

SUDAN

WASH

Global Thematic Report



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January – December 2016

Prepared by: UNICEF Sudan
March 2017



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Acronyms

| | |
|--------|--|
| AfDB | African Development Bank |
| AWD | Acute Watery Diarrhea |
| CATS | Community Approach to Total Sanitation |
| IDPs | Internally Displaced Persons |
| M&E | Monitoring and Evaluation |
| MICS | Multiple Indicator Cluster Survey |
| MoH | Ministry of Health |
| MWRE | Ministry of Water and Electricity |
| NGO | Non-governmental Organization |
| OFD | Open Defecation Free |
| SSRs | South Sudanese Refugees |
| SWA | Sanitation and Water for All |
| UNAMID | United Nations Mission in Darfur |
| UNICEF | United Nations Children Fund |
| UN | United Nations |
| WASH | Water Sanitation and Hygiene |

Project Summary

| | |
|------------------------------------|---|
| Country | Sudan |
| Project title | Strengthening the Child Protection System in Sudan |
| Donor | Global Thematic Fund-Child Protection |
| UNICEF Grant Reference | SC149903 |
| Total contribution | US\$ 6,303,831 |
| UNICEF global recovery cost | US\$ 396,486 |
| Programmable amount | US\$ 5,907,345 |
| Amount utilized | US\$ 5,907,345 |
| Utilization level | 100 % |
| Funding duration | 1 st October 2013 – 31 st December 2017 |
| Period covered by report | 1 st January 2016 – 31 st December 2016 |

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I. Executive Summary

Acute conflict in eight out of the 18 states in Sudan continues to affect the lives of children, contributing to what is one of the worst crises for children in the world today. In 2016, In line with the Humanitarian Response Plan for Sudan, UNICEF continued its interventions in line with the rolling work plan signed with the government of Sudan.

UNICEF's assistance has effectively contributed in the provision of safe drinking water to around 2 million vulnerable people (half of them are children) in emergency and unserved rural areas. The increased access and use of improved drinking water sources has significantly contributed to the reduction of children waterborne diseases. Massive interventions, mainly water disinfection, against Acute Watery Diarrhoea (AWD) epidemics that affected seven states with the total case load of 5,054 cases and 138 deaths (November 2016) has effectively contributed to the dramatic reduction of the reported cases with no new reported cases in six out of seven affected states.

In addition to this, 346,368 (25per cent of the 2016 target) emergency affected and vulnerable rural population ensured access to improved sanitation facilities and contributed for reducing their vulnerability (risk) to different infectious diseases and ensuring the privacy and safety of Women and girls.

2,100,600 emergency affected and vulnerable rural population (53 percent females) were reached with hygiene promotion interventions with focus on hand washing with soap (150per cent of the 2016 target). The hygiene promoters and social mobilizers from Internally Displaced Persons (IDPs), host community and refugee's community were trained on different participatory approaches to facilitate community discussion and disseminate message on personal hygiene and sanitation facilities management. Community volunteers played major role to facilitate community discussion and dissemination of key information in localities affected by AWD.

Additionally, with UNICEF support 53 schools (35 per cent of the 2016 target) were provided with access to improved sanitation facilities. 31,491 students (14,791 boys and 16,700 girls) gained access to gender sensitive and child-friendly latrines. Major challenge for achieving low results is lack of funding which is linked to limited evidence based advocacy on the impact of the WASH service on the school attendance and enrolment.

Gender equality was mainstreamed into the provision of WASH services. Site selection and the distance to latrines and water points as well as the queuing time for fetching water were improved to provide the required privacy and safety, and reduce the time required to access WASH services by women and girls. In schools, separate girls' sanitation facilities were provided to promote privacy and dignity for school girls as well as reduce gender-based violence. WASH community empowerment interventions promoted the active participation of women in the management of the community based water, sanitation and hygiene interventions.

In spite of the progress made in 2016, financial barriers, quality and affordability of services remain the main bottlenecks of use of basic services in Sudan. For instance, low sanitation coverage increased the vulnerability of communities to infectious diseases.

II. Strategic Context of 2016

In 2016 children in Sudan continued to be severely affected by acute and protracted crises, with ongoing violence in Darfur, the Kordofan states, Blue Nile and Abyei which displaced some 3.2 million people internally, including some 1.9 million children, forcing them to flee their homes. In Darfur, fighting between government forces and armed movements continued and intensified in the Jebel Marra region in January 2016, resulting in mass displacement in the entire Darfur region. In addition, as a result of renewed conflict and high levels of food insecurity in South Sudan, Sudan has also received an influx of an additional 90,516 South Sudanese Refugees (SSRs), 60 per cent of them are children, seeking protection, stretching the already limited host community capacity and putting the total number SSR arrivals since 2013 to 263,245¹.

Sudan Multiple Indicator Cluster Survey (MICS) 2014 shows a promising positive change in the trend of coverage for both sanitation and water all over Sudan². However, these improvements hide striking disparities amongst the population in different states in accessing improved sanitation and drinking water.

The influx of new IDPs and South Sudanese Refugees is aggravating existing water, sanitation, and hygiene (WASH) facilities problems. Competition for the safe water sources and the practice of open defecation by IDPs and host communities will increase tensions between the new arrivals, protracted IDPs, refugees and their host communities. The situation is expected to deteriorate as existing water supply systems are breaking down due to long periods of operation and inability to respond to the rising demand for water. Furthermore, shortage of improved water sources will force both the new arrivals, refugees and host communities to travel long distances to find water or use unsafe water sources. The lack of adequate water and sanitation facilities exposes the population to serious health risk such as communicable diseases, worm infections and the outbreak of diarrheal diseases, which is detrimental to children under-five if untreated.

WASH interventions create an equitable and sustainable access to safe water and improved sanitation and hygiene (WASH) to vulnerable communities, IDPs and South Sudanese refugees which can benefit reproductive, maternal and neonatal and child health. Furthermore, in Sudan, there is a recognized association between the increased use of improved water and sanitation facilities in the different states and the reduction of the moderate to severe stunting level of children under five years. The Sudan Household Health Survey (2010) showed a clear association between severe stunting rates and use of improved water and sanitation facilities, reinforcing the need for integrated WASH, Nutrition and Health programming in Sudan.

¹ UNHCR, January 2017.

² MICS 2014, use of improved water sources 68% (MICS 2010 – 60%); Use of improved sanitation: 32.9% 2010 – 27%)

III. Results in the Outcome Areas

OUTCOME (1):

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

OUTPUT (1.3):

1.98 million Vulnerable population (141 per cent of the targeted 1.4 million people) in emergency affected and underserved areas gained access to improved drinking water sources with UNICEF WASH support through construction and rehabilitation of improved water sources and operation and maintenance and water disinfection of existing water sources.

OUTCOME (2):

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

OUTPUT (2.3):

346,368 (25 per cent of the 2016 target) emergency affected and vulnerable rural people ensured access to improved sanitation facilities, 78 per cent of these were IDPs and refugees. 1,729,047 emergency affected and vulnerable rural population were reached with hygiene promotion, 33 per cent of these were in States where 90 per cent of AWD is reported.

Outcome (3):

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

OUTPUT (3.3):

Thirteen WASH humanitarian WASH Sector Coordination forums at national and 12 states were maintaining and strengthening with UNICEF WASH support (100 per cent of the targeted 13 coordination forums).

Outcome 1

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

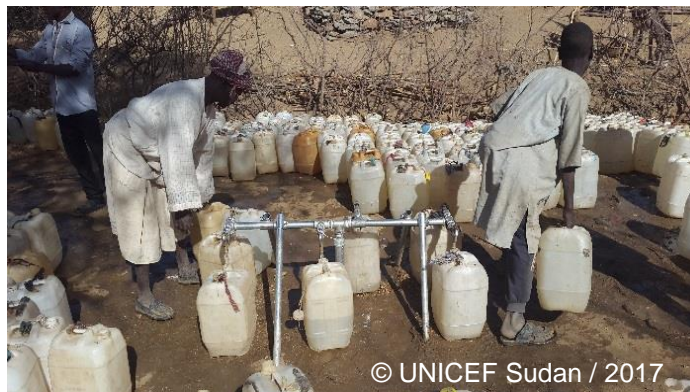
Output 1.3

1.98 million Vulnerable population (141 per cent of the targeted 1.4 million people) in emergency affected and underserved areas gained access to improved drinking water sources with UNICEF WASH support through construction and rehabilitation of improved water sources and operation and maintenance and water disinfection of existing water sources.

UNICEF Sudan and partners have succeeded in the provision of lifesaving safe drinking water supply for 1,975,355 vulnerable population (979,327 males, 996,028 females) in emergency and unserved rural settings (141 per cent of the targeted 1,400,000 people). Within these

overall achievements, 84,500 vulnerable rural people and 77,839 emergency affected people gained access to new/rehabilitated water sources, while 1,890,855 IDPs, South Sudanese Refugees, and Acute Watery Diarrhoea (AWD) affected people were provided with improved water supply through operation, maintenance and water disinfection services for their water sources and at household levels.

UNICEF and partners, for example, have timely and successfully responded to the abrupt influx of 20,000 IDPs in Sortony area of North Darfur State. The IDPs were obliged to travel 7 km to fetch water within an insecure environment. Lifesaving safe drinking water supply was trucked to the camp at around 15 litres per person per day as per SPHERE standards in a very insecure environment that requires a daily UNAMID escort protection.



Organized Water Collection in Western Side of Sortoni Camp

Subsequently UNICEF and partners are progressing in constructing sustainable water supply sources for the IDPs.

UNICEF and partners have effectively and successfully contributed to dramatic reduction in the reported cases of 2016 AWD epidemic that affected 5,054 people with 138 deaths as of 6/11/2016. In six out of seven affected states, no new cases were reported in the second week of November. WASH interventions are progressing in the last state with reasonable caseload reduction. UNICEF has deployed experienced staff to the key affected states and supported massive water disinfection campaigns benefiting 2.5 million affected people in the 7 states at the sources and household levels and rehabilitation of the dysfunctional water sources.

Transitioning from emergency to development for the protracted emergency areas is highly prioritized by UNICEF WASH. Two major IDP camps around El Fasher and Zalingei are currently transitioning from emergency to resilience managing their WASH facilities. The required socio economic studies were conducted and sustainable WASH infrastructure and community sensitization are currently being provided for that purpose. In addition, 36 communities were supported and enabled to manage their WASH services (36 per cent of the targeted 100 communities).

These results were achieved in 73 priority deprived targeted localities within 14 states namely North, South, East, West and Central Darfur, South and West Kordofan, White Nile, Kassala, Red Sea, Gedarf, Sennar and Khartoum States) in partnership with State Water Corporations, Ministry of Health, UN agencies and NGOs.

The main challenges facing UNICEF is the insufficient and unpredictable funding; unavailability of equity focused M&E systems; inadequate institutional management capacity; inadequate motivation for the sector competent staff to stay and limited private sector involvement. Government, UNICEF, African Development Bank and sector partners are currently supporting WASH sector reform to identify the main sector components, roles and responsibilities. UNICEF is also strengthening equity based M&E systems; advocating for sufficient and predictable sector funding; building sector partners' capacity and motivating private sector to participate.

Outcome 2

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

Output 2.3

346,368 (25 per cent of the 2016 target) emergency affected and vulnerable rural people ensured access to improved sanitation facilities, 78 per cent of these were IDPs and refugees. 1,729,047 emergency affected and vulnerable rural population were reached with hygiene promotion, 33 per cent of these were in States where 90 per cent of AWD is reported.

To support increase in access to improved sanitation services, UNICEF assistance continued through construction of sanitation facilities in emergency affected areas and promotion of improved sanitation practice in respective rural areas enabling community action resulting in adoption of social norms on stopping open defecation and construction and use of improved sanitation facilities.

346,368 (25per cent of the 2016 target) emergency affected and vulnerable rural population ensured access to improved sanitation facilities and contributed for reducing their vulnerability (risk) to different infectious diseases and ensuring the privacy and safety of Women and girls. 78 percent (182,406 people and 55 percent females) of these were IDPs and refugees in Darfur, Kordofan, Blue Nile, and White Nile States. Out of this achievement, 194,508 (87,437 males, 107,071 females) new people in humanitarian situations were provided with access to improved sanitation through the construction of new sanitation facilities, which is suitable for everyone. Through Community Approaches to Total Sanitation (CATS), UNICEF and partners has enabled 61,920 people (51 percent females) in the rural areas especially in priority localities in Kassala and Blue Nile states gain access to improved sanitation facilities with 29 communities declared as Open Defection Free (ODF).



Improved household laterines constructed in While Nile South Sudanese refugees (SSR) camp.

The main reason behind the low (25per cent) sanitation achievements is the shortage of development fund allocation for sanitation promotion through participatory approaches targeting 74per cent of the annual (780,000 people). Out the total USD 7,112,993 budget allocated for Sanitation and hygiene interventions 78per cent of the funding were from emergency grants. Low sanitation coverage is resulting the vulnerability of community to different infectious diseases. Up to Mid -November, 2016 a total of 5,054 cases of AWD (6-11per cent were under 5 years) were reported from Seven States with 138 reported death. 40 localities were affected in Kassala, Blue Nile, River Nile, Gezaira, Sennar, Gadaref, and Khartoum state. Sudan's Multiple Indicator Cluster Survey (MICS) 2014 shows that only 4 per cent of Gadarif, 17.5 per cent of Sennar, 24.8 per cent of Kassala, 36.5 per cent of Blue Nile, and 37.7 per cent of the Gezira populations have access to both improved sanitation and water sources.

2,100,600 emergency affected and vulnerable rural population (53 percent females) were reached with hygiene promotion interventions with focus on hand washing with soap (150per cent of the 2016 target). The hygiene promoters and social mobilizers from IDP's, host community and refugee's community were trained on different participatory approaches to

facilitate community discussion and disseminate message on personal hygiene and sanitation facilities management. Community volunteers played major role to facilitate community discussion and dissemination of key information in localities affected by AWD.

Additionally, with UNICEF support 53 schools (35 per cent of the 2016 target) were provided with access to improved sanitation facilities. 31,491 students (14,791 boys and 16,700 girls) gained access to gender sensitive and child-friendly latrines. Major challenge for achieving low results is lack of funding which is linked to limited evidence based advocacy on the impact of the WASH service on the school attendance and enrolment.

These results were achieved in 52 priority deprived UNICEF targeted localities and major IDP settlements within 11 states (North Darfur: 06; South Darfur: 05; East Darfur: 06; West Darfur: 02; Central Darfur: 05; South Kordofan: 08; West Kordofan: 04; Blue Nile: 05; White Nile: 02; Kassala: 06; Red Sea: 04) in partnership with government (Ministry of Health) and international and national NGOs.

In spite of the progress made in 2016, financial barriers, quality and affordability of services remain the main bottlenecks of use of basic services in Sudan. For instance, low sanitation coverage increased the vulnerability of communities to infectious diseases. Up to Mid - November, 2016 a total of 5,054 cases of Acute Watery Diarrhoea (AWD) (6-11per cent were under 5 years) were reported from Seven States with 138 reported death. With UNICEF assistance, 2,100,600 emergency affected and vulnerable rural population (1,009,140 males, 1,091,460 females) reached with hygiene promotion and distribution of soap for adapting good hygiene practices which contribute for reduction of diarrhoea.

Output 3.3

Thirteen WASH humanitarian WASH Sector Coordination forums at national and 12 states were maintaining and strengthening with UNICEF WASH support (100per cent of the targeted 13 coordination forums).

UNICEF has effectively contributed to the realization of Sudan five commitments towards Sanitation and Water for All (SWA) with regards to sanitation promotion; establishing active overall WASH and sanitation coordination mechanisms and enhancing sector monitoring system. Through effective advocacy, support and follow-up with federal ministries of MWRE and MoH: USD 1,448,230 was availed in 2016 –as reported by MoH- as separate funding for sanitation promotion at national and state levels; A national water atlas to monitor the water supply sources in Sudan is being developed as the result of a Minister of MOWRE initiative; 13 active national and states WASH sector coordination forums are being marinated by MOWRE (100per cent of the targeted 13 coordination forums) and 11 national and states sanitation high councils/committees are being maintained by MoH. Although the targeted Compact on SWA Sudan five commitments was not established due to some disagreement between MoWRE and MoH in roles and responsibilities, the realization of all of its components are being effectively addressed by MoWRE, MoH with UNICEF support.

With full in-depth strategic leadership and funding from UNICEF, the first Sudan National Sanitation and Hygiene Strategic Framework (SNSHSF) was developed. The SNSHSF is of critical importance to paving the road for holistic national programme for scaling up access to sanitation in Sudan.

Targeting the enhancement of the sector enabling environment, UNICEF WASH has established a strategic partnership with the African Development Bank (AfDB) as a key

development partner who is directly supporting MWRE and MoH in the processes of having an overall sector reform. The partnership is focusing on the main WASH sector reform components including overall Sector coordination, 2017-2021 Strategic plans, national Policy, Investment plan and capacity development.

UNICEF has also supported the strengthening of WASH equity-focused monitoring and information systems at federal and states level to facilitate informed decision making. Currently there are 6 UNICEF supported states with active monitoring and database systems (100 per cent of the targeted 6 coordination forums).

UNICEF has effectively contributed to the enhancement of WASH sector partners capacity with the result of having 509 WASH Sector partners (286 males, 223 females) trained on key WASH technical issues mainly Community Approaches for Total Sanitation (CATS) and M&E. At community level, Communities' capacities were strengthened through the training of 4,931 community members (2,516 males, 4,931 females) in operations and management of WASH facilities, water disinfection, and hygiene promotion.

One of the main challenges that affecting the sector enabling environment is the inadequate institutional and human resources capacities to manage and lead WASH sector within the government and nongovernment organizations. This is manifested in the less active sector management and institutional structures and lack of up-to-date information management and monitoring systems. UNICEF in partnership with AfDB is supporting an overall sector reform that includes overall Sector coordination, 2017-2021 Strategic plans, national Policy, Investment plan and capacity development. UNICEF is also contributing to the enhancement of WASH sector institutions and personnel capacities in terms of training and establishing monitoring and information management systems.

IV. Visibility

In terms of visibility, UNICEF consistently highlighted the role and the contribution of the National Committees for UNICEF of the United Kingdom, Sweden, Slovakia, Croatia, United Arab Emirates, Turkey, Italy, The Netherlands, Switzerland, Portugal, France and Germany with all stakeholders. These contributions were acknowledged in various reports and updates to Ministries, NGOs and UN partners. Please refer to the visibility Annex for Human Interest Stories.

V. Financial Analysis

Table 1: Planned Budget by Outcome Area

| Intermediate Results | Funding Type | Planned Budget |
|--|--------------|----------------|
| 01- Water Supply(community and school) | RR | 366,934 |
| | ORR | 872,510 |
| 02- Sanitation and Hygiene (community and school) | RR | 801,029 |
| | ORR | 3,263,162 |

| | | |
|--------------------------------------|-----|------------------|
| 03- WASH STRATEGIC SECTOR SUPPORT | RR | 425,608 |
| | ORR | 1,123,814 |
| Total Budget 2016 | | 6,853,057 |

Table 2: Country-level Thematic contributions to Outcome area received in 2016

| Donors | Contribution Amount | Grant reference |
|---------------------------------------|---------------------|-----------------|
| UNICEF-Croatia | 8,149 | SC1499030108 |
| UNICEF-United Arab Emirates | 24,960 | SC1499030109 |
| Italian National Committee | 174,754 | SC1499030100 |
| Netherlands Committee for UNICEF | 6,218 | SC1499030101 |
| Portuguese Committee for UNICEF | 23,713 | SC1499030102 |
| Slovak Committee for UNICEF | 4,724 | SC1499030103 |
| Swedish Committee for UNICEF | 15,778 | SC1499030104 |
| Swiss Committee for UNICEF | 28,803 | SC1499030107 |
| Turkish National Committee for UNICEF | 33,019 | SC1499030105 |
| United Kingdom Committee for UNICEF | 8,356 | SC1499030106 |
| Total | | 328,474 |

Table 3: Expenditures by Key-Results Areas (in USD), WASH, Sudan

| Organizational Targets | Expenditure Amount | | | |
|-------------------------|-----------------------------|---------------------------|-------------------|------------------------|
| | Other Resources - Emergency | Other Resources - Regular | Regular Resources | All Programme Accounts |
| 01- Water Supply | 4,052,019 | 882,202 | 717,008 | 5,651,229 |
| 02- Sanitation | 3,366,073 | 1,008,742 | 442,167 | 3,809,249 |
| 03- Hygiene | 1,515,003 | 228,546 | 72,752 | 1,816,301 |
| 04- WASH in schools | 275,665 | 115,745 | 127,877 | 519,287 |
| 05- WASH in emergencies | 2,322,520 | 539,219 | 560,350 | 3,422,089 |

| | | | | |
|------------------|-------------------|------------------|------------------|-------------------|
| 06- WASH general | 725,464 | 517,958 | 1,914,907 | 3,158,329 |
| Total | 12,256,744 | 2,284,679 | 3,835,061 | 18,376,484 |

Table 4: Thematic expenses by Programme Area

| Intermediate Results | Funding Type | Expense |
|----------------------|--------------------------------|------------------|
| 01- Water Supply | Other Resources - Emergency | 152,505 |
| | Other Resources - Regular | 321,702 |
| 02- Sanitation | Other Resources - Emergency | 71,358 |
| | Other Resources - Regular | 466,104 |
| Hygiene | Other Resources - Emergency | 35,897 |
| | Other Resources - Regular | 137,972 |
| WASH in schools | Other Resources - Emergency | 148 |
| | Other Resources - Regular | 1,546 |
| WASH in emergencies | Other Resources - Emergency | 372 |
| | Other Resources - Regular | 222,357 |
| WASH General | Other Resources - Emergency | 0 |
| | Other Resources - Regular | 458,026 |
| Grand Total | | 1,867,988 |

Table 5: Expenses by Specific Intervention Codes, WASH, Sudan, 2016

| Intervention code | Expense |
|---|-----------|
| Rural water supply | 2,060,674 |
| Water safety (including Household Water Treatment and Safe Storage) | 371,104 |
| Water Supply Sustainability | 2,330,090 |
| Open defecation elimination and improved sanitation: rural | 4,544,614 |
| Open defecation elimination and improved sanitation: peri-urban and urban | 19,915 |
| Hand-washing with soap | 1,717,218 |

| | |
|---|-----------|
| WASH in Schools (general) | 459,667 |
| WASH coordination humanitarian | 17,789 |
| WASH emergency preparedness | 1,694,937 |
| WASH emergency response Sanitation | 1,057,880 |
| WASH sector coordination (non-humanitarian) | 3,069 |
| WASH General | 1,793,211 |
| WASH climate change adaptation and environment | 183,177 |
| WASH monitoring and bottleneck analysis | 3,253 |
| Country programme process | 10,632 |
| Annual review | 10,458 |
| Mid-term review | 40 |
| Planning General | 229,913 |
| MICS General | 28,454 |
| DevInfo | 23,323 |
| Other multi-sectoral household surveys and data collection activities | 9,532 |
| Secondary analysis of data | 3,297 |
| Data dissemination | 13,744 |
| Monitoring General | 24,207 |
| Humanitarian performance monitoring | 41,461 |
| Cross-sectoral Communication for Development | 59,425 |
| Adolescent development General | 1,455 |
| UNICEF support to programming and capacity development on gender | 74,999 |
| Innovation activities | 30,626 |
| Other non-classifiable cross-sectoral activities | 1,766,496 |
| Public Advocacy | 15,138 |
| Engagement through media and campaigns | 27,261 |
| Brand building and visibility | 15,241 |
| RO technical support to Cross-sectoral areas | 19,510 |
| HQ technical support to Cross-sectoral areas | 76,081 |
| CO Programme coordination | 484,852 |
| Management and Operations support from RO | 65,650 |
| Management and Operations support at CO | 78,722 |
| Capacity building for Hygiene promotion (excluding schools) | 4,491 |
| Support water supply for low income peri-urban and urban poor communities | 3,434 |
| WASH preparedness plan in humanitarian action | 84 |
| WASH interventions in humanitarian response and post-crisis recovery | 1,400 |

| | |
|---|-------------------|
| "Support Sanitation services for low income, rural populations" | 1,634 |
| Representative and governance | 57 |
| Operations financial and administration | 4,441 |
| Human resources and learning | 831 |
| Other | 729 |
| Grand Total | 19,384,217 |

VI. Future Work Plan

In 2017, UNICEF will continue to support children affected by conflict, cyclical floods, drought, epidemics and chronic underdevelopment, particularly in hard-to-reach areas where children's needs are most acute. UNICEF and partners will continue to deliver an integrated WASH response, including scaling up interventions in conflict-affected areas for internally displaced and refugee populations and working with the Government to strengthen national systems throughout the country.

For the first time in the Sudan, the Humanitarian Response Plan (HRP) will use a multi-year approach covering the period 2017–2019, and will be linked with the United Nations Development Assistance Framework 2018–2021 planning process, which is also under development. Discussions are ongoing with the donor community to identify how best to support this multi-year approach.

UNICEF has also continued to advocate to reach children in Blue Nile, the Nuba Mountains and Jebel Marra, which have been partly inaccessible since 2011. This will involve leveraging UNICEF's influence with the Government and other partners, including as cluster lead for the WASH sector. Programme targets for 2017 are the following:

- 290,000 affected people with access to improved drinking water;
- 270,000 conflict-affected people accessing primary health care services affected people with access to safe means of excreta disposal;
- 780,000 affected people reached with hygiene messages and sensitization activities.

VII. Expression of Thanks

UNICEF Sudan would like to thank the the National Committees for UNICEF of the United Kingdom, Sweden, Slovakia, Croatia, United Arab Emirates, Turkey, Italy, The Netherlands, Switzerland, Portugal, France and Germany on behalf of all the children, women and vulnerable communities throughout the country, who have benefited greatly from this generous support. The results summarized in this report could not have been possible without your crucial support and commitment to the programme.

UNICEF Sudan appreciates the flexibility of the funding received that enabled supporting the WASH programme.

Donor Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to Irene Alunni (ialunni@unicef.org). The form is also available on line at this link: <https://www.surveymonkey.com/r/BGJZFXG>

Thank you!

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?



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