAM) 2021, January 18, 2022

Conclusion on efficiency

As engagement with the current government remains partially suspended at federal and state levels, it is unclear if any of the outputs from the programme will be continued into the future. In this scenario, continued engagement with the government at state and locality levels which UNICEF continues to pursue remains crucial for effective delivery of basic services in health, nutrition, education, WASH, child protection, and social protection, along with engagement with NGOs, for efficient delivery of services in foreseeable future.

3.4 Effectiveness

67. UNICEF's multi-sectoral programme has continued to deliver outcomes for vulnerable children as per its intended objectives, despite setbacks due to the COVID-19 pandemic and the coup. A comparison of progress reported in annual reports and Results Assessment Modules (RAM) for different years (Table 5) shows that the programme exceeded the targets on at least four key indicators (highlighted in green), while in others the achievements showed either some improvement over the baseline or slight deterioration (highlighted in grey). In general, weak leadership, low investment and lack of capacity within the government system largely contributed to below results where they occurred. In the following subsections, each outcome area of the country programme is discussed in detail.

Table 5: Progress against CPD indicators and targets, 2018-2022

Indicators	Baseline	Target	Achieved (end of 2022)
Children < 1 year receiving measles-containing vaccine	89.9 % (2017)	80% (first dose)	83% (2021). Data for 2022 not available
Live births attended by skilled health personnel	77.5 % (2014)	90%	60%
Number of children (6-59 months) affected by SAM admitted into treatment	224,118 (2016)	250,000 (annual)	289,000 (2021); 266,763 (2022)
Percentage of children (0-5 months) who are exclusively breastfed	55.4% (national) (2014)	70%	62.4% (2021); NA (2022)
Proportion of population having access to a basic sanitation	33% (2014)	41%	37% (2021); 38% (2022)
Proportion of population using basic drinking water service	68% (2014)	76%	78%
Percentage of UNICEF targeted population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation	NA	100%	124,000 (% not known)
Gross enrolment ratio	Primary – 87%	NA	73.4%
Percentage of students able to read with comprehension on the grade-3 learning assessment	60% (2015)	NA	56%
Primary education completion rate	(79.3% (Boys: 84.8%; Girls: 74.3%) 2017	NA	46.9%
Number of OOSC accessing formal or non-formal education with direct support from UNICEF	276,091 (48.1% girls) 2016	1,000,000 (50 per cent girls); 2016	130,409
Number of children who have experienced grave violations	916 (2016)	458 (2021)	NA (2021)
Children in detention per 100,000 child population	238 (2016)	150 (2021)	122 (2021)
Percentage of girls (0-14 years) undergoing FGM/C)	31.5% (2014)	25.5%	31.5%

Percentage of UNICEF - targeted children in humanitarian situations receiving psychosocial support	NA	100%	54% of target
Number of children covered by social-protection systems	500,000 (2016)	1,000,000	NA
Public expenditure for children by sector	Education: 11.3% (2016) Health: 10% (2015) Sanitation: 0.01% of GDP (2014) Social welfare: 0.5% of GDP (2012)	Education: 5% increase Health: Sanitation: 15% (Abuja target >0.05% of GDP) Social welfare: >0.5 %	2021: Education: 1% Health:3% Sanitation: 1% Social welfare: 9%

(Source: UNICEF Sudan APRs and RAMS, 2018-2022)

3.4.1 Programme outputs and their contributions to outcomes

3.4.1.1 Outcome 1 - Health & Nutrition

68. **Overall, the evaluation findings below show that results on this outcome area are mixed. Efforts towards revitalization of health centres have proven to be effective, and the outputs on Health and Nutrition related to policy development and capacity building at national, subnational and locality levels showed signs of realising the intended objectives. However, the progress made so far is challenged by the political uncertainties in the country since late 2021.** A number of Indicators of both health and nutrition further show a critical and deteriorating situation. Despite UNICEF's contribution to improvements in early detection and treatment, the malnutrition situation in the country has for example stagnated (or even worsened in some years of the CPD) in the last three decades due to a complex range of factors underpinned by high levels of food insecurity and poverty, exacerbated by the economic crisis, inflation and high food prices, protracted conflict, internal displacements, climatic shocks (drought and floods), harmful social norms and cultural practices. The same has happened in two other key health areas: measles vaccination and live-births attended by health professional. Government absence, lack of resources and weak capacity in the health system are mainly responsible for this.

69. **UNICEF was instrumental in strengthening national and state-level government capacity and policy framework through support to the Scaling Up Nutrition (SUN) Movement** by bringing together multiple agencies to work in a coordinated manner and develop the SUN Roadmap for 2021-25 and the Nutrition for Growth commitments and develop a National Multisectoral Nutrition Plan. KIIs with government officials confirmed the critical role played by UNICEF in partnership with FAO, UNHCR, UNFPA, WFP and WHO in the nutrition programme which remains heavily donor-dependent.

70. **UNICEF built capacity of the FMoH on planning, implementation and monitoring as well as undertaking periodic reviews of health and nutrition programmes** and in helping develop national guidelines for continuity of lifesaving services during the COVID-19 pandemic, in addition to various policies and other guidelines. The FMoH was capacitated to adopt the Simple Spatial Survey Method (S3M II)[80] for data collection in order to build robust evidence-base for policies and plans. Community-based interventions for yellow fever vaccination campaigns in Blue Nile, Sennar and Gezira State benefitted from the evidence generated from the qualitative data collection and analysis supported by UNICEF.[81] This evaluation was unable to validate and assess how the data management system currently works in practice; however, KIIs with UNICEF staff suggested that in the past few

[80] The S3M II measured a range of indicators in health, nutrition, WASH, child protection, education and food security over small geographical areas, giving results at locality and sub-locality levels, allowing mapping of results to show geographical areas of highest need and hotspots.

[81] UNICEF Sudan, Results Assessment Module (RAM) 2019, undated

months, obtaining vital data on nutrition programme, for instance, from the health authorities has been challenging, ostensibly because of lack of federal funding for the downstream health system.

71. **UNICEF began revitalizing health centres through provision of essential equipment, building up the capacities of midwives** who have now come to play a crucial role in functioning of the health centres and in promoting community awareness. This has created a stronger interface between local health officials and communities which has been a key facilitating factor in responding to the COVID-19 pandemic**.** This initiative has considerably improved access to basic health care, as was testified by patient groups and health centre staff during field visits for this evaluation. Midwives who have been trained by UNICEF play an important role not only in supporting births, but also in providing post-natal care. The role of the health centres became more important in the light of deteriorating conditions in hospitals within different localities, and the large distances between most of the villages and central hospitals in districts. KIIs with state government officials and UNICEF health staff in one of the states visited by the ET confirmed that besides regular support through UNICEF's programme on nutrition, vaccination and strengthening of the primary health centres (PHCs), vital supplies and training provided through UNICEF were crucial in getting the state health system prepared for the COVID-19 pandemic.[82] UNICEF's emphasis on community mobilization through house visits by health workers, awareness raising, vector control, home-based management of malaria accompanied by behaviour change messages (use of bed-nets, hand-washing) have been vital in fighting both malaria and COVID-19 in the state. In both Kassala and South Darfur, the ET visits to health centres showed that UNICEF had integrated WASH in these centres. The health promoters at the health centres and community health workers undertake home visits and community awareness and hygiene education activities.

> "About 90 per cent of support for PHC, EPI and reproductive health come from UNICEF. State MoH depends on UNICEF for 60 per cent of resources, WHO 20 per cent, others 10 percent, and the rest from government resources."
>
> *A senior government official*

72. **On nutrition, learning from an evaluation of the Community Management of Acute Malnutrition (CMAM) in 2019, the community dimension of the programme has been strengthened which is helping in early detection and treatment.** During the field visits to the two states, the ET interviewed a number of mothers who were trained in MUAC and are using their knowledge in monitoring the nutrition situation with regard to their own children as well as those of neighbours and relatives. This was reinforced by periodic visits from CHWs and health promoters in some states, according to key informants. In Kassala and South Darfur (states visited by the ET) UNICEF carried out, in cooperation with NGOs, training of community volunteers on child health issues. The early detection made possible through enhanced community mobilization is already having a positive effect - new admissions in treatment programmes, OTP and Targeted Supplementary Feeding Programme (TSFP) indicated higher admissions in 2021 by 13 and 60 per cent respectively compared to 2020.

73. A challenge in the continuum of care in the CMAM programme is that, of the 1,838 OTP centres, only 1,273 facilities are supported by WFP for SFP to treat Moderate Acute Malnutrition (MAM). The consequence of this gap is that in centres not covered by SFP, children diagnosed with MAM either rapidly slip into the SAM category or parents have to share the RUTF meant for a severely malnourished with moderately malnourished siblings. UNICEF signed a LOU with WFP in 2018 seeking integration of SAM and MAM and since then geographical convergence has increased significantly, although it is still a work in progress.

[82] UNICEF in partnership with WHO and FMOH developed the national Multi Hazard Preparedness and Response Plan 2022 and COVID-19 Country Preparedness and Response Plan ensuring COVID vaccination nationwide with strengthened cold chain system. Through 9 campaigns in 18 states, COVID-19 vaccines were administered to 11.7 million individuals with at least one dose (RAM Report 2022)

74. **Malnutrition situation in the country however has not shown much improvement and has nearly stagnated or worsened compared to what it was three decades ago.[83]** The SAM treatment has not yet been fully integrated in the national health system. UNICEF's Annual Report for 2019 noted that the stabilization centres (for complicated SAM cases) within hospitals are regarded as 'external' - run by UNICEF or NGOs – affecting quality of in-patient care.[84] KIIs with UNICEF health staff indicated that this still remains a challenge in most hospital-based stabilization centres and government ownership is non-existent. Inadequate provision of key services like early detection and management of wasting and structures to deliver the CMAM programme[85] remain weak, with inadequate human resources, monitoring and reporting systems. The supply of RUTF and related commodities is mostly managed through a supply chain run by UNICEF,[86] and the CMAM programme relies mainly on funding from humanitarian donors, with little or no contribution from the government. This underinvestment has meant that while the life-saving interventions of humanitarian agencies cover the most critical hotspots, overall malnutrition situation in the country has not shown any improvement in the past three decades, and has worsened - the number of children who are stunted and wasted has actually increased since 1987.[87] There are a wide range of factors contributing to malnutrition in Sudan – a combination of poor diets, high prevalence of co-morbidities (malaria, diarrhoea, respiratory infections among children under five years), limited access to basic health, WASH and social protection services and suboptimal nutrition practices.

75. **Despite substantial progress made in several areas of basic health, at the national level the situation has deteriorated in two key areas, notably measles vaccination coverage and live-births attended by skilled personnel**, as the Table (Table 6) below shows. According to UNICEF, the reduction in live-birth attendance reflects overall decline in health services in the country since 2014 due to political instability, movement restrictions and disease outbreaks like COVID-19. Besides this, on live-births attended by skilled health personnel, the baseline set was based on a population survey (Sudan MICS 2014) because of the unavailability of reliable programme data, while the reported figure is an extrapolated value using data from various sources. The decline in measles vaccination coverage is attributable to several factors, apart from the political instability during most of 2014-2021: (a) the same EPI teams managing competing priorities including COVID-19 vaccination; (b) delayed release of GAVI funding to the states for the first half of 2021; (c) delayed and fragmented quarterly vaccine delivery to the states; and (d) high staff turnover among mid-level (managerial) EPI staff. In 2021 alone, the number of children dropping out of the EPI increased by 8 per cent, and coverage of measles vaccine dropped to a critical 67 per cent with over a thousand suspected cases and 18 deaths reported across the country by mid-October 2021.[88] The following Table shows the progress made on key indicators of the health and nutrition outcome.

Table 6: Selected CPD outcome indicators - Health & Nutrition

Expected outcome	Outcome indicators	Baseline	Achieved	
			(end of 2021)	(end of 2022)[89]
Outcome 1: By 2021, more children under the age of 5 years and	Children < 1 year receiving measles-containing vaccine at the national level	89.9% (2017)	83%	NA

[83] UNICEF Sudan, Consolidated Programme Strategy Notes, April 2021

[84] UNICEF Sudan, The Country Office Annual Report 2019.

[85] Valid International, Evaluation of Community Management of Acute Malnutrition (CMAM) in Sudan, 2015 – 2019, Final Report, June 24, 2021

[86] Hera, Supply chain review for ready to use therapeutic foods (RUTF) in Sudan, Volume 1 - Study report, Final version, March 2020

[87] UNICEF Sudan, 2019 Nutrition Annual Report, March 2020

[88] OCHA Sudan, Humanitarian Response Plan, 2022

[89] As of 30 November 2022

Expected outcome	Outcome indicators	Baseline	Achieved	
			(end of 2021)	(end of 2022)[89]
women of reproductive age utilize high-impact, quality health and nutrition services.	Live births attended by skilled health personnel	77.5% (2014)	67%	60%
	Postpartum care coverage	27.7% (2014)	61%	38%
	Percentage of children 0-5 months old who are exclusively breastfed	55.4% (2017)	62.4%	NA
	No. of children aged 6-59 months with SAM admitted for treatment	227,887 (2017)	289,000	266,763

(Source: UNICEF Sudan, *Results Assessment Module (RAM) 2021,* January 18, 2022 & RAM 2022, December 2022)

Key findings on health and nutrition

The entire nutrition sector is dependent on UNICEF support which continues to be the largest provider in the areas of CMAM, now covering more than a third of the country's health centres, with the community mobilization dimension of the programme having been strengthened during the CPD period.

With only two-thirds of the OTP centres linked to supplementary feeding programme, the efficacy of SAM treatment is often compromised as the RUTF meant for severely malnourished is shared with other children the family.

Working with local health officials, revitalization of health centres has been a crucial intervention in improving access to basic healthcare, though UNICEF has so far covered a small proportion of the need.

Strong emphasis laid on integrating social behaviour and practice changes with regard to public health issues through local health structures is creating good level of awareness among communities.

Despite substantial progress made in several areas of basic health and nutrition, at the national level the situation has deteriorated in three key areas, notably measles vaccination coverage, live-births attended by skilled personnel and malnutrition among children due to high co-morbidities and weak capacity of the country's health system.

3.4.1.2 Outcome 2 - WASH

76. Aggregate data at the national level shows that considerable progress has been made in providing water to the population and the evaluation found that **UNICEF's interventions on providing access to water, especially to crisis-affected populations, have been effective in reducing mortality rates**. **However, sanitation interventions and the key objective of ODF programme nationally are showing mixed results**.

77. **UNICEF had a unique contribution in building national capacity on sanitation which otherwise remains neglected.**[90] UNICEF has generated good data and evidence-base on sanitation and drinking water situation in the country and used these to enable the GoS to develop several plans, policies and roadmaps, including the important National Water Supply Transformation Strategic Plan,

[90] Key informants

2021 – 2031.[91] At the same time, close to 1,500 communities[92] have been certified OD-free up to the end of 2021 and another 510 added to this category at the end of 2022, contributing to "*more children and their families (are) living in an open-defecation-free environment*". Despite this progress, the aggregate data (Table 7 below) on the practice of open defecation nationwide showed a slight increase during the years 2018-2021, with some decline in 2022 as per the data provided in the Results Assessment Modules (RAM) for various years. This may be due to lack of comparable data sets; the MICS 2014 put the percentage of the population practising open defecation at 29 per cent.[93] However, the results of the S3M II in 2018[94] showed the corresponding figure to be 33 per cent[95] (rural: 45 per cent, urban 11 per cent). The lack of government leadership and budget allocation for scaling up implementation of ODF roadmaps was a key reason for limited progress.[96] As for hand washing as a main indicator for hygiene practices, as per MICS 2014, only 26 per cent had a location with water and soap to wash their hands,[97] and this may have increased slightly[98] during 2020-2022 owing to SBC and hygiene messaging campaigns linked to COVID-19.

Table 7: Selected CPD outcome indicators - WASH

Indicator	Baseline	Annual Achievement				
		2018	2019	2020	2021	2022
Proportion of population having access to a basic sanitation	33% (2014)	34%	32%	33%	37%	38%
Proportion of the population practicing open defecation	29% (2014)	28%	33%	31%	33%	27%
Proportion of population using basic drinking water service	68% (2014)	70%	74%	76%	76%	78%

(Source: UNICEF Sudan, Results Assessment Module (RAM) 2021, January 18, 2022, & RAM, December 2022)

78. **The water supply and providing access to safe water part of the WASH programme has had relatively better success** compared to the sanitation interventions. A review of the achievements reported in Annual Reports for various years show that, with the exception of water supply in health centres, UNICEF exceeded the planned targets on all parameters like: number of people accessing a basic sustainable drinking water source; number of schools with access to improved drinking water;

[91] Other key policies and roadmaps developed in this regard were: Sudan Sustainable Development Goal Six (SDG6) Plan (Clean Water and Sanitation), 2019 (as well as 18 state plans); The updated National Roadmap: Sanitation for all in Sudan (making Sudan Open Defecation Free by 2022); The Strategy for Sustainable Operation and Maintenance of Water Yards, 2020; Sudan National Assessment of Water, Sanitation and Hygiene Facilities in Schools, 2021; Strategy for the Effective Management of Hafirs (SEMH), 2021;
Integrated Water Resources, Environmental and Social Impacts Assessments of Targeted localities in Kassala, Gedaref, Red Sea and Blue Nile states, 2021

[92] Data based on UNICEF Annual Reports for years from 2018.

[93] Government of Sudan and UNICEF, Multiple Indicator Cluster Survey (MICS), Khartoum, 2014

[94] MoH, Simple, Spatial, Survey Method Sudan, Khartoum, 2018 (OCHA, Sudan S3M II- results, available at: https://data.humdata.org/dataset/simple-spatial-survey-method-s3m-ii-for-sudan-2018)

[95] This is the figure used in UNICEF RAM 2021.

[96] This could not be verified as no federal government official could be interviewed.

[97] The 2018 survey indicates that 49 per cent wash their hands after defecation, 33 per cent after cleaning children, 80 per cent before eating, 31 per cent before feeding children and 50 per cent before preparing food

[98] OCHA Sudan, Humanitarian Needs overview 2023 (Note: the HNO indicates some increase, but does not quantify)

number of people in humanitarian situations with water disinfection. As the data in Annex 6 shows, UNICEF provided over 3 million crisis-affected people access to drinking water each year during 2020 and 2022; in addition, to another half a million to 939,000 (2022) persons in non-emergency situations provided access to basic drinking water.

79. **UNICEF's emergency WASH interventions at scale contributed to dramatic reduction of major cholera epidemic that affected mainly the Blue Nile and Sennar states in 2019**. Data from Annual Reports show that over 3 million people were provided access to drinking water between 2018 and 2022, and over a million people gained access to basic sanitation, besides over 450 schools and health facilities being provided with water facilities. The year 2019 saw exceptionally high torrential rains and floods, and multiple disease outbreaks. Significant number of cholera cases were reported in later part of 2019 from Blue Nile and Sennar; with UNICEF support the MOH was able to contain the outbreak to 346 cases and 11 deaths compared to a similar outbreak in 2016 in Blue Nile where more than 2,358 cases were reported, with 78 deaths from September 2016 to November 2017. With UNICEF support, around 1.4 million cholera affected/at risk population in the most endemic areas were provided with disinfected water at their existing water sources and reached with focused hygiene promotion interventions.[99] Report shows that engagement of community volunteers (youth groups) in the cholera and flood response, water chlorination and C4D-focused hygiene promotion activities contributed to controlling the outbreak with low-cost and effective interventions.[100]

80. **Water interventions are being increasingly used by UNICEF and NGO partners as entry point in conflict-affected communities**. UNICEF (and partners) has been moving towards providing long-term water solutions in communities; in conflict-affected communities it uses water as an entry point ensuring that these benefitted all affected communities - boreholes, for example, are developed along migration routes and host communities are involved in maintenance of these. As access to water is often one of the triggers for local conflicts, using water interventions help bring different communities together for a common purpose. One NGO partner operating in Jebel Marah, which is a rebel-controlled area, ensures that its water-related interventions benefit IDPs, refugees, host communities and nomadic/pastoralist population. This is a good example of how UNICEF can include activities that contribute towards local peace building and social cohesion.

81. **There have been quality and maintenance issues about the toilets provided.** UNICEF assisted construction of individual household toilets in several states. In West Darfur, UNICEF constructed "several thousand toilets" over the past four years, according to one key informant, and while most of these were in IDP camps, at least half of these have been in individual homes to enable IDPs to return to their places of origin. Data collected during field work suggest that besides lack of water in a large number of cases, the quality of construction has been poor and hence the toilets become dysfunctional after a few months or a year. UNICEF is unable to monitor the status of the toilets constructed. Even in schools where toilets are provided, the situation is often the same – poor construction and lack of water, as was seen in South Darfur in one school visited by the ET. UNICEF staff confirm that not all schools in Darfur have been provided WASH facilities, but of those provided, only a third of the structures are in functioning condition or are being maintained. However, there is no systematic data compiled in this regard to monitor the situation. Reliance on a *supply-driven* approach to delivery usually marks most of the implementation, with focus remaining on delivery of an activity or input, "then moving on" (KII). Although schools, health centres and public latrines have to follow technical standards that stipulate providing handwashing facilities attached to the toilets, not all toilets have an integrated or even nearby hand-washing basin, the ET's observations from field visits showed. According to several key informants

> "PTAs take responsibility for maintenance of school WASH. Not all schools have been covered by WASH facility. But of those covered, one-third is able to maintain, but the rest cannot afford the cost of maintenance. About a third of the school toilets lack any source of water." - *UNICEF staff*

[99] UNICEF Sudan, Results Assessment Module (RAM) 2019, undated

[100] UNICEF Sudan, Results Assessment Module (RAM) 2019, undated

and sanitation committees, people need to be persuaded to see the need for sanitation as they (men) don't usually recognise the need for it. This requires extensive C4D. Furthermore, if targets are to be achieved at household level, beneficiaries have to bear the cost; given the economic hardship people are going through, sanitation is hardly a priority. Sanitation infrastructure is hard to maintain and difficult to get buy in from highly-vulnerable communities.

Another related area is the provision of WASH in schools. The Ministry of Education, with UNICEF's support, conducted an assessment in all the 18 states for WASH in schools covering more than 1,100 schools. The assessment **revealed huge gaps in access to basic water (45.5 per cent) and sanitation (50.8 per cent)** and wide disparities in access among states, urban and rural arears, and girls', boys' and mixed schools; almost 71 per cent[101] of schools did not have any handwashing facility. Facilities for menstrual hygiene management were seriously lacking, with private washing space for girls and disposal bins in latrines for girls in just about 13.6 and 17.1 per cent of schools respectively.[102]

Key findings on WASH

The pace of CLTS accelerated since the launch in 2019 of the national roadmaps to make Sudan open defecation-free, and currently nearly 2,000 communities are certified OD-free. Available nationwide data however reflects only a slight reduction in OD practice between 2014 and 2022.

UNICEF's emergency WASH interventions enabled minimising loss of lives during epidemics.

Operating at scale in both development and emergency settings, UNICEF's water interventions in particular are increasingly being geared to foster social cohesion among conflict-affected communities through an inclusive process of targeting and community ownership.

Quality control of the WASH structures and their monitoring have generally been weak, besides sanitation facilities often having inadequate access to water sources, reflecting a predominantly *supply-driven* approach in implementation.

3.4.1.3 Outcome 3 – Education and learning

82. **In terms of overall outcome on education, national level data (Table 8) shows a small increase in gross enrolment rate but a substantial reduction in primary education completion rate between 2015 and 2022** because of increasing economic hardships faced by people as well as school closures due to political unrest and COVID-19.

Table 8: Selected CPD Outcome indicators - education

Expected outcome	Outcome indicators	Baseline	Revised CPAP Target	Achieved (end of 2021)	Achieved (end of 2022)
Outcome 3: 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 – 47.5% Primary – 70.2% (Girls: 68%, Boys: 72.3%)	Primary: 87%	48%	73.4%
	Percentage of students able to read with comprehension on the grade 3 learning assessment	60% (2015)	75%	61.3%	56%

[101] OCHA Sudan, Humanitarian Needs Overview 2023.

[102] UNICEF Sudan, Results Assessment Module (RAM) 2019, undated

	Primary education completion rate	79.3% (2017) (Boys: 84.8%; Girls: 74.3%)	85%	53%	46.9%
	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%		NA	NA

(Source: UNICEF Sudan, *Results Assessment Module (RAM) 2021*, January 18, 2022 & RAM 2022)

83. **UNICEF contributed towards enhancing the governance capacity of the MoE, innovatively supported learning opportunities for OOSC and children who are hard to reach**, supported girls' education and contributed towards improved quality of education and an enabling learning environment. However, due to the external challenges, namely the COVID-19 pandemic and the impact of the country's political situation, the lack of commitment of the GoS reflected in the extremely small government budget allocation, and the low government technical, operational and capacity, it will be difficult for UNICEF to reach some of the key indicators, especially Gross Enrolment Ratio (GER) and Primary education completion rate.

84. At the same time, **UNICEF demonstrated strong ability to reach OOSC children in states and areas affected by conflict or forced displacement, hosting a high number of refugees and displaced persons as well as areas that have a high number of nomads and to provide them with basic education**. Despite an overall slowdown in access in 2020 and 2021 due to the closure of schools, the majority of interviewees in Kassala and in South Darfur perceived UNICEF as a significant contributor to decreasing the number of OOSC. UNICEF's collaboration with the MoE including interventions to reach OOSC with alternative learning where formal education is not available and the launch of the *Learning Passport,* an e-learning platform[103] in October 2021 are seen by the ET as another significant steps to allow children to continue education throughout the frequent closures of schools.[104] UNICEF's efforts to reach out to OOSC was the right choice, as it reached the most vulnerable children and as there were no other actor reaching these areas/OOSC.

85. **The education programme addressed gender gap in education by focusing on increasing access for girls**, through the establishment of adequate gender-responsive learning spaces (provision of separate toilets and hand washing facilities for girls in schools), enrolment campaigns supported by C4D and teacher training and by supporting the Girls' Education Department of the MoE for the *'Back to School'* campaign.[105] These are all important strategies towards closing the gender gap in education and towards boosting gender equality in a broader way.

86. **UNICEF contributed towards quality of education by supporting capacity building/in-service teacher training[106] and by setting up PTAs[107] as well as by carrying out advocacy and providing technical assistance to the MoE to revise the ALP curriculum**[108] and training manuals. It cannot be assessed to what degree these strategies ultimately improved student learning outcomes. To

[103] The platform is adapted to Sudanese Arabic and housing the pdf versions of government textbooks; more than 1,000 audio-visual modules; more than 250 interactive learning activities; and assessments to measure learning progress.

[104] The Learning Passport builds on e-learning systems already established in three other states: Blue Nile, Kassala, and White Nile states

[105] According to a KI during the field visit to South Darfur

[106] This was achieved thanks to additional teacher training funds received from KFW, the EU, emergency resources and the Thematic Fund, and the focus on short, cost-effective courses.

[107] Field visit Kassala: in almost all schools, Parents and Teachers Committees are established, most of them are well functioning

[108] In partnership with UNESCO for cycle 1 (grades 1 to 3), aligning it with recently revised basic education curricula for grades 1 to 3.

strengthen the capacity of education sector at subnational and national levels, UNICEF coordinated the development of the 2018/19-2020/23 ESSP; improved the policy framework through development of the Girls' Education Sector Strategy and coordinated the education partners' group meetings during which partners discussed policy reforms. UNICEF also provided technical support to the technical council of undersecretaries to discuss and approve a costing and financing study which raised awareness of the need for increased budgetary allocations to education.

87. **Poor construction of schools and delays in construction** were noted by school authorities and UNICEF staff and development partners (DP) interviewed for this evaluation. UNICEF documents[109] and interviews showed a clear acknowledgement of this problem and it has started to take remedial actions.

88. In 2022, UNICEF, became Grant Agent for the Global Partnership of Education (GPE) COVID-19 grant, which has contributed to the safe school reopening of the public schools in Basic Education impacting 13,663 schools and 4,9 million students. Due to the coup, programming under this output reduced its focus on systems strengthening to a focus on community-based programming to support learning for the most disadvantaged through expansion of alternative learning opportunities. UNICEF collaborated with UNESCO and the World Bank, alongside the MoE, to analyse the EMIS and lay the groundwork for improving the overall functioning of the system. Despite learning through the GPE process, and despite UNICEF's technical and financial support, the MoE is facing technical, operational and capacity issues to produce on-time annual statistics through the EMIS.

Key findings on education

Gross enrolment ratio has increased marginally, but primary education completion rate has reduced substantially between 2015 and 2021.

UNICEF has put in place important strategies towards closing the gender gap in education and also boosting overall gender equality.

Quality control of school construction/rehabilitation has been a persistent issue which UNICEF is now attempting to address.

Evidence-based planning and management of education service delivery were enhanced with the development of EMIS at the federal, state and school levels.

UNICEF has prioritized integrated interventions in schools through the availability of water and the construction of sex-segregated latrines with the aim of increasing the enrolment of girls.

3.4.1.4 Outcome 4 - Child protection

89. **The Child protection programme was effective in strengthening the national child protection system**, which could be achieved because of the strong partnership with the NCCW and efforts around institutional capacity development of the Ministry of Welfare and Social Security (MoWSS) in strengthening the social work force, the Ministry of Interior (MoI) and Ministry of Justice (MoJ) in providing services for children through Family and Child protection Units (FCPU). The programme is on track to achieve the outcome indicators (Table 9) in at least two areas, while falling behind on FGM/C and Child Marriage (CM), which may be attributed to the lack of up-to-date data[110] - all these outcome indicators were based on the MICS which took place in 2014.

[109] UNICEF Sudan, Consolidated Programme Strategy Notes, April 2021

[110] A MICS was planned to be held in 2021 but was, due to the October 2021 coup, postponed. A S3M II was conducted in 2019, according to which the percentage was 28.

Table 9: Selected CPD outcome indicators - child protection

Expected outcome	Outcome indicators	Baseline	Revised CPAP target	Achieved (end of 2021)
Outcome 4: 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)	NA	NA
	Children in detention per 100,000 child population	238 (2016)	114 (2022)	122
	Number of children 0-17 years living in formal institutions	4,016 (2016)	596 (2022)	533
	Percentage of girls (0-14 years) undergoing female genital mutilation/cutting (FGM/C)	31.5% (2014)	25.5% (2022)	31.5%
	Percentage of women aged 20-24 years married before 18	38% (2014)	25% (2022)	38%

(Source: UNICEF Sudan, *Results Assessment Module (RAM) 2021,* January 18, 2022)

90. **UNICEF's efforts on legislative review, developing of SOPs, strategies and information management systems for institutional strengthening were certainly the right choices to lay the foundation for a robust child protection system and for providing the basis for government and civil society to build on when addressing child protection violations.[111] However, the extent of the application of these legislations, SOPS and capacity is unclear**. With regards to Article 141 on the prohibition of the FGM, UNICEF supported the training of law enforcement personal such as Police and Magistrate court. SoPs for case management have been adopted and are being used to provide quality child protection services according to the minimum standards. However, since legislation and SOPs are still new and application has been challenging since issues are closely linked to social norms and behaviour (this is especially valid for FGM/C and child marriage) it is not clear to what extent the training has translated into a commitment to apply the law and use SOPs in the future. The child protection team used the favourable environment of transitional government that made legislative reform and protection strategies possible to support the social welfare institutional reform.[112] Similarly, efforts were made to support child friendly legal reform which came to a halt following to the coup of October 2021. Without active engagement of the GoS some important child protection issues are likely to remain unaddressed.

91. UNICEF as co-chair with Resident Coordinator and United Nations–African Union Mission in Darfur (UNAMID) supports the Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict with data collection and advocacy. It supported the development of a road map to implement the 2016 Action Plan on Ending and Preventing Child Recruitment and Use, a major step towards the protection of children against gross violations, which is still awaiting adoption. The main bottleneck faced in implementation of the MRM is lack of willingness

[111] UNICEF's Advocacy led to the new Child Act and the adoption of Article 141 of the amendment to the Criminal Act, criminalizing FGM/C and the development of a roadmap for its implementation as well as supporting the development of action plans on FGM/C and Child Marriage.[111] The programme also supported the development of SOP in child protection various areas.[111]

[112] This support generated an increase in the overall number of social service workforce from 8/100,000 child population to 13/100,000. UNICEF Child Protection report 2021.

from parties to the conflict to facilitate access to the verification visits to military camps and recruitment locations.

92. **Through sustained advocacy, technical and financial support, the Child protection programme supported the institutional and capacity development of the MoWSS and the MoJ** to enable them, together with the FCPU to provide holistic quality services for children, thus strengthening another important pillar of the child protection system. Efforts at national and state level resulted in the deinstitutionalization of children without parental care, reunification of unaccompanied and separated children and integrated services to address psychosocial and mental health issues. UNICEF also contributed to setting up Community Based Child Protection Networks (CBCPN), – however, during visits to one of the states, it was stated that of the 98 child protection networks, only 25 were active.

93. **As the lead of the child protection sub-cluster and a major partner in the gender-based violence sub-cluster within the protection cluster, UNICEF played an influential role in coordinating issues around child protection and GBV.** The ET found lesser evidence on strengthening health services to deal with child sexual abuse and consequences of other GBV issues, e.g., FGM. In partnership with UNFPA, UNICEF scaled up and accelerated efforts related to social norm and behaviour change to reduce FGM/C prevalence in Sudan through the Saleema Initiative. No full evaluation has been carried out to understand if FGM/C rates have decreased in areas of the joint programme implementation; however, anecdotal evidence and monitoring studies undertaken by UNICEF point to a decrease in social norms related to FGM/C in programme areas.

Key findings on child protection

UNICEF made major contributions to strengthening the national child protection system which could be achieved because of the strong partnership with the NCCW and institutional capacity development of the MWSS, the MoJ and the FCPU.

UNICEF was the driver and key partner for government in adopting child friendly legislation, including the Article 141 on FGM/C and in developing Action Plan and road maps for FGM/C, child marriage and prevention of recruitment of children. Without engagement with the government at senior level, a number of child protection issues will remain unaddressed in foreseeable future.

Routine reliable data collection regarding FGM/C, child marriage and GBV as well as other forms of violence against children remain challenging, despite UNICEF's effort to support the GoS in rolling out information management systems

3.4.1.5 Outcome 5 - Policy, evidence and social protection

94. **UNICEF helped the government to review its social protection programme to target the most-vulnerable**. Its social policy and inclusion programme launched in 2018 is based on evidence-based policies that address structural causes of child multi-dimensional poverty and inequities in Sudan.[113] As discussed earlier, UNICEF has invested significantly in data-driven policies and guidelines in all sectors. Working with several key agencies including the World Bank,[114] ILO and the Economic Policy Research Institute (EPRI) among others, UNICEF continued its support to the Ministry of Labour

[113] UNICEF, Social Policy Annual Report, Khartoum, 2022

[114] World Bank has been a big proponent of the social protection programme in Sudan. A new cash transfer scheme, financed by a World Bank loan, was launched in July 2020, aiming to eventually reach 80 per cent of all households, providing them US$9 a month. The National Health Insurance Fund was launched in 1995 intending to achieve universal coverage, but official statistics fall far short (37.3 per cent in 2014) and the system is overburdened and undersupplied in a country facing extensive health challenges.

and Social Development (MoLSD) to develop its first National Social Protection Strategy.[115] Although the strategy is not yet finalized, key informants including development partners consider it a very important achievement.

95. **Besides building GoS' capacity, UNICEF continues to deliver multi-purpose cash transfers aimed at: a) increasing the purchasing power of pregnant women and breastfeeding mothers; b) raising awareness to create demand on health and nutrition services.** Following the COVID-19 outbreak as Khartoum came under full lockdown for three months, the MoLSD developed a social protection plan with support from UNICEF, WFP and UNHCR for food and hygiene needs of families in the informal sector and launched a cash plus programme targeting pregnant women and children. More than 500,000 families received food and hygiene assistance and 100,000 families received cash cards.[116] For a cash transfer programme, the CSSPR successfully designed and mobilized €20 million for an initial roll-out of the programme. Taking a lifecycle approach, the programme (Maternal and Child Cash Transfers (MCCT) covered first 1,000 days of life targeting pregnant women and children under two years of age in Kassala and Red Sea states. Through the programme, regular unconditional cash payments are combined with social and behavioural change communication and complementary services, successfully reaching a total of 52,000 pregnant and lactating women. UNICEF also mobilized resources for an additional target for 30,000 pregnant and lactating women to benefit a total of 180,000 individuals during 2022. In Kassala, FGD with women beneficiaries of the programme[117] who received a cash payment of $15 per month (paid every 45 days) showed that women were spending most of the money on nutritious food for children. By targeting all pregnant women (regardless of their economic vulnerability), the programme has incentivized all pregnant women to come to the health centres where they receive other relevant information about the pregnancy, infant care, hygiene and nutrition. Key informants and interviews (women beneficiaries and NGO staff) strongly indicated the need for greater integration of the cash transfers with services in other sectors in the area.

96. In addition to the MCCT+ which was designed to be a government-led programme, through its public finance management (PFM) interventions, UNICEF supported the MOFEP to expand the child-focused public expenditure review conducted in six states. Building on this review, UNICEF worked with MoFEP to design a capacity building plan for state and locality level finance and sectoral planning officers. Inability to continue interactions with the government after the coup caused delays and difficulties in implementing the programme, though UNICEF has continued to work with midwives, contracting NGOs and with governmental staff in their private capacity for implementation of the MCCT+. The policy engagement on PFM however has stopped and one does not know how the current government will, if at all they want to, take the previous work forward.

97. **The aggregate number of children** (Table 10 below) **covered by social-protection has tripled from the baseline of 500,000 in 2016 to 1,500,000 in 2019, and kept increasing in 2020 reaching 1,800,000, before it dropped down to 1,200,000 in 2021.[118]** The data however shows some anomaly: high numbers reached with the low (and declining) share of public expenditure on basic services at a time when the country's economy has been declining over the period. KIIs indicated that the increase in the number of children is mainly due to the prioritization of direct support to the poor because of the declining economic conditions – this is reflected in the increase in the share of social

[115] In process of development of the Strategy, about 130 staff from the MoLSD, MoE and MoH were trained on concepts, approaches and good practices in social protection. Staff were also trained at state and locality level, for example: in North Darfur and Gedaref, 113 staff were trained on child-focused public financing mechanisms. As part of its institutional support to MOLSD, UNICEF placed several advisers in key functions such as strategic planning, social protection, and coordination and partnership. UNICEF also supported a total of 30 young and mid-career professionals who undertake a year-long assignment within various departments and units within MOLSD (Source: UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020)

[116] UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020

[117] The programme covers 188 PHCs in 9 localities (4 in Kassala and 5 in Red Sea state); currently about 53,000 women are registered under the programme (source: KII – UNICEF staff).

[118] Data for 2022 was not available at the time of writing this final report (January 2023)

welfare spending as percentage of the GDP. The impact of the economic reform after the revolution resulted in more acute vulnerability and deprivation among Sudanese families and children and a higher number of families were driven into poverty and food insecurity. In response to the situation, the MoLSD prioritized an increase in the social protection coverage of families and children, reaching 409,000 families (1.2 million children) through a government-led "Thamara" programme. This explains the discrepancy between the high achievement under the first indicator and the poor achievement under the sectoral indicator (public expenditure for children by sectors).[119]

Table 10: Selected CPD outcome indicators - social protection

Outcome Indicator	Baseline	Annual Achievement				
		2018	2019	2020	2021	2022
Number of children covered by social-protection systems	500,000 (2016)	--	1,500,000	1,800,000	1,200,000	NA
Existence of two new government - approved national surveys with reliable and disaggregated data on the situation of children	No	S3M ongoing	S3M Done MICS ongoing	S3M Done MICS ongoing	S3M Done MICS ongoing	S3M Done MICS - ongoing
Public expenditure for children by sector						
Education (% of public expenditure)	11.3 (2016)	--	0	1.2	0	1.0
Health: (% of public expenditure)	10 (2015)	--	9	5.7	0	3.0
Sanitation (% of GDP)	0.01 (2014)	--	0	1.2	0	1.0
Social welfare (% of GDP)	0.5 (2012)	--	26%	6.8	0	9.0

(Sources: Indicators, baselines and programme targets from The Revised Consolidated Programme Strategy Note 2019; Annual achievements from The Country Programme Full Approved Report 2021; RAM Report 2022, December 2022)

Key findings on policy, evidence and social protection

With significant investment and support from UNICEF (and other partners), several key legislations and policies were developed on social protection and began to be implemented through the federal government's key agencies which were also supported with technical assistance. The fate of the progress made on these as well as the public finance management interventions over the years is now uncertain.

The MCCT+ cash transfer programme currently being implemented by UNICEF and its partners as pilot is showing good initial results even with a small cash transfer linked to mother and child health in the two states it is being implemented. MCCT+ has great potential if it is integrated with other sectors as well as through an area-based integration with other development actors targeting women and children.

3.4.1.6 Outcome 6 – Programme effectiveness

98. As discussed in preceding sections, several elements of UNICEF's strategies deployed across all sectoral programmes have been instrumental in achieving the results. **Integration of C4D/SBC** (see

below in *integration of programmes* section), **data-driven programme strategies**, **partnership** – particularly partnership with government at both federal and local levels - were among the key factors. UNICEF's strong field presence which enables it to understand local needs better was also a contributory factor.

99. **While UNICEF has helped the government develop good data and evidence-base across all sectors, internally UNICEF's information management capacity has been weak, an issue the CO is now addressing.** The MTR noted that lessons from previous CPD cycle were not fully taken on board and large programme and humanitarian response were not routinely evaluated. This evaluation found a dearth of evaluative data (except for evaluation of the Tigray response, and another project evaluation) to draw on. The integrated monitoring and evaluation plan accompanying the current CPD had proposed at least six different programme or thematic evaluations,[120] but none has been conducted so far. Monitoring data is held within each section and there is no system to consolidate these so as to get one coherent data system which UNICEF managers can use. Currently a new monitoring system integrating data from FOs and different sections is being developed which is likely to be rolled out during 2023.

100. **A major challenge was a scattered approach to programming often missing the interlinkages between different needs. UNICEF has been seeking internally greater integration between sectoral programmes, and externally, greater convergence with other partners.** The scattered programming leads to spreading of resources thinly over a large geographical area. This arose from the internal configuration of its teams, which conventionally tended to work in silos, with each sector developing its plans and programmes independently within the overarching CPD framework, as well as UNICEF's intention to ensure nationwide coverage. KIIs with UNICEF staff (both CO and FO) reveal that while the sectoral teams do bring strong technical content into programming, this has limitations in terms of addressing the needs of a child through a ***rights-based approach***. Drawing lessons from the MTR and subsequent team discussion, UNICEF has started focusing internally on greater integration among various sectoral teams (see the following section). The idea is to ensure that there is a holistic approach to addressing the core interlinked needs of children and their families in a geographical area, by leveraging not only different sectors within UNICEF, but also other agencies (UN/NGOs) who may have resources and expertise in particular areas.

Key findings on programme effectiveness

UNICEF programme teams are configured sectorally, with each sector developing its plans and programmes independently and this makes sectoral integration difficult, and perpetuates a scattered approach in programming, a weakness UNICEF is now trying to address.

Information management, programme evaluation and systematic analysis of monitoring data have been weak and the CO is addressing the issue.

3.4.2 Integration of programmes

101. **Throughout the CPD period, communication-for-development (C4D)[121] has been given a prominent thrust during implementation in order to facilitate behaviour and practice changes at community level.** Various community platforms like mothers' groups, girls' clubs, community child protection committees, ODF committees, water committees, PTAs, community health workers (CHWs) have all been utilized to create awareness, provide training and mobilize communities through multiple

[120] UNICEF, Costed evaluation plan – Sudan – UNICEF country programme of cooperation, 2018–2021, undated

[121] The scope of C4D was subsequently expanded and renamed Social and Behaviour Change (SBC).

media. This has also required UNICEF sectoral teams to be working closely together and integrate C4D/ SBC in all sectoral responses.

102. **A significant step towards enhancing programme effectiveness has been the setting up of a dedicated team to provide support on SBC**. With a sizeable team (two fixed term and 13 temporary technical staff) throughout the country, the SBC experts bolster FOs' capacity for stronger social analysis and interact with and mobilize communities for behavioural change. All FOs interviewed during this evaluation confirmed the changes the integration of SBC into their programmes have made in the past two years. According to some key informants, this however has not always been an easy process as people are used to working within vertical structures. The health & nutrition team (H&N) has fully integrated SBC in every programme, and in other sectors integration is still work-in-progress. While the dedicated SBC support is enabling strengthening the community dimension of programmes on the ground, the downside is that sectoral programme staff start defining their own role in purely technical terms related to the specific sectors, assuming that community dimension of their work is SBC team's responsibility. In the longer-term, the issue of mainstreaming SBC will be vital. In this regard, the role of the SBC team could be geared towards capacity building of sectoral staff so that the latter see the goal of behavioural change in communities as integral to their own role; this will also to mitigate the risk of SBC turning into a standalone programme instead of the intended cross-sectoral one.

103. **Integrating social behaviour and practice changes with regard to public health issues through local health structures is creating good level of awareness among communities**. Visits to health centres in Kassala and South Darfur as well as KIIs and UNICEF Annual Reports showed that during this CPD period, UNICEF emphasized integrating WASH (including hygiene education for mothers) in the health centres. Through UNICEF's C4D tools, and subsequently the SBC teams, messages on hand washing, use of oral rehydration solutions (ORS), use of mosquito nets, breast feeding, birth registration, etc., have been promoted through community platforms. FGDs in the states visited by the ET showed good awareness among mothers and community members about the importance of changing traditional practices and behaviour in relation to health and hygiene. Health workers are required to report on the SBC activities and progress to locality level health officials.

104. **During this CPD cycle, UNICEF has given a strong push for integrated interventions in schools, through provision of water and construction of sex-segregated toilets with the aim of increasing enrolment of girls.** According to UNICEF reports, interviews and field visits, the availability of gender-sensitive WASH packages in schools contributed to the retention of adolescent girls.[122] In the schools visited, children's attendance and completion of the school day significantly improved as a result of improvements in the school's environment and equipment, especially water facilities.[123] This was done following a nationwide baseline assessment of WASH situation in schools carried out by the MoE. However, full integration of WASH in most of the schools has been constrained by lack of access to water and/or maintenance of the facilities.

105. Other examples of successful programme integration include:

- UNICEF C4D and Education teams jointly led the 'Back to School' Communication and Community Engagement campaigns.
- **E-learning centres** are used as an entry point to reach children and their families with other services like birth registration, vaccination, awareness messages on female genital mutilation (FGM) and hygiene issues. The project was piloted in 3 states[124] and is now being implemented in 6 states.
- **UPSHIFT programme**, a social enterprise model to support marginalized and out-of-school adolescents (15–17 years of age) in the use of human-centred design methodologies

[122] UNICEF Sudan, The Country Office Annual Report 2018.

[123] Field visit Kassala

[124] Blue Nile, Kassala, and White Nile states

was an example of UNICEF's integrated approach to addressing adolescent education and child protection issues. The focus was on experiential learning and developing skills such as creativity, communication, critical thinking and collaboration. Some 1,340 adolescents (50 per cent girls), adolescents from vulnerable groups, including children on the move, UASC, and out of school children, were reached through UPSHIFT.[125]

- UNICEF organized **FGM awareness** events at school, which was attended by men, women, boys and girls (participants of FGD stated that the messages on FGM effective and were well received).[126]

106. Integration is not without challenges. Going beyond integrating different sectors within UNICEF, this also requires working with partners and other development agencies in an area to ensure that a minimum package of services to meet the basic needs of communities is available. Coordination and advocacy for a collective approach involving government agencies, NGOs, CSOs and donor agencies hold the key to such an integration and overcome what is currently a scattered approach to delivery of services.

> "Integration of WASH and protection into education is challenging. The geographic issues are the bottlenecks. Not all partners or even UNICEF sectoral programmes are working in the same area. Progamme activities have to be complementary. Funding is linked to sector and geographical area. Integration should start in the planning stage, it needs to be also in the proposals. It needs advocacy with donors so they understand the

Key findings on integration of programmes

C4D/SBC has played an important role in enhancing cross-sectoral integration of programmes and programme effectiveness through setting up a dedicated team. Deepening the integration to provide a minimum set of basic services to people will require a coordinated approach involving all development and humanitarian providers working with a functioning government to develop comprehensive programmes.

3.4.3 Integration of humanitarian-development-peace nexus

107. **Leveraging its interventions across both humanitarian and development spectrums, UNICEF programme is focusing on addressing vulnerability in a conflict-sensitive manner through provision of basic services to strengthen community resilience and social cohesion**. UNICEF's approach to nexus places emphasis on a number of key initiatives, which include strengthening systems, developing risk-informed and climate-sensitive programmes, engaging community participation, planning and preparing for emergencies, fostering partnerships and mobilising vital resources.[127] UNICEF empowered WASH-related community-based organizations to be vehicles of social cohesion and conflict resolution (within the sector and beyond), adjusting WASH infrastructure designs to meet the needs of pastoralists and agrarian communities. Social protection targeting both the chronically and acutely vulnerable holds significant potential to transform short-term humanitarian interventions into development processes to achieve resilience and peace, when inter-linked with other basic services. The joint project[128] with WFP in Darfur (now in inception phase) is premised on this. Before the collapse of the transitional government, the MoIWR was operationalizing

[125] 400, were trained in Khartoum between Dec 2021 and Jan 2022 and 920 in Kassala in March to June 2022, in addition 120 facilitators were trained on the UPSHIFT methodology

[126] Field visit Kassala, Interviews with various key informants; COARS Education and Protection

[127] https://www.unicef.org/eu/humanitarian-development-nexus

[128] The key outputs targeted by this project are, amongst others, (a) access to/provision of financial resources, training and markets for livelihoods support; (b) basic services support and (c) technical support to strengthen systems and institutions at locality and community levels.

the humanitarian-development-peace nexus (HDPN) and putting in place systems and structures for durable solutions, integrating the needs of IDPs into long-term planning and introducing community-based interventions in conflict-affected communities.

108. Overall evidence from various sectoral programmes discussed above show that UNICEF has put in place or prioritized various elements of the nexus in its programme, for example: durable solutions, community-based nutrition and social protection programmes targeting both chronic and acute vulnerability, strengthening community networks and local authorities. UNICEF's current emphasis to integrate all sectors as well as ensure an area-based approach that mobilizes multiple partnership to deliver at scale is designed to contribute to resilience and social cohesion which links the humanitarian-development divide. In the prevailing context, however, concerted action that integrates multi-sectoral response to create synergy could be a challenge as overall funding is expected to decline and most agencies forced to scale down their programme in the coming years.

109. **The peacebuilding element of the nexus is a complex construct that UNICEF will need to translate in programming terms to give clarity to its field staff**. As discussed in the *relevance* section previously, UNICEF programmes seek to strengthen community resilience in a conflict sensitive manner that foster social cohesion. This may contribute to peacebuilding, but UNICEF programming cannot drive peacebuilding, nor be driven by it.

Key findings on nexus

UNICEF has begun to engage on triple nexus including through its programming in social protection and joint project on resilience and social cohesion with WFP which hold good potential. All of its sectoral work also has potential to directly contribute to nexus provided these are of sustainable quality and rooted in strengthened capacity at community and locality levels.

While progress has been made by UNICEF to operationalize peacebuilding, further work is needed to translate peacebuilding into programmatic approaches and results across sectors to provide greater clarify for all UNICEF staff. The starting point of UNICEF programmes is unmet basic needs in vulnerable communities which it tries to address in a way that *strengthens community resilience in a conflict sensitive manner and foster social cohesion*.

3.4.4 Innovation

110. **UNICEF has introduced a number of innovative approaches in key areas of programme.** One is an innovative approach to e-learning through the "Can't Wait to Learn" project which is designed and implemented to reach the OOSC in remote areas where there are no education services. The programme provided review classes for Grade 8 and 11 through TV, radio, internet or paper-based booklets, supporting continuity of learning during the pandemic and has the potential to support the remote delivery of instructions and teacher training programmes. Powered by Microsoft, the e-Learning platform is available online as well as offline with intermittent or no connectivity areas where children need it the most. To date, a total of 3,588 users have registered.

111. As part of a pilot project in water provisioning, UNICEF introduced **innovative low cost solar handpumps** which are combined hybrid handpump in four states of Sudan.[129] This is now being scaled up, according to key informants. UNICEF has solarized close to 100 primary healthcare centres, provided solar handpumps[130] to communities and solarized 91 e-learning centres.

[129] UNICEF Sudan, Results Assessment Module (RAM 2020) – Full Approved Report, 2020

[130] UNICEF RAM 2022 Report shows that it has so far completed construction or rehabilitation/upgrading of 80 solarized water yards, 42 solarized mini-water yards and 52 solar handpumps.

Conclusions on effectiveness

1. As engagement with the current government remains partially suspended at federal and state levels, continued engagement at the locality level which UNICEF continues to pursue remains crucial for effective delivery of basic services in health, nutrition, education, WASH, child protection, and social protection.

2. UNICEF's scale and geographical spread of programme delivery has been one of the largest in the spheres of nutrition, education and WASH, in particular, for which it has built multiple partnerships with government agencies, NGOs, civil society and UN agencies. This scale and spread of operation, however, does lead to a scattered approach spreading resources thinly across large geographical areas. There is space to create stronger integration between programme interventions

3. In a number of critical areas of UNICEF's core programme, the outcomes at national level have shown a negative trend. Further, in the prevailing context, child protection issues are assuming urgency, especially with regard to child rights violation in conflict and civil unrest situations. There is the need for UNICEF to redefine its role and approach in such an unpredictable context.

4. While there is good monitoring of activities, UNICEF's internal information management capacity has not supported good monitoring of results/outcomes, and might in turn affect the quality of delivery and the sustainability of interventions.

5. UNICEF's enhanced emphasis on integration of various sectors, thrust on social and behaviour change and geographical concentration of programmes in partnership with other providers is timely and necessary to promote resilience, along with its emphasis on social protection in line with a nexus approach. Engagement on peacebuilding needs to be underpinned by the premise that UNICEF programme is primarily geared to address unmet basic needs in vulnerable communities, through strengthening community resilience in a conflict-sensitive manner that fosters social cohesion.

6. Comprehensive social protection programmes assume critical significance at this juncture due to the economic hardships people face. Despite the absence of an internationally accepted government, UNICEF continued to advance Sudan's social protection sector reform agenda, focusing on the launch and roll out of the Mother-to-Child Cash transfer Plus (MCCT+) Programme. This is one of the key flagship programmes that were proposed in the draft National Social Protection Strategy. Programmes like MCCT+ can be effective vehicles for delivering health and nutrition outcomes if these are integrated with other sectors as well as through an area-based convergence with other development actors targeting women and children.

3.5 Sustainability

112. **Due to the current political context, much of the progress made with regard to vulnerability-focused government policies, programmes, regulatory frameworks and guidelines is in a state of limbo.** While UNICEF is able to ensure continuity of some of the basic services through working with NGOs and civil society, especially on life saving interventions, a number of urgent issues are likely to remain unaddressed without the active engagement of the GoS. This may include a continuous commitment towards the strengthening of the social service workforce, which plays an important role in child protection, the commitment of the MoE in targeting OOSC, continued commitment of government to support to health workers and realising public financing for children.

113. **UNICEF's move to enhancing the quality of its delivery in some of the core areas and towards building resilience of communities is likely to have a positive contribution to sustainability, despite the limitations of not having a government as a partner.** During the pendency of re-engagement with the GoS, UNICEF has been able to continue delivery of services and to build capacities of communities in all its core areas of programming in partnership with NGOs, localities and other UN agencies. On health, for example, working with midwives, community health workers and local officials, UNICEF is able to ensure that the maternal and child healthcare continues to deliver, including its immunization package. This however is dependent on the government continuing to employ and incentivize these cadres – anecdotal evidences suggest this is being scaled down in some areas. The nutrition and WASH programmes function with the involvement of NGOs, community networks (mothers' groups, schools, sanitation committees) and local health officials. The scale of operation is likely to be reduced without the active involvement of the government at state level and early indications do show that the pace of implementation has slowed down (sections on *education*, *child protection*). Data collection and surveys by the government will also remain suspended. The future of social protection programme of the government and draft policies remain uncertain. However, the UNICEF-implemented social protection and other basic services programme continue with participation of community networks and local authorities to a limited extent.

114. **A critical question that emerged from the above findings on various sectoral areas that has a bearing on sustainability is that of the quality of interventions (WASH, schools) and mechanisms for their maintenance that UNICEF needs to address.** Resilience and sustainability are interconnected. Resilience requires communities to be able to assess, monitor and manage their own risks, have the capacity to establish priorities and act, and have access to basic services and infrastructure which duty-bearers are able to provide in collaboration with the communities. A key element in this link is the institutional architecture and capacity especially at the community and locality levels, acknowledging that governance at the federal and state levels is not going to be conducive for UNICEF's engagement in near future. In other words, how UNICEF capacitates communities to take ownership and leverage external relationship (with NGOs, localities, government technical departments) to ensure that benefits from the infrastructure continue to flow will be a critical factor in promoting social cohesion and resilience.

115. **Since 2021 UNICEF has established community-based management systems for operation, and maintenance of WASH services by rolling out Community Management of Operation and Maintenance (CMOM) strategy.**[131] After the construction work, water facilities are handed over to communities who are trained by UNICEF in operations and maintenance. Some communities which have active water or WASH committees run and maintain the facilities by themselves under the supervision of the MoIWR at state level. Currently, following the change in government, engagement with the MoIWR remains minimal and it is unclear what capacity it now has to support communities. A common complaint the ET came across in the states during field visits was that

[131] Through this, UNICEF has trained 118 Water Users Committees in 2022.

components like motors and solar panels (where these were provided) were easy to dismount and were often stolen.

116. **Quality of school constructions has been a long-standing issue which is now beginning to be addressed by UNICEF.** Poor construction of schools and delays in construction were noted by school authorities and UNICEF staff and development partners interviewed for this evaluation. UNICEF documents show a clear acknowledgement of this problem and remedial actions are beginning to be taken as UNICEF has now put in place a construction team with engineers who are working with the field offices to assist in monitoring of quality. The school designs and standards were developed by the GoS years ago and are outdated. Since the 2021 October coup as UNICEF cannot provide financial support to government, it now works increasingly with NGOs which leads to delays in implementation. The mid-year review of progress in 2022 showed that implementation of various activities including rehabilitation/construction of schools has slowed down considerably, as confirmed by KIIs. Further, NGOs do not have the coverage or outreach the government had.

117. **Sustainability of services provided has been affected by the absence of robust institutional strengthening mechanisms, coupled with poor ownership of State Governments.** KIIs with UNICEF health staff and NGOs indicated that UNICEF or NGOs have covered only a small percentage of the health centres (estimated to be over 6,000) in the country, and the conditions prevailing in a large majority of these remain grim due to continuous underfunding and lack of adequate infrastructure and equipment, a situation likely to be worsening in the coming years in the current circumstances.

Key findings on sustainability

Sustainability of outputs and outcomes are and will most likely be further affected by: a) the continuing political uncertainly in the country; b) the political will to implement policies and regulatory frameworks; c) the political will to invest in health, education, social protection, social workforce; d) the issues around quality and maintenance of construction (e.g., schools and latrines), and e) the low capacities of UNICEF non-governmental partners and governmental partners at state level.

Conclusion on sustainability

1. Prolonged disengagement with the government at federal and state levels may affect sustainability of some of the programme outputs and outcomes, though this can be countered to some extent with increased thrust on resilience and social cohesion, as well as quality of service delivery, working through NGOs, localities and communities, as UNICEF intends to do.

2. Quality and maintenance of constructions being pre-requisites to sustainability of interventions at the community and locality level continue to receive attention through the establishment of UNICEF construction unit in Khartoum and six field offices.

4. Recommendations

Recommendations

118. The recommendations are made in the current context in the country which limits active engagement with the federal and state governments. The evaluation team (ET) assumes that should any dramatic positive shift occur in the sphere of governance, UNICEF is well aware of the priorities and focus vis-à-vis reengagement with the government. Secondly, the ET assumes that the current political context is likely to continue and this is likely to lead to reduction in funding. As development partner funding decreases and humanitarian funding becomes the major resourcing option, a number of development partners may switch part of their funds to direct-funding of NGOs, as opposed to funding through UN agencies. This will call for choices to be made in terms of scale and focus of the programme.

R1. Focus and depth: In line with its internal discussions currently underway, UNICEF needs to develop clear focus (both geographical and programmatic interventions) so as to ensure depth and quality in programmes. This should include:

i) further increased internal integration of different sectors;

ii) establishing/redefining partnerships with other agencies (NGOs/UN) to mobilize a minimum package of basic needs services that addresses interlinked vulnerabilities in selected target areas;

iii) narrowing down target areas of interventions and/or a tighter focus within programmes, while keeping the current focus on vulnerable children;

iv) moving away from construction while focusing on quality of service providers/strengthening capacities of service providers rather than be the service provider.

R2. Address deterioration in outcomes in critical areas of programming. In the new CPD, clearly articulate how UNICEF will deepen and expand partnerships with a wide range of stakeholders to continue to prioritize programming where the key national level outcomes are showing a declining or stagnating trend (namely measles vaccination coverage, live-births attended by skilled personnel, malnutrition among children, FGM practices). It may be that UNICEF defines its intended outcomes at two levels:

i) focus on particular geographical areas where it will demonstrate definite positive changes in trend over a period of time;

ii) support government/other agencies in the rest of the country, where resources allow.

R3. Sustainability of interventions. More attention should be given to sustainability of results of interventions in the longer-term by:

i) Ensuring quality control and maintenance of all infrastructure work where UNICEF decides that their involvement is critical (as elaborated above, the recommendation is that UNICEF should move away from engaging in construction as much as possible); for infrastructures like WASH and school constructions/rehabilitation, UNICEF needs to produce an inventory of facilities it has supported and ensure periodic monitoring of these through the local authorities;

ii) In interventions for which results depend upon community capacity and their mobilization (e.g., WASH structures, school infrastructure), ensuring that adequate amount of time is given for community mobilization process and post-implementation (delivery) follow up to monitor how communities and local authorities are developing capacity, utilizing and maintaining the services;

iii) When implemented through NGOs (short-term grants), making provision for continuing monitoring and follow up after an activity is implemented. In this regard, UNICEF may encourage implementing partners and communities to set up a 'pooled fund' that is available for providing small maintenance/monitoring support; ideally, this will require all partners involved in a particular area to coordinate such an initiative.

R4. Programming for peacebuilding and focus on resilience: As part of the new CPD, UNICEF needs to further clarify the scope of its programming on peacebuilding and ensure that all its staff have a common understanding. In this regard, it may be worth reinforcing the premise that UNICEF programme addresses unmet basic needs in vulnerable communities through strengthening community resilience in a conflict-sensitive manner and foster social cohesion; programming is not driven by peacebuilding, but contributes to it. Specific actions may include:

i) A clear definition of parameters (result indicators) to measure resilience and social cohesion;

ii) An assessment of UNICEF Sudan's specific expertise in peacebuilding – some field offices already have good experience in this regard;

iii) Strengthen life and livelihood skills as well as citizenship education of children and adolescents.

R5. Social protection: While continuing to implement the MCCT+ programme, UNICEF needs to ensure that this is integrated with other sectors (especially nutrition and WASH) as well as through an area-based integration (R1 above) with other development actors targeting women and children. An impact study of the pilot cash transfer programme in the two states where this is being implemented will provide data and evidence which will be crucial for any expansion of the current programme or of any other social protection programme.

R6. Advocacy regarding child protection. Given that implementation of crucial laws and policies geared to the protection of children remain in limbo, UNICEF needs to continue its evidence-based advocacy with the GoS focusing on prevention of child protection violations, particularly violence against children, through increased human, financial and infrastructure resources for social service workforce. In parallel, UNICEF needs to continue working with service providers (e.g., government, NGOs and CSOs) to strengthen and scale up child protection systems, and partner with UNITAMS and key stakeholders from civil society and UN agencies to prevent violence against children.

R7. Partnerships with civil society: Partnerships with NGOs and CSOs should be further increased and diversified as engagement with the government remains substantially suspended, and this may help enhance quality of delivery due the former's closer engagement with communities. UNICEF needs to i) examine if there is room for further improvement in the workflow process involving NGOs to increase efficiency of delivery. Confrontation with UNICEF Headquarters or other Regional / Country Offices could be beneficial; ii) duly assess the existing capacities of the NGOs to further build on these.

R8. Gender equality. More specific attention to the inclusion of boys and men in the gender dialogue (e.g., on GBV, FGM, child marriage, girls' education, management of menstrual hygiene, adolescents' health and nutrition, youth empowerment) as well as the development of gender-friendly indicators would be needed, together with the additional financial and human resources allocated to gender-responsiveness and integration.

5. Annexes

Annex 1 – Terms of Reference

Justification / Background

Sudan had achieved designation as a lower middle-income country in 2019, only to regress back to lower income by 2020. Even prior to the current economic crisis and global pandemic, there were substantial disparities in child-specific social indicators between states. Sudan ranked 170 out of 189 countries and territories in the 2020 Human Development Index. Some 46.5 per cent of the population lives in poverty, with the rural areas being the most affected. Nearly 51 per cent of Sudan's population are aged below 18 mainly due to high population growth at 2.4 per cent annually. Rapid urbanization characterizes the demographic changes, with over a third of the population now in urban areas. Rural-urban migration is being driven in part by conflict, drought and desertification, as well as the search for better economic opportunities and access to basic services. This situation led to an ongoing protracted and multi-faceted needs, with significant numbers of internally displaced people and displacement-affected communities, refugees and vulnerable residents including children requiring assistance, combined with underdevelopment and a need to address the root causes of vulnerability.

The economy is contracting since 2011, with GDP declining from US$ 55.0 billion in 2011 to US$ 21.3 billion by 2020. COVID-19 preventative measures such as travel restrictions and curfews further impacted the economy, particularly affecting the urban poor in daily wage-earning employment in the informal sector. Sudan is experiencing high income poverty in 2022 with an estimated 9.8 million people – 22 per cent of the population having crisis or worse levels of food insecurity, with 13.6 per cent of children under five experiencing global acute malnutrition[132].

Humanitarian crises, including protracted conflict and displacement, natural disasters, epidemics, emergency-level malnutrition and food insecurity, all remain major challenges. It is estimated that 14.3 million people will need humanitarian assistance in Sudan in 2022, 7.8 million[133] of whom are children. Sudan has over three million IDPs and is hosting 1.1 million refugees, one of the largest numbers in Africa. These figures are expected to increase as crises continue in neighboring countries, especially South Sudan and Ethiopia.

Children in the armed conflict zones of Jebel Marra, Blue Nile and Nuba Mountains had gone a decade without access to basic services such as education, polio and measles vaccinations, nutrition services, water and sanitation facilities, and child protection until being recently reached by humanitarian assistance in 2021. Children on the move remain one of the most vulnerable groups in Sudan. There is an absence of a favorable protection environment for refugees, asylum-seekers, internally displaced persons and other persons on the move. The threats to children-at-risk and vulnerable women include discrimination, exploitation, abuse and violence.

COVID-19 has amplified existing vulnerabilities in Sudan with wide ranging impact on the physical and mental well-being of children and families heightening risk of violence, abuse and neglect, especially of girls and women. Prior to the pandemic over three million children were estimated to be out-of-school – more than half of them girls. School closures tied to the pandemic disrupted the attendance of at least 9.6 million children in 2020 alone, with additional disruptions caused by political unrest before and after the start of the pandemic. The education system is facing several challenges including poor quality, insufficient classroom space, lack of trained teachers and funding.

[132] Humanitarian Needs Overview (HNO), 2022

[133] Ibid

Ongoing political crisis further jeopardizes progress made towards democracy and respect for human rights. In 2019, a power-sharing agreement between military and civilian leadership was established to form a transitional government after long-time ruler Omar al-Bashir was ousted, with a plan for full democratic election in 2023[134]. The events have posed challenges for the UN System to programming and delivering to meet the continued needs on the ground, the nexus programming in Sudan faces increased level of uncertainty. Since the change of government 25 October 2021, marches and other spontaneous protests have been held by civilians, during which 76 people have been killed and over 2,200 people have been injured (as of 24 January 2022).[135]

UNICEF Country Programme in Sudan

UNICEF has been delivering programmes in Sudan since 1952, with a permanent office in Khartoum since 1974. UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help children fulfil their basic needs and to expand their opportunities to reach their full potential i.e., to survive and thrive. UNICEF is one of the largest UN agencies in Sudan, with more than 400 personnel and an annual programme delivery of around US$ 130 million. The central office in Khartoum and 12 other offices cover all 18 states of Sudan. UNICEF Sudan Country Office implements activities in partnership with a variety of national, state, and local government and civil society partners. Central to the implementation of UNICEF's programme in Sudan is decentralized delivery, working at the state, locality and community levels. UNICEF works with partners in remote areas to reach children in inaccessible locations strengthening the systems for determining the geographic focus for the country program towards the most deprived localities with multi-sectoral deprivations most acutely affecting child survival and development.

In line with the UNICEF Strategic Plan 2018-2021, and policies and strategies of the GoS, the country programme aimed to achieve equitable outcomes for the poorest, most-in-need and hardest-to-reach children through addressing humanitarian needs while building the resilience of families and communities against future shocks and linking with sustainable development interventions. The Sudan Country Programme 2018-2022 contributes to eight of the 17 Sustainable Development Goals, and jointly contributes to UNDAF 2018-2022, focus area three related to social services; focus area four related to governance, rule of law and institutional capacity development; and focus area five related to community stabilization.

The programme was developed jointly by the Government and UNICEF to with a view to align with the priorities defined in the Sudan National Strategic Development Plan 2017-2020, as well as the multi-year Humanitarian Strategy 2017-2019. Programmatic integration is a key strategy in the country programme, and in collaboration with the government at national and sub-national levels, the integration of multi sectoral community based interventions is planned to impact on equitable child survival and development, education and learning outcomes ad safe protection of children. Together with its partners, UNICEF supports enhancing national capacity, systems strengthening, developing public policy and national legislation for the reform of sustainable basic social services for children and women.

The overall goal of the country programme 2018-2022 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 has five components: (a) child survival and development; (b) education and

[134] UN News, 2021 https://news.un.org/en/story/2021/10/1103902

[135] Security Council Report, 2022. https://www.securitycouncilreport.org/monthly-forecast/2022-02/sudan-10.php

learning; (c) child protection; (d) policy, evidence and social protection; and (e) programme effectiveness.

UNICEF Sudan's Country Programme 2018-2021 has been extended by one year to 2022[136]. The United Nations Country Team (UNCT) agreed on an extension of United Nations Development Assistance Framework for Sudan (UNDAF) and common country framework to 2023 and is currently finalizing the process with Headquarters. If this decision goes ahead, UNICEF will request for another year extension of its country programme to best align itself with the UN system in Sudan.

Despite the recent shifts in country context, the United Nations remains fully committed to the nexus approach and to continue delivering on current humanitarian and development programmes with an emphasis on resilience and peace building. UNICEF during the country programme adapted to the changing situation by establishing a presence in Gedarif to respond to the influx of Ethiopian refugees. Programmatic changes during the country programme were a prioritization of partnerships with private sector, integrating peacebuilding across programme areas, and incorporating construction and engineering staff across the country to support improved infrastructure. In the context of the current political crisis, UNICEF is considering the implementation modalities (i.e. through (a) government, (b) NGOs, or (c) direct delivery through contracts).

UNICEF responds to emerging humanitarian situations in accordance with the Core Commitments for the Children in Humanitarian Action. The pandemic affected the capacity of government actors due to constraints on in-person work. Although government partners reopened, the pandemic continues to strain resources and disrupt typical workflows. The ongoing political crisis has affected government services due to uncertainty around leadership, staffing disruptions, and internal feuds over the political process. This has had an adverse impact on capacity building, program implementation and monitoring and supervision.

Child survival and development

Child survival and development consists of an integrated package of interventions including health, nutrition, sanitation and hygiene delivered to address the root causes of child mortality and morbidity, particularly child malnutrition, focusing on addressing the inadequate coverage and quality of lifesaving interventions.

Outcome 1: Health and Nutrition – by 2022, more children under the age of five years and women of reproductive age utilize high-impact, quality health and nutrition services:

- Support to government at national and subnational levels to strengthen capacities and develop evidence-based and equity, multi-sector focused policies, plans and budgets to improve health and nutrition services;
- Strengthening health systems and communities through capacity building to deliver integrated high-impact health and nutrition services;
- Providing Infant and Young Child Feeding (IYCF) services to severely malnourished children along with reliable access to safe drinking water, sanitation and hygiene;
- Strengthening capacities at the national, state and locality levels to design, implement and monitor demand generation interventions for promoting key family practices and behaviour change for high impact nutrition and health services.

[136] https://www.unicef.org/executiveboard/media/6846/file/2021-PL28-Extensions_of_CPs-EN-ODS.pdf

Outcome 2: Water, Sanitation and Hygiene (WASH) – by 2022, more children and their families are living in an open defecation free environment, using improved drinking water sources and adopting improved hygiene practices.

- Providing access to basic sanitation facilities and supporting communities to adopt adequate hygiene practices;
- Providing communities with equitable and sustainable access to improved drinking water facilities;
- Supporting the government through institutional capacity and systems strengthening to scale-up equitable and sustainable access to basic improved WASH services in schools and health facilities.

Education and learning

The programme aim is to ensure more children in Sudan are in school and learning. UNICEF focused on strengthening national education systems to be more inclusive ad equitable in their delivery of quality education services to the children in most vulnerable situations who are out of school.

Outcome: Education – by 2022, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.

- Supporting the establishment of second-chance education learning opportunities in emergency and non-emergency situations so that more out-of-school children in Sudan, especially girls and those in the most vulnerable situations, access quality pre0primary and alternative learning opportunities;
- Increasing capacity of the education system to deliver quality and inclusive education services in conducive learning environments throughout the continuum of formal or non-formal schooling, from pre-primary to primary and into secondary;
- Enhancing the governance and managerial capacity of the Ministry of Education and Higher Education and other institutions to effectively legislate, plan, coordinate, and budget the provision of equitable and inclusive education opportunities.

Child Protection

This programme component focuses on four child protection thematic areas: implementation of the Action Plan and Reintegration of Children Associated with Armed Conflict / addressing grave violations MRM in the context of armed conflict and humanitarian crises; justice for children; harmful practices against children prioritizing FGM/C and child marriage; and prevention and responding to separation of children.

Outcome: Child Protection – by 2022, more children are protected from violence, abuse, and exploitation and benefit from improved response and prevention systems.

- Strengthening the national capacity and accountability through policy advocacy of the Ministry of Social Affairs to address legal gaps in the protective environment and more effectively implement existing laws and policies on child protection, policies and budgets integrated across sectors;
- Supporting institutional and capacity development of Ministry of Security and Social Development, Ministry of Justice, Ministry of Interior and FCPU professionals to deliver specialized child protection services at state and locality levels, in line with international standards and referral mechanisms;
- Supporting the capacities of children, families, and communities to protect themselves by enhancing the knowledge and skills of rights-holders, establishing formal community

commitments, and supporting risk mitigation activities promoting practices and behaviours that protect children and women.

Policy, evidence and social protection

The programme component aims to generate evidence, strengthen capacities of national and state level government agencies to analyze and use evidence and data for planning and ensure adequate budget allocation and efficient financial disbursement for capital investment in health, nutrition, water and sanitation, education, and social protection. More specifically UNICEF supports the government in the ongoing development of legislation and policy reforms for adequate public financing and child rights, developing an integrated social protection pilot system and generation of sound evidence for public advocacy and scaling up high impact social protection systems.

Outcome: Policy, evidence and social protection – by 2022, disadvantaged and excluded children are benefiting from improved policy environment and strengthened social protection system.

- Strengthening capacities of national and sub-national government partners for evidence-informed child-centred policy formulation, planning and budgeting;
- Strengthening institutional capacities of government partners to develop and deliver child-sensitive social protection, particularly to children and families in the most vulnerable situations.

Programme effectiveness

UNICEF works with the Ministry of International Cooperation and line ministries, centrally and in field offices, to ensure that the programme is effectively managed, coordinated, monitored and evaluated, for the efficient delivery of results. UNICEF also provides cross-sectoral support for the mainstreaming of gender-responsive programming and accountability to affected populations and ensures coherence and coordination in emergency preparedness and response and resilience-strengthening actions across sectors.

Outcome: Programme Effectiveness – 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.

- UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes;
- UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues;
- Strategies to address cross-cutting issues related to child rights are developed and applied.

Purpose and Objectives of the Evaluation

Under the new Evaluation Policy of UNICEF Country Programme Evaluations are mandatory for every second cycle. Sudan Country Office did not have a Country Programme Evaluation during its last cycle and is therefore mandated to conduct a Country Programme Evaluation.

Purpose and Use

The purpose of the evaluation is to provide impartial and independent evidence to assist the Country Office, and partners (government, implementing partners, donors, the UN country team) to identify the results achieved, the gaps, and the key bottlenecks. As the country programme did not formally envision the full extent of the humanitarian programming, the evaluation should have a strong focus on the nexus approach given the multiple crises and humanitarian initiatives implemented in Sudan by

the UNICEF country office. The learning will primarily benefit the UNICEF Country Office, as well as contribute to the UN system joint programming in Sudan and the programming of partners in Sudan.

Objective:

The objective of the independent evaluation of the UNICEF Country Programme (2018 - 2023), acknowledging the verbal agreement of the UNICEF's Executive Board to extend the programme to 2023, is to produce an independent and useful evaluation report that provides accountability, learning and forward-looking recommendations. The evaluation will provide accountability to UNICEF, partners, and rights-holders; elaborating whether UNICEF, through the implementation of its Country Programme, was fit for purpose and strategically well positioned to respond to national and refugee needs.

More specifically, the objectives of the evaluation are to:

- Assess key UNICEF contributions to the attainment of the results at the outcome level, including cross-cutting strategies, based on existing evidence and analysis, and identify key challenges and lessons learned.
- Identify the opportunities and potential strategic shifts for the next country programme vis a vis UNICEF's comparative advantage and potential ways to integrate the nexus approach more systematically.
- Based on the evolving situation in Sudan and the potential strategic shifts identified, assess whether UNICEF CO is "fit for purpose", in terms of strategic positioning, the current implementation modalities and decentralized operations.

Scope

The evaluation will assess key results achieved and strategies applied within the current UNICEF Country Programme as articulated through the Country Programme Document outcomes and outputs. It will cover all activities planned and / or implemented during the period 2018-2023 within each programme component (education, health and nutrition, WASH, child protection and social protection as well as cross-cutting strategies (gender, adolescent and youth, C4D, T4D, PME, etc.). While initially the humanitarian response was integrated in the programmatic interventions foreseen during the development of the country programme, the evaluation will acknowledge the interventions especially humanitarian and peace building ones that were amended during the period 2018 and 2023. The management of the programme and the monitoring and reporting system are part of the scope.

In addition to the intended results of the country programme the evaluation will aim to identify unintended effects. The evaluation will include the OECD DAC criteria of Relevance, Coherence, Efficiency and Sustainability but exclude Impact from the evaluation. In addition, it will look at gender, human rights. The evaluation will focus on higher level strategic results and not aim to conduct a detailed analysis of all sectors of the country programme. The evaluation is summative looking at the results during the implementation of the country programme.

Evaluability

The Country Programme Document is clear on the different areas of delivery. The programme strategic notes provide enough of a basis to start the evaluation. Gaps in understanding of the theory of change will be addressed during the inception phase. Monitoring data is available and a number of evaluations of aspects of the country programme have already been conducted. Monitoring and reporting data seem to be in principle available and will form a key element of the evaluation.

Evaluation questions:

The evaluation aims to answer the following questions:

Coherence

- To what extent are the Country Programme Document and subsequent humanitarian responses aligned with national strategies, the strategy of the system wide country team, other UNICEF strategies (e.g. UNICEF strategic plan, regional Strategy, CCCs, gender mainstreaming, the peace building agenda, the triple nexus, SDGs, etc.), and other agencies strategies?

Relevance

- To what extent has the country programme addressed the most urgent needs of girls and boys in Sudan?
- To what extent has the Country Office been able to respond to changes in national and district level needs, rights, and priorities or to shifts caused by crises or major political changes? To what extend has the Country Office invested into the right programming? What are the main emerging opportunities that the Country Office should prioritize?
- To what extent did the design and the interventions of the Country Programme Document integrate cross cutting issues such as equity, gender, disability, inclusion, adolescent and youth, technology and innovation (including technology for development (T4D)), social and behaviour change (SBC) and prevention of sexual exploitation and abuse (PSEA)?
- What are the key comparative advantages of UNICEF and to what extent is UNICEF Sudan leveraging them? To what extend are synergies within the UN system leveraged? Which areas should UNICEF Sudan focus on?

Efficiency

- Did the country programme use the resources (financial and human resources) in the most economical manner to achieve its objectives?
- Did the country programme and its strategies lead to improvement in the allocation and use of resources in the concerned programme areas, and improved more efficient processes with partners?
- To what extent have programme strategies been effective in supporting delivery of country programme outputs and outcomes? What can be learned about the most effective programme strategies for achievement of programme results?
- To what degree, have the delivery strategy balanced reaching the most vulnerable and reaching sufficient numbers of needy children?

Effectiveness

- To what extent were programme outputs delivered and did they contribute to progress toward stated programme outcomes?
- Were there positive / negative unintended outcomes? Could they have been foreseen and managed?
- To what extent did partnerships or coordination mechanisms at national and local levels, established with other key actors e.g., government at national and local levels, civil society, INGOs, NGOs, other UN agencies etc. contribute to the delivery of results for children?
- To what extent has UNICEF's Country Programme contributed to improving performance of Government institutions / service providers, systems, mechanisms, policies / strategies?
- To what degree is UNICEF Sudan office fit for purpose, to deliver key results to the most vulnerable children and young people, in terms of structure (field offices), strategies (nexus approach, peacebuilding, centralized planning and monitoring), implementation methods (direct implementation, through government or other partners), scalability, and adapting to changing realities on the ground through responsive implementation modalities?

Gender and Human Rights

- To what extent are equity concerns, human rights and gender equality consistently integrated in all aspects of programming and implementation, including policy and advocacy?

Stakeholders

- UNICEF Country Office, Regional Office and Headquarters
- Government of Sudan and its line ministries
- Other UN agencies
- Implementing Partners and INGOs / NGOs
- Donors

Methodology

This section provides the preliminary direction of the methodology. The methodology is based on UNEG norms and standards and refers to relevant UNEG and UNICEF guidance materials such as the guidance on integrating human rights and gender into evaluation. It will be further elaborated during the inception phase in the annexes of the inception report including the research instruments and evaluation matrix. Duplication of efforts will be avoided. Therefore, previous evaluations of sections of the country programme document will be integrated in this evaluation.

If the security and the COVID situation allows the evaluation will be conducted with the ET visiting Khartoum as well as a representative selection of field offices to gain a better understanding of the situation on the ground and the various implementation environments in the country. This will allow the team to discuss with implementing partners as well as district and regional government representatives and potentially beneficiaries in some locations. Key informants especially from the government partners, implementing partners and UNICEF should be interviewed to get a deeper understanding of the political limitations, the relevance of the programme for the various stakeholders and how the different strategies fit together. Focus groups might be conducted with staff from partners[137], UNICEF or with beneficiaries as appropriate.

The methodology is applying a mixed methods approach and will be as participatory as possible. Information from the different lines of inquiry will be triangulated to improve the reliability of the findings and to ensure that the recommendations are grounded in the reality. Documents to be reviewed will include but are not limited to government strategies and policy documents, the UNDAF documentation, UNICEF strategic documents, evaluations and reports produced by Sudan Country Office, monitoring and progress reports concerning the different elements of the country programme. Geospatial data, government surveys and other general information of the country will be reviewed. If relevant additional primary data collection at larger scale will be initiated. The evaluation might also benefit from the baseline efforts for the social cohesion programme.

Special attention will be given to the disaggregation of data by gender and other groups relevant. The methodology will ensure that the numbers of men, women, boys and girls are sufficient to disaggregate findings by gender where appropriate.

The research instruments as included in the inception report will go through an ethical review process to ensure compliance with UNICEF policies for data collection.

[137] Selected from the stakeholders mentioned in the section above

Ethical conduct

The evaluation consultancy will follow United Nations Evaluation Group (UNEG) ethical conduct guidance in data collection and verbal or written consent will be required from participants before commencement of any interview.

The inception report, data collection tools and consent forms will go through an independent ethical review body before proceeding to the fieldwork stage of the evaluation. All data collected and confidential information shared during the evaluation shall be kept in a password protected system by the ET.

Limitations

Some of the data might be sensitive and access restricted. To mitigate this the evaluation will collect data from as many sources as possible as well as highlight any potential biases in data used in the evaluation. For areas with access limitations the team will use remote data collection techniques and individual key informant interviews.

Distribution

As part of the quality assurance processes the ET will present preliminary findings and recommendation to relevant internal and external stakeholders. In the following discussion stakeholders can reflect on the preliminary findings with the goal to make them more relevant to the country office. Commenting on the draft report will be afforded to all institutional stakeholders interviewed during the primary data collection. After the report is finalized a dedicated distribution workshop will be facilitated to discuss the findings of the report as well as to design the actions that will address the recommendations of the evaluation report. Additional sectoral working meetings and discussions of the findings and recommendations might be facilitated ahead of the distribution workshop for those sections that require more in-depth discussions.

Expected Tasks and Deliverables

The contract will have the following deliverables: Inception Report, Presentation of Preliminary Findings and Recommendations, Draft Report, Final Report, Response to the Comments Matrix. In the table below the tentative timeline is laid out. In several of the stages more than one person would work on the deliverable in parallel.

Task	Time working days	Workdays of the team	Responsibility
Inception report	10	25	Consultants
Acceptance of inception report[138]	5		Evaluation manager / steering committee
Field work	20	70	Consultants
Presentation of preliminary findings	1	2	Consultants
Draft report	14	23	Consultants
Commenting process	10		Evaluation manager to coordinate
Final report	5	5	Consultants

[138] In case the report is not accepted an additional commenting process might be necessary.

The Report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.

Payment Schedule

The company will be paid upon completion of key deliverables.

Main deliverable	Indicative timeline after contract signing (in weeks)	Payment schedule (%)
Inception report	3	20
Presentation of preliminary findings and recommendations	14	30
Final report (inclusive of summary of the findings and recommendations in form of infographics in both Arabic and English) as well as the completed comments matrix	16	50

Official travel involved

Ideally the team of consultants will travel to the focus countries for the data collection. Travel will be under the responsibility of the contractor in accordance with UNICEF's rules and tariffs. All travel costs should be planned properly in the technical proposal and included in the financial proposal. Please note that if selected, the contract can be a supporting document to obtain entry visa (if necessary). UNICEF will be unable to secure travel visas. Flight costs will be covered at economy class rate as per UNICEF policies.

Travel costs should be included as a separate component on cost proposal and the contract and paid against actual travel undertaken. There could be a situation where is not possible due to the pandemic.

Team Composition - Desired Qualifications, Specialized Knowledge or Experience

The below sets out the tentative workload of the different specialist, as well as the required skills for the different team members. Ideally the team is mixed in terms of gender and cultural backgrounds. The subject matter experts need to have a very good understanding of the local context and are preferably from Sudan.

Team leader	50 days
Nexus expert	35 days
Programme expert	40 days

Team leader	Relevant master's degree (evaluation, development studies economics, social science, etc.) Experience in leading evaluation teams in politicized environments Experience in managing evaluations in the UN system Good understanding of the child rights agenda Good understanding of integrating gender and human rights into evaluations Strong interpersonal skills Ability to work with senior officials Cultural sensitivity

Nexus expert	Relevant master's degree (development studies, humanitarian studies, social sciences, etc.) Excellent understanding of the HPD nexus approach Experience with humanitarian, peace and development work Experience in sudden onset humanitarian situations Experience in protracted crisis situations Previous participation in evaluations
Programme Expert	Relevant master's degree (engineering, water systems, development studies, humanitarian studies, social sciences, etc.) Expertise in one or several of the following sectors: WASH, Health and Nutrition; Education; Child Protection; Social Protection Understanding of the policy environment for the relevant sectors

Contract Management

The evaluation will be guided by a steering committee approving the terms of reference and endorsing the final version of the inception report, as well as provide guidance should major new challenges arise that would affect the timely completing of the evaluation. The **direct management** of the evaluation will be done by the regional evaluation advisor. The Sudan Country Office will ensure that all relevant documentation is available to the consultants and support the arrangement of meetings with relevant stakeholders.

The team leader will coordinate the inputs of the team and be responsible for the quality of the deliverables. The consultant company will support the ET and backstop the team where required and do quality assurance for all deliverables submitted to UNICEF. The team members will primarily focus on their area of expertise but will engage with the team leader and the evaluation manager on issues relating to the quality of the evidence of the overall evaluation.

Performance indicators for evaluation of results

All tasks have been delivered in a timely manner as indicated in the TOR/Contract. High quality of work and results achieved correspond to the specification of the TORs. Deliverables are submitted on time and the quality of work should be acceptable to UNICEF. Overall performance at the end of the contract will be evaluated against the following criteria: timeliness (as per the timelines agreed with UNICEF), responsibility, initiative, communication, and quality of the services delivered.

Frequency of performance reviews

A formal performance review will be performed at the end of the contract. The quality of the deliverables will be assessed, and when satisfactory installments will be paid.

Annex 2 – Evaluation Matrix

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
COHERENCE: The compatibility of the interventions with other interventions in a country, sector or institution. The extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa.				
1. To what extent are the Country Programme Document and subsequent humanitarian responses aligned with national strategies, the strategy of the system wide country team, other UNICEF strategies (e.g. UNICEF strategic plan, regional Strategy, CCCs, gender mainstreaming, the peace building agenda, the triple nexus, SDGs, etc.), and other agencies strategies?	Relevant support at national and provincial levels to improve capacities to plan, monitor and implement the National Strategic Development Plan 2017-2020 and the SDGs as articulated in the five outcomes of the UNDAF 2018-2021, particularly the social services outcome, as well as the National Health Sector Strategic Plan (2017-2021), National Reproductive, Maternal, Neonatal and Child Health Strategy (2016-2020); National comprehensive Multi-Year plan for immunization (2021 to 2025), the WASH Sector Strategic Plan; and the Sudan National Sanitation and Hygiene Strategic Framework, the National Roadmap for making Sudan Open Defecation Free by 2022. Simultaneously, in line with CCCs and UN humanitarian strategies and plans,[139] UNICEF has responded appropriately to natural disasters, conflict, and UN's COVID-19 response plan.	CPD, AMPs, Annual Progress Reports (APR), UNDAF 2018-2021, relevant policies and frameworks of the Government, UNICEF Federal and state MOH, MoIWR, WASH and Health Cluster/Sector Coordinators HC, UNITAMS, OCHA, MOH, WHO, key humanitarian partners; APR UNITAMS, UNDP, WFP, Durable Solutions Working Group; APR	Desk review Key Informant Interviews KII & desk review KII & desk review	Meta-analysis of UNICEF programme priorities and actions and comparison with Government priorities Qualitative analysis of mixed-methods data

[139] Multi-Year Humanitarian Strategy 2017-2019, Humanitarian Response Plans for the years 2020, 2021, and 2022.

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
	UNICEF is also actively contributing to nexus, peacebuilding and social cohesion objectives outlined in the Integrated Strategic Framework for the Darfur.			
RELEVANCE: The extent to which the intervention objectives and design respond to beneficiaries' and implementing partners' (IP) needs, policies, and priorities, and continue to do so, if circumstances change.				
2. To what extent has the country programme addressed the most urgent needs of girls and boys in Sudan?	UNICEF ensured significant coverage of the humanitarian needs of the children, especially addressing the needs of the SAM-affected children with integrated nutrition, WASH and health programmes Addressed the capacity needs of federal and state MOH and MOE to provide services (including necessary immunization) to infants, children and adolescents. UNICEF child protection interventions targeted policy changes and practices at community levels.	HNO, HRP, AMPs, APRs, MTR, Humanitarian Situation updates; FMoH/SMoH, UNICEF partners, ECHO, USAID, Korea, UNICEF Nutrition, health & WASH section & FOs. AMPs, APRs, MTR, Global Fund reports; FMoH/SMoH, District Health authorities, WHO, UNICEF health section. APRs, implementing partners' (IP) reports; CP partners, CCPN, CHWN.	Desk review; KII FGDs with partners and community networks/members; Semi-structured interviews (SSI)	Qualitative analysis of mixed-methods data Analysis of mixed-methods data – qualitative and quantitative
3. To what extent has the Country Office been able to respond to changes in national and district level needs, rights, and priorities or to shifts caused by crises or major	UNICEF demonstrated flexible planning and implementation of interventions in response to (a) COVID emergence in 2020; (b) floods, droughts and conflicts during 2018 - 2022; (c) transition in the	Situation updates and updated humanitarian appeals, APRs, HNOs, PSNs;	Desk review KII	Analysis of mixed-methods data Synthesis of conclusions drawn

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
political changes? To what extend has the Country Office invested into the right programming? What are the main emerging opportunities that the Country Office should prioritize?	country in mid-2020; and (d) coup and subsequent instability and economic hardships caused by multiple factors, including global economic forces (galloping inflation, food crises, etc) Evidence of a systematic review of priorities following the Covid and coup - both TOC and results framework revisited in order to adjust these to re-prioritized programme	HC/RC, UNITAMS, OCHA, Cluster Coordinators for Health, WASH, Education, Food Security & Nutrition, Protection, UNICEF staff, USAID, FCDO, Germany, Japan, Korea, ECHO.		from analysis of contextual changes, response gaps and UNICEF's comparative advantage
4. To what extent did the design and the interventions of the Country Programme Document integrate cross-cutting issues such as conflict-sensitivity, equity, gender, disability, inclusion, adolescent and youth, technology and innovation (including technology for development (T4D)), social and behaviour change (SBC) and prevention of sexual exploitation and abuse (PSEA)?	All programme interventions have integrated cross-cutting issues of conflict-sensitivity, equity, gender equality, disability, inclusion, adolescent and youth in needs assessment, programme formulation, implementation and monitoring, and mainstreamed T4D, SBC and PSEA in implementation of all activities at community level. Opportunities for innovation and programme adjustments, where appropriate, were proactively explored. Delivery of all programmes at local levels demonstrate conflict-sensitivity.	Needs assessment/situation assessment reports, project progress reports and APRs, CO gender strategy and conflict analysis; UNICEF partners in WASH, Health, CP, Nutrition and Education; UNICEF programme staff in CO and FOs; UNFPA.	Desk review KII; FGDs with UNICEF field staff	Analysis of mixed-methods data
5. What are the key comparative advantages of UNICEF and to what	UNICEF programme demonstrated a balance of *scale, agility and*	FMoH/SMoH, MoE, MoIWR, NCCW, SCCW,	KII	Qualitative analysis of interview data and

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
extent is UNICEF Sudan leveraging them? To what extent are synergies within the UN system leveraged? Which areas should UNICEF Sudan focus on?	*responsiveness, quality and breadth and depth of partnership* in specific areas of programming, as well as recognised by key partners as the lead agency in these areas. UNICEF able to draw on the expertise of other UN agencies when necessary and work jointly with them.	MSA, other implementing partners, USAID, Germany, FCDO, Japan, Korea, Dutch, Sweden, Norway, PRM, EU, UNCT members and UNITAMS.		synthesis of conclusions on UNICEF's comparative advantage and leveraging the resources of other UN agencies.
EFFICIENCY: The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.				
6. Did the country programme use the resources (financial and human resources) in the most economical manner to achieve its objectives?	All major projects/interventions demonstrate Cost, Quality, Timeliness (CQT) factors taken into consideration throughout the implementation cycle. Internally UNICEF teams and sections work in an integrated manner to build synergy in programme and operations.	Finance and operations data on funds disbursement, major cost drivers, major decision timelines; UNICEF staff; partner staff	Desk review, KII FGD with IP staff	Quantitative analysis, timeline analysis of major project implementation
7. Did the country programme and its strategies lead to improvement in the allocation and use of resources in the concerned programme areas?	Programme strategies and resource allocations reflect prioritization of the needs of vulnerable children and adolescents. UNICEF's footprint on the ground overlaps child vulnerability map.	Child vulnerability map for all the states; UNICEF resource allocation data and APRs; UNICEF staff and partners	Desk review, KII	Comparison of UNICEF programme footprint against child vulnerability map
8. How well do the workflow and processes involving implementing partners perform, and have they improved over time?	Evidence that UNICEF's decision-making, support and funds release to the implementing partners are timely and appropriate, and across various teams within UNICEF there is coherent and consistent communication with partners.	Partner staff, CO staff; progress reports	Desk review KII FGD with IPs	Time-line analysis, Case analysis

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
9. To what extent have programme strategies been effective in supporting delivery of country programme outputs and outcomes? What can be learned about the most effective programme strategies for achievement of programme results?	Analysis of outputs and outcomes show clear contribution of the strategies[140] employed in programme delivery, and it is possible to identify strategy(ies) that delivered the best quality, coverage and cost-effectiveness.	FMoH/SMoH, MoE, NCCW, DWSU, MSA, CSSPR, UNITAMS, Durable Solutions Working Group, NGO partners, UNICEF staff; communities, schools	KII; SSIs/FGDs with communities (WASH/CHW/CCPN groups); site visits (PHC, WASH, CMAM centres) and school visits.	Qualitative analysis of interview data and synthesis of conclusions on strategies employed.
10. To what degree have the delivery strategy balanced reaching the most vulnerable and reaching sufficient numbers of needy children?	UNICEF's strategies enabled it to ensure maximum coverage and targeting of the most-vulnerable children in response to the scale of the needs, including reaching out to children in neglected/hard-to-reach or conflict-affected areas.	HNO, HRP, AMPs, APRs, MTR, Humanitarian Situation updates; FMoH/SMoH, UNICEF partners, ECHO, USAID, Korea, UNICEF Nutrition, health & WASH sections & FOs. District Health authorities.	Desk review; KII FGDs with FO staff	Analysis of mixed-methods data – qualitative and quantitative
EFFECTIVENESS: The extent to which the interventions achieved, or are expected to achieve, their objectives and results, including any differential results across groups.				
11. To what extent were programme outputs delivered and did they contribute to progress toward stated programme outcomes?	Contribution analysis shows that UNICEF interventions are contributing to the six outcomes and related outputs under the, and this is validated by the results chain in the theories of change in different sectoral programmes. All programme activities are planned and implemented in a conflict-sensitive	PSNs, APRs, MTR, evaluation reports on key interventions, partners progress reports; FMoH/SMoH, MoE, DOE, MSA, NCCW, SCCW, UNICEF partners, ECHO, USAID, Korea, UNICEF Nutrition, education,	KII, desk review SSIs/FGDs with communities (WASH/CHW/CCPN groups); site visits (PHC, WASH, CMAM centres)	Contribution analysis through mixed-method data; process tracing

[140] Strengthen institutional capacity; policy advocacy; development of models for replication; SBC; evidence generation and analysis; strengthen and diversify shared value partnerships; UN working together; innovations; and private sector partnerships (Source: PSN).

Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
	manner and C4D is mainstreamed across all programme.	health & WASH section & FOs, ; Communities.		
12. Were there positive / negative unintended outcomes? Could they have been foreseen and managed?	Evidence per EQ 11 analyzed for any unintended outcomes outside of the CPD	Linked to EQ11	Desk review	Linked to EQ11
13. To what extent did partnerships or coordination mechanisms at national and local levels, established with other key actors e.g., government at national and local levels, civil society, INGOs, NGOs, private sector, other UN agencies etc. contribute to the delivery of results for children?	Evidence shows that UNICEF's involvement and role in various coordination mechanisms (sector coordination / Clusters), DSWG, UNCT, UNHCT strengthened the overall work in the sectors / Clusters as well its own work with partners.	APRs, programme reports; UNITAMS, OCHA, RC, DSWG members, UNCT members, Government lead of different sectors at Federal and state levels; private sector companies	KII, desk review	Qualitative analysis
14. To what extent has UNICEF's country programme contributed to improving performance of Government institutions / service providers, systems, mechanisms, policies/strategies?	Direct & induced outputs related to (a) development and implementation of policies / strategies / legal framework, (b) government staff and system capacity strengthening, (c) better implementation of service delivery at local levels, (d) data and evidence gathering at federal and state levels as per the CPD outputs.	FMoH/SMoH, MoE, MoIWR, NCCW, SCCW, MSA, other implementing partners, local authorities (health, education, welfare) at district levels	KII, desk review	Contribution analysis through mixed-method data; process tracing
15. To what degree are UNICEF Sudan's strategies (nexus approach, peacebuilding, planning and monitoring), and implementation methods (direct implementation, through government or other	Linked to findings on all EQs (particularly EQs 6, 7 and 10) of this evaluation and the conclusions drawn therefrom.	NA	NA	Meta-analysis of all evidences and findings

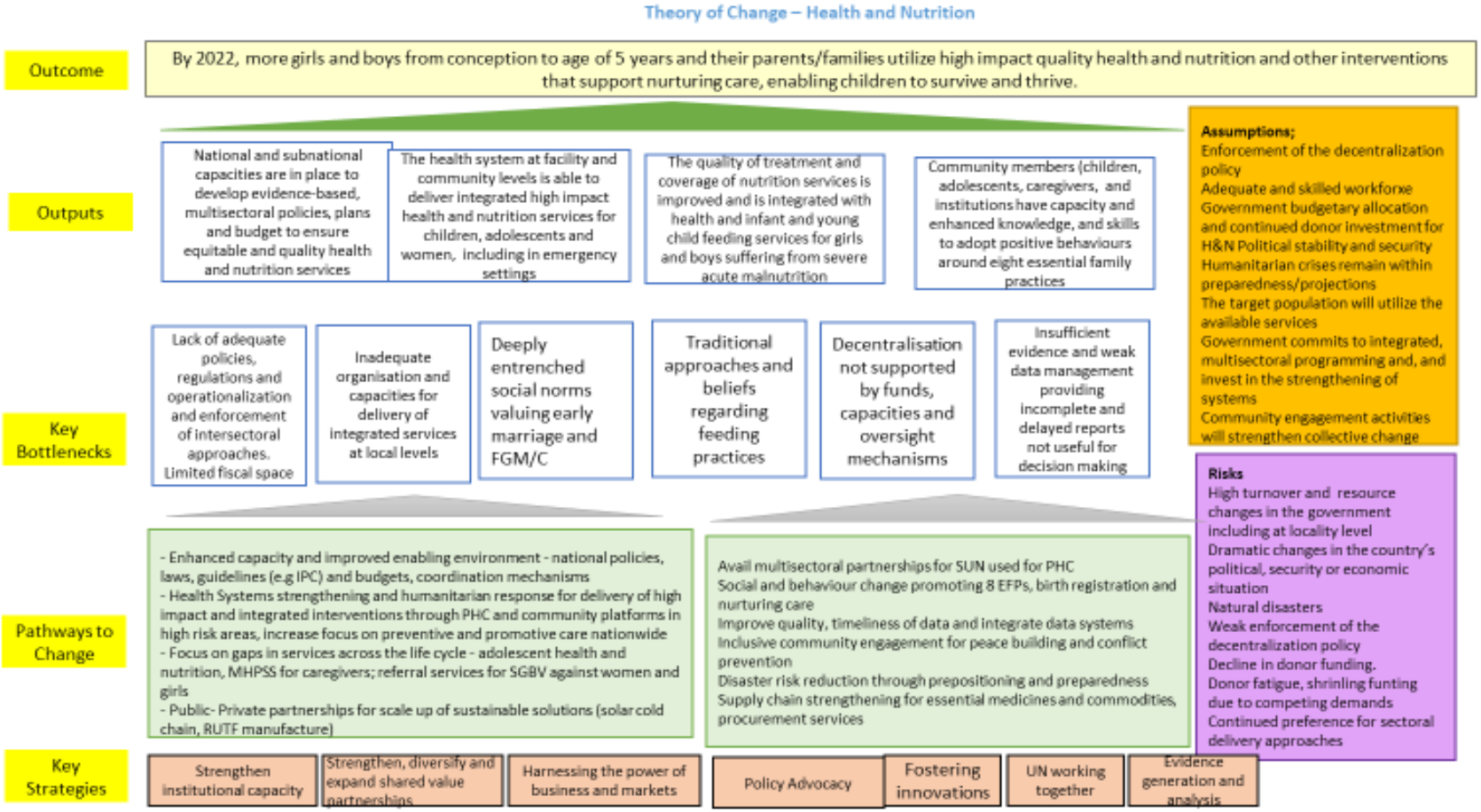
Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
partners) enabling it to respond at scale and adapt to changing realities on the ground through responsive implementation modalities?				
16. How successful has UNICEF programming been in terms of integrating a nexus approach linking its development, humanitarian and peacebuilding activities, and what challenges, if any, does it face in this regard?[141]	Over the course of the CP, short-term emergency response planned and delivered has increasingly taken into account the need to promote resilience and peacebuilding. UNICEF actively leveraging opportunities for joint/joined up approach to triple nexus programming with other UN agencies	UNICEF programme staff; implementing partners – state and local governments, and NGO partners; Community groups; WFP, WHO, UNDP & UNITAMS	KII; FGD with IPs and community groups / members	Qualitative analysis
GENDER and VULNERABILITY ISSUES: The extent to which gender equality, human rights and vulnerability are mainstreamed into all aspects of UNICEF programme.				
17. To what extent are equity concerns, human rights and gender equality consistently integrated in all aspects of programming and implementation, including policy and advocacy?	CPD and all programme proposals demonstrate equity issues and gendered analysis of poverty and vulnerability; progress reports disaggregate data based on gender and disability; conflict-sensitivity in all stages of programme cycle	CPD and APRs, project progress reports; UNICEF staff and partners	Desk review and KII	Analysis of mixed-methods data – qualitative and quantitative
SUSTAINABILITY: The extent to which the net benefits of the intervention continue, or are likely to continue beyond the life of a project/programme.				

[141] The ET notes that the emphasis on triple nexus was not envisaged in the original CPD, and the use of this construct in programming came about only since the formation of the transition government. Therefore, the depth to which an evaluation can go looking for evidence of nexus programming may be limited when it comes to assessing outcomes. However, the evaluation will take a forward-looking approach and examine how opportunities for nexus programming are being explored.

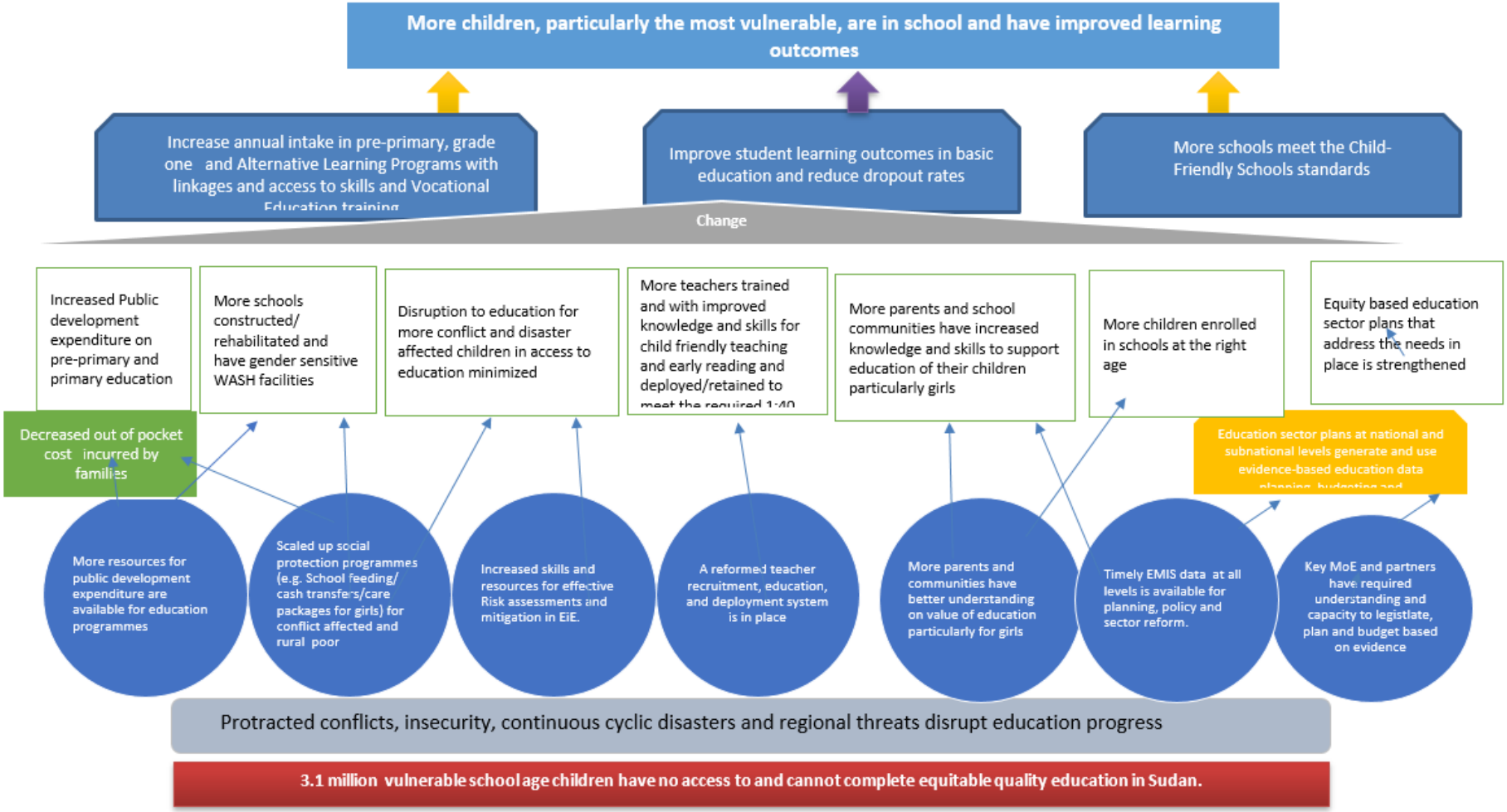
Evaluation criteria and EQ	Judgment criteria	Data sources	Method of data collection	Data analysis method
18. To what extent are institutional capacity, policy and regulatory frameworks in place that will support the continuation of benefits?	Policies, regulatory framework and capacities (incl. at state and local level) improved and partnerships for continuation of relevant practices and outcomes by relevant government agencies are in place.	FMoH/SMoH, MoE, MoIWR, NCCW, SCCW, MSA, other implementing partners, local authorities (health, education, welfare) at district levels, community groups; Government budget allocations	KII & desk review; FGDs with community members/groups	Qualitative analysis
19. To what extent do partnerships exist with other national institutions, NGOs, United Nations agencies, the private sector and development partners to sustain the attained results?	Evidence of multi-stakeholder partnerships involving government, NGOs, UN agencies, private sector and development partners to continue the critical results obtained through the CPD.	Implementing partners, other UN agencies, donors	KII & desk review	Qualitative analysis
20. Which outputs and outcomes have the most likelihood of sustainability and being adopted by partners and why?	Local authorities and community structures in place and taking ownership of key initiatives that will continue producing relevant outputs and outcomes	Local authorities and community structures / leaders	KII & FGD	Qualitative analysis

Annex 3 – Theories of Change for sectoral programmes

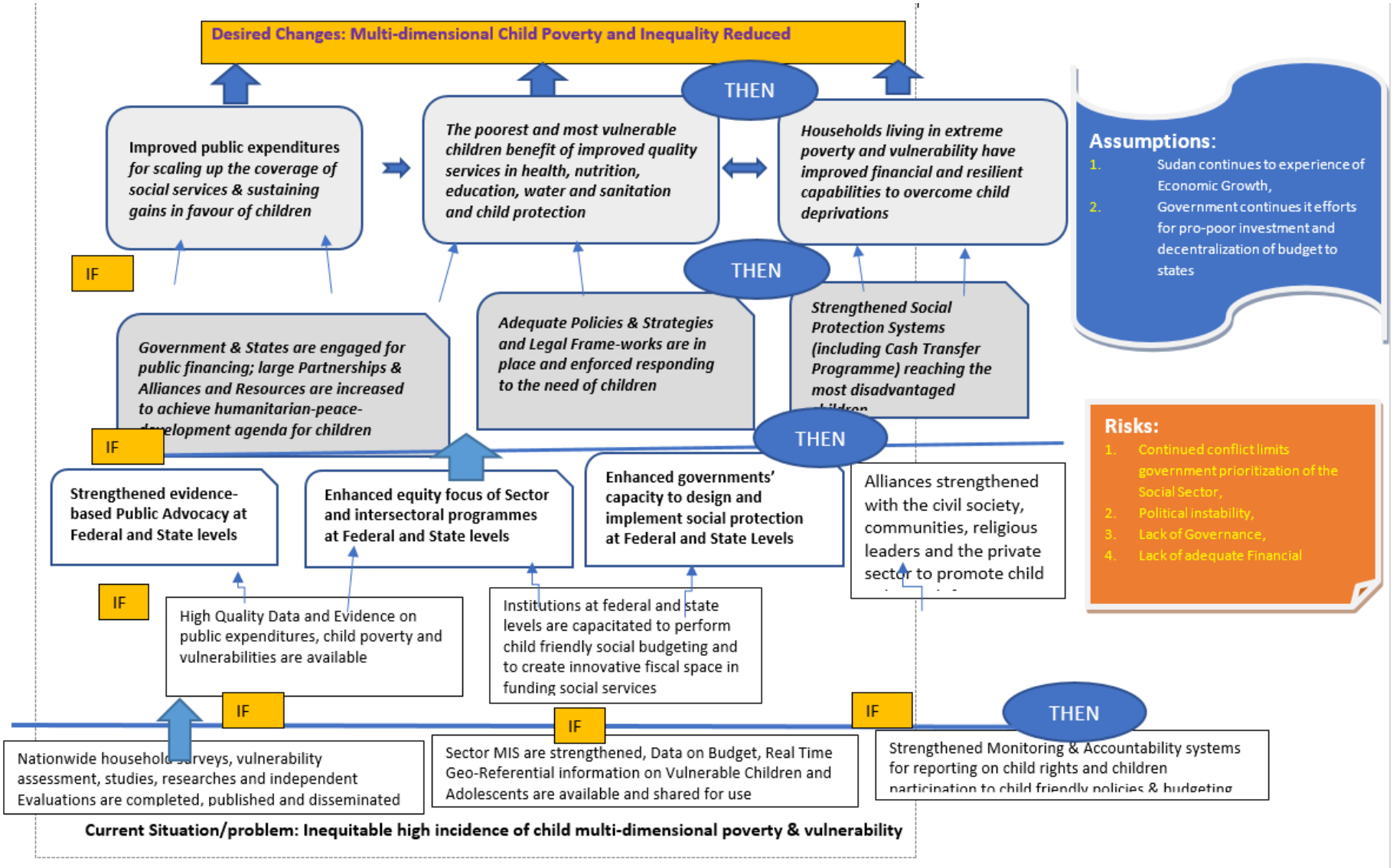
Theory of change: health and nutrition



Theory of change: education



Theory of change: policy, evidence and social protection



Annex 4 – List of key documents consulted

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Annex 5 – List of key informants and focus group discussions

UNICEF

1. Abdelrahman El Dood, Education Specialist, Khartoum
2. Abdelraouf Alsediq, CP Officer, Kassala
3. Adele Khodr, Regional Director, MENARO, Amman
4. A. L Siddig, Monitoring Officer, South Darfur state, Nyala
5. Ahmed Amin Ahmed, Social and Behaviour Change Officer, South Darfur, Nyala
6. Ahmed Mah, Chief of West & Central Darfur FO
7. Amal Mohammad, Health Officer, South Darfur, Nyala
8. Ana Azaryeva Valente, Chief of Planning & Monitoring, Khartoum
9. Anthony Spalton, Chief of South Darfur FO, Nyala
10. Bakary Sogoba, Child Protection in Emergency Expert
11. Balbikir Altigani, Health & Nutrition Specialist, South Darfur, Nyala
12. Bea Lumanas, PM&E Officer for the UNICEF-WFP joint programme, Darfur
13. Bisrat Abiy, Health & Nutrition Officer, East Darfur, Ed Daein
14. Dina Ali, Monitoring & Evaluation Specialist, Khartoum
15. Elamin Elnour, Monitoring Officer, North Darfur
16. Elhafiz H Abdalla, C4D Officer, Khartoum
17. Elrasheed Mohammed, WASH Specialist (Sanitation), Khartoum
18. Esraa Ahmed, Social Policy Specialist, Khartoum
19. Faisal Haroon Yahia, Education Officer, Central Darfur
20. Foad Yassa, WASH Specialist (enabling environment and monitoring)
21. Fosca Giulidori, Chief Child Protection
22. Hagir Gamal Osman, Child Protection Officer, Damazin
23. Hamad Abdulla Hamid, Health & Nutrition Specialist, Kadugli
24. Hiba Ali, Officer In-charge, Social and Behaviour Change, Khartoum
25. Jill Lawler, Chief of Field Operation and Emergency
26. Khalid Mussa, Chief Field Office, Blue Nile
27. Khalid Sahih, Education Officer, South Darfur, Nyala
28. Khadiga Mohamed, Child Protection Specialist, PSEA Specialist
29. Khattab Obaid, Heath Officer Immunization, Khartoum
30. Kumiko Imai, Chief Social Policy, Khartoum
31. Kurien James, Chief of Kordofan Field Office
32. Manager Mhangami, Education Specialist, Khartoum
33. Mandeep O'Brien, Representative, Khartoum
34. Mark Okingo, Chief Supply, Khartoum
35. Mary Louise Eagletom, Deputy Representative, Khartoum
36. Mohamed Dawai, C4D/SBC Officer, Kassala
37. Mohammad Elshabik, Humanitarian Access & Peace-building Adviser, Khartoum
38. Mohammad Esmat Mahmoud, Programme Associate, Child Protection, Khartoum
39. Mohammed Khaled, Programme Specialist, UNICEF-WFP Joint Programme, Nyala
40. Mohaned Osman, WASH Specialist, South Darfur, Nyala
41. Mosab Ahmed, Finance Officer, Khartoum
42. Mustafa El Karib, Education Specialist, Khartoum

43. Nagla Mohammad, Child Protection Officer, South Darfur, Nyala
44. Nako Akiyama, Emergency Specialist, Khartoum
45. Omaima Oshaik, Social Policy Officer, Kassala and Nlue Nile
46. Osman Abufatima, Chief Field Office, Kassala
47. Othniel Habila, Chief of North Darfur FO
48. Rashid Mudall, WASH Specialist, North Darfur
49. Reuben Vellenga, Resource Mobilization Manager, Khartoum
50. Simone Vis, Chief Education, Khartoum
51. Taj Eldein Bashir, Education Officer, North Darfur
52. Tamador Abdalla, Child Protection Specialist, Khartoum
53. Tedla Damte, Chief of Health & Nutrition Section
54. Thewodros Mulugeta (8 TEAM MEMBERS), Chief WASH Section, Khartoum
55. Tomas Lopez de Bufala, WASH Specialist (Water and Environment)
56. Wisal Ali Abdallah, Monitoring Officer and Gender Focal Point, Kassala
57. Youssouf Koita, Nutrition Manager, Khartoum
58. Zaid Ahmed Elamin, WASH Officer, West/Central Darfur, El Geneina
59. Zeeinab Suliman, Planning Specialist, PM&E Team, Khartoum
60. Zuhair Suliman, Health Officer, Kassala

Government of Sudan

1. Abou Elqasem Leather, General Manager, General Administration for Planning and Health Development, MoHSD, Kassala
2. Adel Atia Albasha, Head of the Water Committee, Om Reesh village, New Halfa Locality, Kassala
3. Ahmed Mohammed Adam, Manager, Foreign Cooperation Administration, MoF, Kassala
4. Ahmed Mohammed, General Manager, Civil Registry Unit, Kassala
5. Aisha Alimam Youssef, Manager, General Directorate for Planning, Policies and Research, MoSD
6. Ali Idris Nagm Aldin Khalaf Allah, General Manager, Criminal Division, Kassala
7. Eisa Musa Adam Abdallah, Manager WES, South Darfur, Nyala
8. El Mahdi, Director, Education & Planning, Nyala
9. Fathia Mohammed Ahmed, Manager, General Administration for Educational Planning and Policies
10. Gafar Abdullali, Director, Centre for Disease Control & Prevention, Darfur, Nyala
11. Hassan Asir, Registration Officer, Civil Registry General Administration, Western Kassala Locality, Kassala
12. Hassan Mohammed Ali, Manager, Health Care Division, Health Sector, MoHSD, Kassala
13. Hussain Kilany Mohammed, General Manager, Civil Registry General Administration, Western Kassala Locality, Kassala
14. Khadija Hassan Alzaker, Nutrition Administration Officer, Health Sector, MoHSD, Kassala
15. Khalid Mohammed Ali, Manager, General Administration for Economic Planning and Development, MoF, Kassala
16. Khalifa Hassan, School Director, Alsedrat Boys School, Alsedrat Village, Rural Kassala Locality, Kassala
17. Mobarak Adam Ahmed, Public Affairs Manager, Civil Registry General Administration, Western Kassal
18. Mona Qurashy, MCCT Coordinator, Poverty Reduction Commission and Social Safty Net, Khartoum

19. Mostafa Mohammed Homod, General Manager, Social Development Sector, MoHSD, Kassala
20. Motaz Hasab Elrasoul, WES Manager, Kassala
21. Omar AL Tayeb Ahmed, Manager, Family and Child Protection Unit, MoHSD, Kassala
22. Rania Yacob Gomaa, Health and WASH Specialist, Health and Social Development Unit, MoHSD, Kassala
23. Salah El Siddig, WES National Coordinator, MoWRI, Khartoum
24. Salaheddin Ahmed Gaafar, MCCT Coordinator, MoHSD, Kassala
25. Shadya M. Karar, Kassala State Midwives Supervisor and MCCT Coordinator, Kassala

NGOs

1. Alawad Mo. Seddiq, Programme Officer, Building Resilience Development Organization BRDO
2. Alsir Abdelgader, National WASH Coordinator, Sudanese Red Crescent Society, Khartoum
3. Ebba Tafese, Norwegian Church Aid, Head of WASH, Khartoum
4. Geoffrey Babughirina, World Vision, Health and Nutrition Officer, Khartoum
5. Khadija Ahmed Abdalla, Executive Manager and WASH Focal Point, Red Crescent, Blue Nile
6. Khalid Adam Jachi and Machti Mohamed, Autash Association for Peace and Development Education programme Manager in North Darfur
7. Mohammed Elbushira, Head of Office, Community Development Foundation, Nyala
8. Mohamed Osman, Programme Officer, JASMAR
9. Mussab Hassan, Association for Disaster and Development (ADD), Khartoum
10. Shihab Mohammed Ali, WASH Senior Programme Officer, Islamic Relief Worldwide
11. Yassir Ibrahim Awad Ahmed, Executive Manager of CAFA Development Organization
12. Zach, Head of Office, World Vision, South Darfur, Nyala

Other UN agencies

1. Billy Mwiinga, Head of Area Office, Wold Food Programme, South & East Darfur, Nyala
2. Dominiek Benoot, Head of SHF & CERF Focal Point for Sudan, Khartoum
3. Issac Asare, Head of Office, Nyala
4. John Andom, UNDP Representative in East Sudan, Kassala
5. Anonymous
6. Kara Johnston Molina, Senior Peacebuilding Officer, UNITAMS, Khartoum
7. Mohammed Abdelhafeez, WASH Cluster-Information Manager, Khartoum (UNICEF Office)
8. Donald Burgees, WASH Cluster Coordinator, Khartoum (UNICEF Office)
9. Muthu Karuppasamy Kannusamy, Coordinator, Child Protection AoR

Development partners

1. Anna Saleem Hoegberg, former Head of Sida in Khartoum
2. Elisabeth Rousset, Head of Cooperation, EU Sudan
3. Felix Volkmar, Portfolio Manager for Sudan, KFW, Germany
4. Martijn Lambert, Head of the Cooperation of the Netherlands
5. Patricia Byabagye, Programme Officer, Bureau for Humanitarian Assistance/USAID, Khartoum
6. Anonymous
7. Tamar Mansy, Head of the Canadian Cooperation

Focus Group Discussions

1. Community Group Meeting (multi-sector) at Otash IDP camp: 13M & 3 W
2. Meeting with PTA at Otash IDP camp primary school: 6M, 1W
3. WASH beneficiaries Fathers, Alsedrat Boys School, Alsedrat Village, Rural Kassala Locality: 10 M
4. WASH beneficiaries, students, Alsedrat Boys School, Alsedrat Village, Rural Kassala Locality: 4 M
5. WASH beneficiaries, mothers, Alsedrat Boys School Alsedrat Village, Rural Kassala Locality: 8 F
6. WASH non-beneficiaries, Teachers and mothers, Alsedrat Village, Rural Kassala Locality: 5
7. MCCT Beneficiaries, Aroma Village, Western Kassala Locality: 11 F
8. Water Beneficiaries-M; Om Reesh village, New Halfa Locality, Kassala: 7M

Group meetings:

9. MCCT non-beneficiaries, Aroma Village, Western Kassala Locality: 37 F
10. Water Beneficiaries-Women, Om Reesh village, New Halfa Locality, Kassala: 18 F

Sites observations:

1. Birth Registration facilities (Archive, waiting room, birth registration office and computer lab), Kassala
2. Cold Chain Center, Kassala City, Kassala
3. Water facility and equipment Om Reesh village, New Halfa Locality, Kassala
4. Urban public sanitation facilities (improved latrines for males and females), New Halfa City, Kassala
5. Health Center and Birth Registration Center, Aroma Village, Western Kassala Locality, Kassala
6. School (and community) water facilities and equipment, Alsedrat Village, Rural Kassala Locality
7. School sanitation facilities (improved latrines), Alsedrat Village, Rural Kassala Locality
8. Water Beneficiaries backyard gardens, Alsedrat Village, Rural Kassala Locality

Annex 6 – Comparison: reach against needs

Indicators	2018			2019			2020			2021			2022		
	Cluster target	UNICEF achievement	% coverage by UNICEF	Cluster target	UNICEF achievement	% coverage by UNICEF	Cluster target/reached	UNICEF achievement	% coverage by UNICEF	Cluster target	UNICEF achievement	% coverage by UNICEF	Cluster target	UNICEF achievement	% coverage by UNICEF
No. of children under-1 vaccinated against measles		462.919			712.330		8.6 mn	708.210	27	9.2 mn (health)	1.29 mn	37,2	NA	1.2 mn	NA
No. of children u-5 accessing IMCI					883.478			1.618.767			2.14 mn			1.3 mn	
No. of children 6-59 months affected by SAM receiving treatment	225.000	215.556	95,8		260.000		477.467	255.000	53,4	434.000	289.000	66,6	320.864	266.763	83,1
No. of ppl accessing safe drinking water	660.000	161.789	24,5	2.37 mn			1.1 mn	504.640	53,4	9 mn	3.28 mn	36,4	NA	3.13 mn	NA
No. of ppl with access to sanitation							600.000	68.434			82.000				
No. of children accessing OOSC formal & non-formal education							1.5 mn	9.148	14,2	2.9 mn	280.864	25	NA	130.409	NA
No. of children receiving education support	116.000	82.810	71,4		437.843			203.253			445.000			70.872	
No. of children receiving psychosocial support	443.461	194.551	43,9				1.8 mn	122.054	6,7	2.6 mn	217.000	8,3	NA	250.362	NA

Source: UNICEF Sudan Humanitarian Situation Reports for End Years 2018, 2019, 2020, 2021, 2022; Cluster Annual Reports for Health, Nutrition, WASH, Education and Child protection