

UNICEF SUDAN

Consolidated Emergency Report 2016



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* Girls in Kadugli, South Kordofan, happy in their new classrooms where they are accessing education again, November 2016

Acronyms

AWD	Acute Watery Diarrhoea
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organizations
DFID	Department for International Development (UK)
EU	European Union
FGM/C	Female Genital Mutilation/Cutting
GoS	Government of Sudan
HAC	Humanitarian Aid Commission
HRP	Humanitarian Response Plan
HNO	Humanitarian Need Overview
IDPs	Internally Displaced People
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JEM	Justice and Equality Movement
MICS	Multiple Indicators Cluster Survey
MoE	Ministry of Education
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NCCW	National Council for Child Welfare
NGO	Non-Governmental Organization
OFDA	Office of US Foreign Disaster Assistance
ORE	Other Resources Emergency
ORR	Other Regular Resources
PSS	Psychosocial support
RR	Regular Resources
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SHF	Sudan Humanitarian Fund
SPLM-N	Sudan People's Liberation Movement - North
SSRs	South Sudanese Refugees
UASC	Unaccompanied and Separated Children
UNDAF	United Nations Development Assistance Framework
UNAMID	United Nations Mission in Darfur
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WES	Department of Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization

1. Executive Summary

Sudan continued to face acute and protracted crises in 2016, with 3.2 million people internally displaced, including some 1.9 million children. In Darfur, fighting between government forces and armed movements continued, and intensified in the Jebel Marra region, newly displacing 82,000 people, including 47,000 children. In addition, 2016 saw an influx of additional 90,516 South Sudanese Refugees (SSRs), 60 per cent of them children, due to renewed conflict and food insecurity, putting the total number SSRs arrivals since 2013 to 263,245. Also, two million Sudanese children under five are acutely malnourished with half a million of them severely malnourished, with the situation further exacerbated by El Niño, epidemics, floods and droughts during the year.

While humanitarian access in areas of active conflict such as Jebel Marra, South Kordofan and the Blue Nile continued to be a challenge, UNICEF gained access to some of the hard-to-reach new IDP localities such as Fanga Suk, Golo and Nertiti in Central Darfur, Sortony in North Darfur and Kurmuk in Blue Nile. Golo, for example, was inaccessible for the past six years, yet two monitoring missions were made in 2016, while Kurmuk was visited for the first time in many years in December 2016.

According to the 2016 Humanitarian Needs Overview, 5.8 million people, including 3.1 million children, were in need of humanitarian assistance across the country. Of this, 2.2 million people (1.3 million children) were IDPs. 2016 saw an influx of additional 90,516 SSRs, 60 per cent of them children, due to renewed conflict and food insecurity, putting the total number SSRs arrivals since 2013 to 263,245. Since January 2016, 55,957 (39,170 children) new SSRs arrived in East Darfur, where UNICEF took the lead as a provider of last resort.

216,124 people (110,419 children) were affected by floods in seven states (South Darfur, North Darfur, North Kordofan, Kassala, South Kordofan, West Kordofan and White Nile). In response to this, UNICEF supported life-saving nutrition, health, child protection, education and WASH interventions, benefitting 132,232 people (67,438 children).

In 2016, 94,282 children (45,142 boys and 49,140 girls) received community-based psychosocial support (PSS) through child-friendly schools home-based visits by social workers. UNICEF support enabled 4,474 separated and unaccompanied children to be reunified with their families or to receive long term alternative care arrangements. The UNICEF-led Child Protection sub-sector with the support of the National Council for Child Welfare and Save the Children has also produced a Child Protection Minimum Standards adapted for Sudan.

UNICEF continued to work closely with the United Nations Mission in Darfur (UNAMID) and the Resident/Humanitarian Coordinator Office in monitoring, reporting and advocating to end grave violations against children. 21 children who were detained for alleged association with the Justice and Equality Movement (JEM) since 2015 were released in September and were pardoned by the President, an important milestone achieved in the implementation of the Action Plan. UNICEF led the reintegration of these released children. In addition, UNICEF also led dialogue with the armed groups listed in the Secretary-General's report on children and Armed Conflict which culminated in the signing of an Action Plan with the Sudan's People Liberation Movement (SPLM)-North to end recruitment and use of children. There is ongoing dialogue with the groups in Darfur to sign a similar commitment to end grave violations against children. Furthermore, more than 20,686 people were reached through mine risk education.

Some 42,323 conflict-affected children have been able to continue studying and learning through safe learning spaces constructed and supported by UNICEF. A total of 120,253 children received

emergency education supplies and recreational materials. In October, following the assessment in Golo, situated in the conflict-affected Jebel Marra area of Central Darfur, 3,001 children (1,499 girls; 1,502 boys) benefitted from education supplies and recreational material after six years of restricted access. Conflict in the area has left 9,000 children out-of-school with many schools abandoned or having been used for military activities.

With UNICEF support, 363,001 children under 1 year of age received their first dose of measles vaccine and 3,120,000 conflict-affected people gained access to primary health care services. Some 189,507 children aged 6-59 months suffering from Severe Acute Malnutrition (SAM) received timely treatment, while 405,861 caregivers received infant and young child feeding counselling aimed at promoting positive behavioral change.

The Acute Watery Diarrhoea (AWD) epidemic reportedly infected 6,553 people with 173 deaths. Three states (Gezira, Sennar and Gedaref), out of the seven affected (Blue Nile, Kassala, Khartoum and River Nile are the others), are still reporting new cases, while there has been no reported new case since the first week of December 2016. UNICEF provided integrated health and WASH support to the affected States.

In WASH, 1,945,330 emergency-affected people (1,011,571 children) including Internally Displaced Persons (IDPs), SSRs, people affected by AWD, flood affected and conflict-affected people benefitted from access to improved drinking water. Some 232,643 people affected by conflict, floods or AWD benefitted from access to improved sanitation facilities and safe means of excreta disposal and an additional 1,729,047 were reached with hygiene promotion and sensitisation activities.

In Darfur, UNICEF prepositioned critical supplies in twelve key locations to cover the needs of approximately 120,000 vulnerable people, allowing to provide rapid life-saving support to people affected by conflict.

2. Humanitarian Context

As of 31 December 2016, a total of 97,481 individuals were registered and verified as being internally displaced in the Darfur region in 2016, according to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). Some 99,435 (approximately 59,661 children) are yet to be verified. There were 52,124 reported returnees (approximately 31,274 children) in Darfur in 2016. According to WFP, 25,564 (approximately 15,338 children) of these were displaced from the Jebel Marra conflict in early 2016, and whom returned from surrounding States to Golo town. According to an assessment in October 2016, with the Ministry of Education, an estimated 9,000 internally displaced children are still out of school in Golo due shortage of space.

The arrival of South Sudanese refugees in Sudan has continued. UNHCR reports showed that over 297,000 South Sudanese have fled to Sudan since December 2013, with 208,000 of these being children. Over 131,000 individuals (approximately 78,600 children) arrived in 2016 alone; the highest number of refugees to arrive in a single year. Biometric registration of South Sudanese refugees living at Kario refugee site in East Darfur began in early December 2016. This process will facilitate the rapid registration of all new arrivals, support the verification of refugees, and improve the tracking of refugee movements within the country. So far, a total of 2,797 refugees out of an estimated number of 13,500 people currently living at the site have been registered. On 25 December 2016, the Government of Sudan's Humanitarian Aid Commission (HAC) issued amended directives regarding humanitarian work in country. The new HAC directives present

several changes in the following aspects of humanitarian work: technical agreements, movement of humanitarian aid workers, partnerships with NGOs, field teams and staffing, identification of humanitarian needs, interaction with affected populations and use of armed escorts. Many of the changes outline better acceptance of humanitarian partners by the Government.

According to findings of the recent inter-agency assessment in Kurmuk locality in Blue Nile State, patients with serious conditions are reportedly referred to Assosa in Ethiopia or Damazine in Blue Nile, with both referral locations requiring patients to travel about 80 km to reach them. A significant gap was also observed in WASH facilities, with the population using unsafe water with no chlorination. About 50 per cent of existing hand pumps and water yards were found to be non-functional and 80 per cent of the population practicing open defecation. In addition, none of the schools visited had functional latrines and drinking water facilities. The assessment mission also found that there are more than 600 out of school children in Kurmuk locality.

3. Humanitarian Results

3.1 Health

HEALTH ¹				
Indicators	2016 Sector Target	2016 Sector Results	2016 UNICEF Target	2016 UNICEF Results
# of boys and girls under 1 year of age receiving first dose of measles vaccine	462,121	409,730	523,179	414,312
# of conflict affected people receiving primary health care services	3,400,000	3,260,000	1,859,300	3,370,000

During 2016, more children affected by humanitarian crisis had access and used quality lifesaving immunization and maternal and new-born services. The national annualized coverage of routine measles vaccination of children under 1 year is on track at 90 per cent by end of December 2016. This is as the result of vaccination of all children in the conflict affected Darfur states as well as vaccination of over four million children (4,383,506) representing 100 per cent of children aged 6 Months to 15 years in 7 target states as part of the measles outbreak response campaign (Kassala, Gedaref, Red Sea, Sennar, North Darfur, West Darfur, East Darfur).

In addition, over seventy percent (70.2 per cent) of live births (annual target 90 per cent) were attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife). The key output achievements that contributed to this outcome included enhancing the capacity building of 903 health service providers (doctor, nurse, midwife, or auxiliary midwife) to provide quality maternal and new-born care services and the provision of essential reproductive health supplies at health facilities and to community midwives. The number of community midwives with the skills to perform safe delivery in communities was increased with the graduation of 253 midwives who received basic midwifery training.

¹ All figures inclusive of December 2016.

3.2 Nutrition

NUTRITION ²				
Indicators	2015 Sector Target	2015 Sector Results	2015 UNICEF Target	2015 UNICEF Results
# of children 6-59 months affected by Severe Acute Malnutrition admitted to treatment	250,000	215,078	250,000	215,078
# of caregivers receiving infant and young child feeding (IYCF) counselling	300,000	483,690	300,000	483,690

UNICEF and partners have continued the implementation of the joint national Community Management of Acute Malnutrition (CMAM) scale-up plan (Ministry of Health, UNICEF and World Food programme - WFP), opening 279 new treatment sites for SAM in 2016 (21 in-patient and 258 out-patient), with services now available in 71 of UNICEF's 75 high-priority localities and camps. As at end of October 2016, there were 1,172 health clinics offering functional Severe Acute Malnutrition (SAM) treatment services, increasing the proportion of health facilities with SAM treatment to 46 per cent (from 35 per cent at end of 2015). With this increase, the Ministry of Health, UNICEF and partners have managed to treat a record number of 215,078 children (F 103,237 / M 111,841) with SAM in the last 12 months in both emergency and non-emergency settings. This is slightly below the annual target of 250,000 children, but represents 86 per cent achievement against the target and is the largest annual increase in the number of children reached since CMAM started as a national program. Timely emergency response has been ensured through pre-positioning of nutrition supplies and rapid response by state Ministries of Health and partners with UNICEF support.

Quality of CMAM services is assessed through the internationally agreed SPHERE minimum standards for proportion of children cured, who defaulted and died. At national level, the program achieved a cure rate of 86 per cent, a defaulter rate of 11 per cent and a death rate of 1 per cent, all exceeding minimum standards. Performance indicators are also monitored at centre level, and this year 87 per cent of the out-patient feeding centres are reported as having reached SPHERE standards. In 2016, quality has been monitored through 5 dedicated nutrition mentors whose role is to visit nutrition services, with a focus on the poor performing and new centres, to carry out on-job mentoring while assessing program performance using a standardised check-list.

UNICEF support for CMAM services covers 13 states through technical support and the maintenance of the national nutrition pipeline (including ready-to-use therapeutic food - RUTF). With a contribution from the Ministry of Health and generous donations from the nutrition donors in Sudan, UNICEF procured 244,000 carton of RUTF and was able to maintain the supply pipeline without any breaks during the year for 13 states, while the Ministry of Health has provided RUTF for the remaining five.

During 2016 UNICEF has increased emphasis on active case finding through community based MUAC screening in order to reach and treat more severely malnourished children earlier in their illness. UNICEF supported two mass screening exercises, in March and September, screening a

² All figures inclusive of December 2016.

total 4,891,238 children aged between 6 months and 5 years. Of this number, 38,098 new children suffering from SAM were referred for treatment, a significant contribution to reaching the annual target. UNICEF support to active case finding will continue in 2017 through a combination of approaches adapted to suit the local context and work more closely with mothers and caregivers. This will contribute to address the main constraints to increased coverage which are lack of caregiver's knowledge of malnutrition as an illness and treatment services available.

3.3 WASH

WASH ³				
Indicators	2016 Sector Target	2016 Sector Results	2016 UNICEF Target	2016 UNICEF Results
# of affected people with access to new improved drinking water	660,000	419,115	290,000	85,339
# of affected people with access to new safe means of excreta disposal	370,000	425,444	270,000	223,464
# of affected people reached with new hygiene messages and sensitization activities	1,800,000	1,388,273	780,000	768,392

Overall, 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 support through construction and rehabilitation of improved water sources and operation and maintenance and water disinfection of existing water sources.

In 2016 a total of 85,339 emergency affected people gained access to new improved water sources. UNICEF and partners, as an 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. Subsequently UNICEF and partners are progressing in constructing sustainable water supply sources for the IDPs.

In addition, UNICEF and partners have effectively and successfully contributed to dramatic reduction in the reported cases of 2016 AWD epidemic. In six out of seven affected states, no new cases were reported in the second week of November 2016. WASH interventions are progressing in the last state with reasonable caseload reduction.

Transitioning from emergency to development for the protracted emergency areas is highly prioritized by UNICEF. 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).

Some 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,

³ All figures inclusive of December 2016.

which is suitable for everyone. About 78 percent (151,716 people and 55 percent females) of these were IDPs and refugees in Darfur, Kordofan, Blue Nile, and White Nile States. The main reason behind the low sanitation achievements is the shortage of development fund allocation for sanitation promotion through participatory approaches. Low sanitation coverage increases the vulnerability of communities to different infectious diseases. Up to mid-November, 2016 a total of 5,054 cases of Acute Watery Diarrhoea (6-11 per cent were under 5 years children) were reported from seven states with 138 deaths. Overall 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.

About 1,388,273 emergency affected and vulnerable rural population (53 percent females) were reached with hygiene promotion interventions with focus on hand washing with soap. 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 a major role in facilitating community discussions and dissemination of key messages in localities affected by AWD.

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.

3.4 Education

EDUCATION ⁴				
Indicators	2015 Sector Target	2015 Sector Results	2015 UNICEF Target	2015 UNICEF Results
# of school-aged boys and girls accessing safe learning spaces	180,000	79,890	115,000	62,419
# of children who have received education in emergency supplies and recreational materials	400,000	135,547	310,000	154,298

In 2016, 79,890 (out of 180,000 annual target) internally displaced, refugee, and host community children (50 per cent girls) were able to access formal or non-formal basic education and learning in child-friendly environments through provision of essential teaching-learning and recreational materials. The Education humanitarian sector was only thirty eight per cent funded of which the vast majority of the funds received was earmarked for school feeding programmes. Of the US\$16.8 million received, the school feeding programme has received US\$13 million with only a small portion for the education in emergencies initiatives.

⁴ All figures inclusive of December 2016.

Some 135,547 school children (51.8 per cent girls) in emergency received social assistance through distribution of teaching and learning materials and school supplies to offset the cost of schooling for poor households. 8,854 (46 per cent girls) grade eight conflict affected internally displaced children assisted to take grade eight examination as a prerequisite for completion of the basic education level and transition to secondary education. Children received school supplies, tarpaulins and plastic mats, travel cost to the nearest examination centres, examination fees, printing of examination papers and transportation of examination papers to centres. Also provided were sanitary supplies, cooked food, temporary latrines and sanitation facilities in five examination centres in Nertiti and Rokero of Central Darfur; Kabkabeya in North Darfur, and Kass, and Mershing in South Darfur States. Without the timely intervention of UNICEF and partners, many children displaced by the Jebel Marra crisis could not have graduated on time and enrol in secondary education for the next academic year.

The reported achievement has been made in partnership with UNICEF's financial partners and implementing partners such as Ministries of Education at federal and state levels as well as with NGO partners including War Child Canada, ADRA, ZOA, Students Organization for Literacy, Muzan, Catholic Relief Services, Global Aid Hand and FRDN to enrol out of school children and to respond to the education needs of the children in humanitarian situation.

The on-going conflict, population displacement and floods damages in different parts of the country affected some school buildings and interrupted education of many children. The insecurity and restriction of movements adversely affected timely assessment and emergency response by humanitarian partners.

3.5 Protection

CHILD PROTECTION ⁵				
Indicators	2016 Sector Target	2016 Sector Results	2016 UNICEF Target	2016 UNICEF Results
# boys and girls receiving psychosocial support	358,840	104,490	139,430	94,317
# separated and unaccompanied boys and girls receiving long term alternative care arrangements	5,600	3,920	2,200	4,522

While UNICEF is committed to provide life- saving humanitarian responses to 139,430 children in 2016, fund received accounted only to 38 per cent of the total needs, Despite the human and financial limitation, UNICEF was able to timely access difficult to reach areas including Jabel Marra and Nuba mountain serving a total 94,317 newly affected children with quality and integrated psychosocial support in 51 localities out of 72 targeted localities in 12 states through the Child Friendly Spaces (CFSs) and community-based services.

The number of unaccompanied and separated children (UASC) has significantly increased due to continued influx of South Sudanese refugees and armed conflict. A total of 3,741 children

⁵ All figures inclusive of December 2016.

(1,739 girls, 2,002 boys) UASC in the five Darfur, Blue Nile, White Nile, North and South Kordofan states have been reunified with relatives or placed in family- based alternative care services. Special needs of adolescent UASC in foster care settings and the situation of abandoned babies born of wedlock and placed in institutions remain issues of concern. An assessment of gaps on service provision for adolescent affected by armed conflict in refugee camps in White Nile was completed and guided a pilot project in White Nile and North Darfur states.

UNICEF invested significant advocacy, financial and technical support to generate evidence and ensure quality data and information on various child protection violations. The National child protection information management system established at the National Council of Child Welfare (NCCW) with trained focal points in 18 states.

For the first time, views of 250 (50 per cent females) adolescent effected by armed conflict and displacement from 8 refugees camps and 3 host communities in White Nile were documented within the participatory assessment. This guided the child protection emergency response to ensure meaningful engagement of adolescents and equipping them with the appropriate life skills. Senior representatives of the Government security forces (Sudan Armed Forces–SAF, Police, National Intelligence), Ministry of social affair, Ministry of education, Disarmament, Demobilization and Reintegration Commission, Ministry of Foreign Affairs and National Council for Child Welfare become part of the Technical Committee and High Level Committee that were established to oversee the implementation of the Action Plan on child protection at armed conflict.

3.6 Sector leadership

UNICEF is the cluster lead for the technical sectors of Education, Nutrition and WASH in Sudan, as well as the Child Protection sub-cluster at both the national and sub national level. UNICEF co-chairs these clusters with the Ministry of Health (in Nutrition), the Ministry of Water Resources, Irrigation and Electricity (in WASH), the National Council of Child Welfare (NCCW) (in Child Protection) and the Ministry of Education (in Education). As sector lead in these four areas UNICEF spear headed innovative ways of mounting rapid integrated cross-sectoral responses that are high impact in the results achieved for children.

In order to foster a common and rapid approach to humanitarian work, UNICEF Sudan holds morning emergency meetings three times a week. The meetings, in which the sectors participate and contribute towards, provide updates on evolving hot spots and emerging humanitarian needs in order to synchronize rapid interventions of the sectors and the sections, and to identify rapid supply/surge support needed for on the ground responses through the field offices.

UNICEF led clusters conduct systematic and regular coordination meetings both at national and state levels. The clusters have created a system for consultative decision making and have shared technical responsibilities among partners. Each cluster has a Strategic Advisory Group (SAG) for joint decision making as well as peer/programmatic review groups for vetting of the Humanitarian Response Plan and to manage cluster prioritization of pooled fund projects. In addition, technical working groups deal with specific sectoral issues on an ad hoc basis.

In 2016, the emergency response was informed by the Humanitarian Response Plan (HRP), developed based on a Humanitarian Needs Overview (HNO). The HRP provided strategic guidance on humanitarian assistance priorities, resource requirements, and in managing, monitoring and reporting of the humanitarian response. Strategic resource allocation for multi-sectoral priorities has also been strengthened during 2016.

UNICEF was also mandated to handle all core education, WASH and nutrition supplies under a core pipeline arrangement on behalf of the clusters, which meant that certain supplies for use in emergencies were procured, prepositioned and distributed in a more systematic manner. This approach increased value for money in helping to decrease the cost of procurement of larger quantities, as well as ensuring partners adhere to the same standards for core supplies.

3.8 Monitoring and Evaluation

UNICEF in partnership with Humanitarian Aid Commission (HAC), DFID, and CSOs has completed the first independent evaluation of the Humanitarian Action in North Darfur which has revealed that UNICEF has achieved at least 75 per cent of its attributions of outputs but there is shortfall of effective impact on child survival and the leakage of supplies represent a major challenging issues. The evaluation also would be used to inform Sudan Humanitarian Response strategy and Plan (HRP) for 2017/2018.

In 2016, UNICEF Sudan in partnership with WFP and Ministry of International Cooperation has accomplished the implementation of Capacity Gap Assessment of Result Based Management (RBM) and Monitoring and Evaluation practices covering 340 implementing partners revealing that 68 per cent of government partners had never been trained on RBM and the country lacks the practice of results focused planning, budgeting and reporting. Consequently, the Ministry of international cooperation with financial and technical assistance from UNICEF identified the most critical and top priority areas for capacity building, and the training of fifty government counterparts on RBM is currently underway, with the plan to roll-out the training to all States in 2017.

The full MICS 2014 final report containing disaggregated data by state, wealth quintile and gender will be used as a base line for PRSP, SDG and UNDAF, as well as all humanitarian and development partners.

Further to the official launch of MICS 2014 findings and the printed final report, UNICEF has undertaken in 2016 in partnership with the Central Bureau of Statistics, the Child Multi-dimensional Poverty and Inequality Study and the in-depth analytical study on Female Genital Cutting and Child Marriage. Findings from the child multi-dimensional estimation revealed that about 53 per cent of children under five years are affected by child income poverty higher than adult (40 per cent) and the overall population (45.6 per cent). The measurement of child multi-dimensional poverty using 7 dimensions of child rights revealed that almost 75 per cent of children, 5-17 years and 90 per cent of under-five years children are affected by at least 2 deprivations. The overlapping deprivations affect 22 per cent of children who are deprived both of child malnutrition, health and WASH. Findings of FGM/C study has revealed that the harmful practices of FGM are still very high in Sudan. However, there is a 25 per cent reduction within the new generation cohort of 0-14 years and the elimination of FGM in Sudan is projected by 2040 (25 years).

In 2016, UNICEF has strengthened its internal capacity and the skills of country programme partners in line with the global agenda of managing for results initiatives. Subsequently, 102 UNICEF staff from all programme sections, field offices, and operation and 50 government counterparts from different line Ministries have been trained on Results Based Management. This important investment was specifically timed to the strategic planning phase of the new Country Programme 2018-2021. It is expected to improve results for children, considering that the weak culture of high quality results-focused planning and accountability for children in the protracted emergency context of Sudan, represent a major bottleneck. It also provided responses to the key

recommendation of the Capacity Gap Assessment conducted this year by UNICEF and WFP in collaboration with the Ministry of international cooperation which revealed the weak practices of RBM in Sudan. The RBM training will be scaled up to cover the need of 250 partners in all 18 States in 2017.

A one year extension of UNICEF programme of cooperation with the Government has been approved by the Executive Board following the extension of the United Nations Development Assistance Framework (UNDAF) to 2017. UNICEF has actively influenced children priorities within the joint UN programming by participating actively to the Common Country Assessment (CCA) and the development of the new UNDAF 2018-2021. In addition, new strategic priorities of UNICEF's agenda for children in Sudan has been defined and well-articulated through the organization of Strategic Moment of Reflection for the new Country Programme Document 2018-2021 involving donors, UN agencies, civil society and the Middle East and North Africa UNICEF Regional Office.

Government and UNICEF have enhanced in 2016 their mutual responsibility of better coordination, planning and management that focus on results for children through the organization of regular multi sector advisory committee meetings, sector strategic planning and reviews, mid-year reviews and annual reviews at federal level and in 13 target states.

In partnership with the States departments of planning, a mapping of existing services to identify current needs and gaps of the ongoing UNICEF interventions is ongoing, involving also implementing partners. It provided key information for better prioritization and evidence based planning and implementation. This mapping has revealed that UNICEF programmes have geographical convergence in all the localities, however integration of UNICEF programmes for high impact results will need to be strengthened. Due to financial and logistical challenges, difficulties in access in the flood affected areas and conflicted affected areas, three out of twelve states, have completed their mapping exercise.

In the area of social policy, a strategic paper for the introduction of multipurpose cash transfer within the country programme has been developed and two concept notes for fund raising have been developed. These will be used in leveraging partnerships and resources to deliver the Cash Transfer Programme aiming to facilitate access of deprived children to water and basic services in North Darfur and White Nile. UNICEF has also contributed in the prioritization of children issues within the new Poverty Reduction Strategy Paper 2018-2021 process, sector strategic plans and the strengthening of social protection frameworks.

4. Financial Analysis

Table 1. 2016 Funding Status against the Appeal by Sector (in USD)

Sector	Appeal Target	Funded*	%
Health	12,423,805	6,104,173	49%
Nutrition	36,776,073	17,624,750	48%
Education	15,798,840	7,375,771	47%
WASH	41,352,343	14,024,323	34%
Protection	9,299,923	3,420,346	37%
Cluster Coordination	1,270,593	246,9901	19%
Other		3,718,164.91	
Total	116,921,577	49,859,893	42%

Table 2: Funding Received and Available in 2016 by Donor and Funding Type (in USD)

Donor Name/Type of funding	Programme Budget Allotment (PBA) reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3		
	SM149910	1,998,768.54
b) Non-Thematic Humanitarian Funds		
USAID/Food for Peace	SM160591	43,714.28
Canada	SM160571	356,165.09
Denmark	SM160167	1,198,681.45
ECHO	SM160317	4,464,639.85
ECHO	SM160389	1,101,066.78
ECHO	SM150431	510,204.00
Germany	SM160261	1,133,786.85
Germany	SM160362	3,329,633.00
Japan	SM160092	4,900,000.00
Switzerland	SM160138	1,103,310.00

UN Department of Peacekeeping Opera	SM160631	63,315.54
UNDarfur	SM160012	2,960,240.35
UNDarfur	SM160014	1,372,055.47
UNDarfur	SM160015	201,770.89
UNDP	SM160238	266,227.13
UNDP	SM160266	81,453.11
UNDP	SM160289	85,514.40
UNDP	SM160294	570,000.00
UNDP	SM160295	295,652.78
UNDP	SM160296	1,632,146.00
UNDP	SM160297	323,322.00
UNDP	SM160298	362,766.00
UNDP	SM160299	800,000.00
UNDP	SM160312	408,980.00
UNDP	SM160330	80,023.00
UNDP	SM160482	1,035,999.32
UNDP	SM160511	405,408.00
UNDP	SM160528	79,209.96
UNDP	SM160536	500,011.00
UNDP	SM160557	320,257.42
OFDA	SM160394	6,042,532.00
Total Non-Thematic Humanitarian Funds		36,028,085.67
c) Pooled Funding		
(i) CERF grants		
(ii) Other Pooled funds		
CERF	SM160200	305,164.00
CERF	SM160217	1,650,781.00
CERF	SM160218	329,994.00
CERF	SM160236	800,055.00
CERF	SM160125	2,535,000.00
CERF	SM16-315	650,000.00
CERF	SM160319	323,585.00
CERF	SM160326	349,478.00
CERF	SM160327	300,000.00
CERF	SM160328	546,571.00
Total CERF		7,790,628.00
Other pooled funds	n/a	n/a
d) Other types of humanitarian funds		

USAID/Food for Peace	KM160026	135,000
USAID/Food for Peace	KM160028	1,095,714
USAID/Food for Peace	SM160367	702,000
USAID/Food for Peace	SM160591	1,431,000
Total humanitarian funds received in 2015 (a+b+c+d)		49,181,196.21
II. Carry-over of humanitarian funds available in 2015		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	462,218.60
f) Carry over of non-thematic humanitarian funds		
SIDA - Sweden	SM140228	334
UNDP - MDTF	SM150108	9,995.46
Canada	SM150208	408.00
USA (USAID) OFDA	SM150325	1,414,565.00
USAID/Food for Peace	SM150335	243,592.00
UNOCHA	SM150392	71,849.00
UNOCHA	SM150423	332,307.13
UNOCHA	SM150427	48,366.41
UNOCHA	SM150428	80,172.89
European Commission/ECHO	SM150431	783,136.60
UNOCHA	SM150438	185,137.66
USA (State) BPRM	SM150447	1,737,286.54
UNOCHA	SM150460	272,791.64
UNDP - MDTF	SM150558	192,883.35
UNDP - MDTF	SM150559	161,705.20
USAID/ Food for Peace	KM150019	187,978.67
ECHO	SM150431	510,204.00
Total carry-over non-thematic humanitarian funds		6,232,713.19
Total carry-over humanitarian funds (e + f)		6,694,931.79
III. Other sources		
7% Set aside	GS160044	3,000,000.00

7% Set aside	GS160045	500,000.00
Total other resources		3,500,000.00

* Programmable amounts of donor contributions, excluding recovery cost.

Table 3: Thematic Humanitarian contributions received in 2016

Donor	Grant Number	2016 Contribution Amount (USD)	2016 Programmable Amount (USD)
Global Thematic for Emergency	SM149910	1,998,768.54	1,998,768.54
Total		1,998,768.54	1,998,768.54

The Humanitarian Response Plan of 2016 informed UNICEF Sudan's emergency response to the complex crises facing the country. While the ongoing conflict, malnutrition crisis, internal displacement and the South Sudanese Refugees crisis have continued throughout 2016 increasing the humanitarian needs, donors' investment in Sudan has been limited. Donor fatigue with a protracted emergency as well as competing needs in the region, have resulted in lower funding for Sudan whereby in 2016 the Humanitarian Response Plan was only 42 percent funded.

Humanitarian funding remains at the core for most of UNICEF's interventions in conflict and emergency affected areas. Contributions from generous donors have resulted in US\$49.8 million against the requirements of US\$116.9 million. These funds were complemented by UNICEF flexible funds, recovery and development funds especially for nutrition and education in conflict and non-conflict affected areas, allowing UNICEF to reach the most vulnerable children.

The United States was a key contributor to child survival and protection interventions in Sudan with an overall contribution of US\$9.4 million from Food for Peace (in-kind and financial), OFDA, and the Bureau of Population Refugees and Migration (PRM). The Sudan Humanitarian Fund (SHF) played a significant role in funding essential supplies for emergency preparedness, supported cluster coordination and information management. Furthermore SHF contributed to the most urgent humanitarian needs, with an overall contribution of US\$8.7 million. Other key donors to the appeal include Japan, ECHO, Germany, UN Darfur Fund and CERF.

Over US\$7.7 million was received from CERF. The CERF Rapid Response in White Nile and East Darfur allowed UNICEF to provide life-saving supplies and to intervene in the areas of WASH, Health, Nutrition, and Child Protection and education benefitting South Sudanese refugees and host populations.

Flexible emergency funding from donors such as Finland, Switzerland, Denmark, UNICEF National Committees, and UNICEF Headquarters has provided UNICEF Sudan with the flexibility needed to respond to emergency needs as they arise and to respond in areas that might otherwise remain uncovered due to the earmarking of funds, or due to lack of funds. Flexible funds allowed UNICEF to respond to needs in areas where access is limited and only a short window of opportunity is available. For example, in 2016 UNICEF was able to respond to the Acute Watery Diarrhoea emergency and to provide much needed assistance. Such an intervention is not feasible without flexible funding.

5. Future Workplan

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 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 county.

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 developed a strategy for cash programming in 2016 and plans to begin implementation in 2017. An inter-agency resilience programme will be developed in Kassala state to combat acute malnutrition.

UNICEF has and will continue to advocate to reach children in Blue Nile, the Nuba Mountains and Jebel Marra regions, 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 child protection sub-cluster and co-lead for nutrition, WASH and education. Programme targets for 2017 are the following:

- **Nutrition:** 250,000 children under 5 with SAM admitted for treatment; 300,000 caregivers receiving infant and young child feeding counselling.
- **Health:** 523,179 children immunized against measles and 1,859,300 conflict-affected people accessing primary health care services
- **WASH:** 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 and 780,000 affected people reached with hygiene messages and sensitization activities.
- **Protection:** 139, 430 children receiving psychosocial support and 2,200 unaccompanied and separated children received long-term alternative care arrangements.
- **Education:** 115,000 school-aged children accessed safe learning spaces and 300,000 children provided with education-in-emergencies supplies and recreational materials.

6. Expression of Thanks

In 2016, UNICEF continued to implement life-saving interventions in the Republic of Sudan, which would not have been possible without the generous funding from our donors. Consequently, UNICEF Sudan expresses its highest gratitude to all the donors that continue to support our efforts in meeting the needs and fulfilling the rights of the most vulnerable populations, especially children. These efforts and results have been detailed in this report. In particular we are grateful to the Governments of Germany, Denmark, Sweden, Italy, Japan, Canada, Switzerland, The European Commission/ECHO, the Office of U.S. Foreign Disaster Assistance (OFDA) of USAID,

DFID, Food for Peace, CERF and CHF who have substantially contributed to the humanitarian funds for our emergency interventions. Special thanks also go to the UNICEF National Committees of New Zealand, United Kingdom, Spain, Germany, Hungary and the US Fund for UNICEF who have generously contributed to help meet the humanitarian needs of children and women in Sudan.

Catalytic, un-earmarked funding for humanitarian interventions is crucial as it provides us with greater flexibility to respond to the needs of children in emergencies in Sudan. UNICEF Sudan highly appreciates this type of funding in order to have a bigger and more effective impact in the lives of vulnerable children in a highly volatile, complex and dynamically evolving context like Sudan.

Annexes

The following narrative and financial utilization reports for non-thematic contributions are attached to this Consolidated Emergency Report Package 2016 as individual annexes:

- KM150019
- KM150031
- KM160026
- SM130394
- SM140228
- SM150091
- SM150325
- SM150335
- SM160138
- SM160167
- SM160367
- SM150447
- SM160571
- SM160591

Additional Annexes to the 2016 Consolidated Emergency Report are the donor feedback form and the Visibility Annex, featuring Human Interest Stories.

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 online 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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