

# UNICEF Sudan Annual Results Report 2022



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**Cover photo:** On 12 October 2022 in Kadugli, Sudan, 13-year-old student Umjuma Shamsbon poses for a portrait in front of a chalkboard on graduation day at Taffari Community School in the Taffari camp for internally displaced people (IDPs). ©UNICEF/Sudan 2022/Zehbrauskas



## Expression of thanks

UNICEF Sudan would like to extend its heartfelt appreciation to all its partners who continued to support us or even scaled-up their support during 2022.

UNICEF is particularly grateful for the strong support and collaboration of its donors, including the governments of Germany, the United States of America, Netherlands, Canada, the United Kingdom, Sweden, Norway, Republic of Korea, Japan, and China. Also, the European Union, Educate a Child Foundation, Global Programme for Education (GPE), United Nations Peacebuilding Fund, Education Cannot Wait, Muslim World League, Arab Gulf Programme for Development, Central Emergency Response Fund, Gavi, the Vaccine Alliance, the Global Fund, KSRelief, Sudan Humanitarian Fund, and the National Committees of the United States of America, Netherlands, and Switzerland.

It was a challenging year, yet UNICEF and partners reached millions of girls and boys with lifesaving and life-sustaining interventions, which would not have been possible without the generous funding received. Thanks to the support, UNICEF can continue its mission to meeting the needs and fulfilling the rights of the most vulnerable children, their families and communities.

Thematic or flexible funding for UNICEF's programmes is crucial as it provides us with greater flexibility to respond to the needs of children in a timely, well-planned and efficient manner. It allows us to have a bigger and more effective impact on the lives of vulnerable and marginalised populations in a highly volatile, complex and dynamically evolving context like Sudan.

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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# Abbreviations and Acronyms

ALPs	alternative learning programmes
AVAT	the African Vaccine Acquisition Trust
CLAC	Climate Landscape Analysis for Children
CHW	community health workers
CMOM	Community Management of Operation and Maintenance
CMAM	community-based management of acute malnutrition
CLTS	community-led total sanitation
COVAX	COVID-19 Vaccines Global Access
COVID-19	the coronavirus pandemic
CPIMS+	child protection information management system
EPI	expanded programme of immunization
FGM	female genital mutilation
FAO	Food and Agriculture Organization of the United Nations
GPE	Global Partnership for Education
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
IYCF	infant and young child feeding
IMS	information management system
IMCI	integrated management of childhood illness
IDPs	internally displaced persons
ILO	International Labour Organization
MCCT+	Mother and Child Cash Transfers Plus
MHPSS	Mental health and psychosocial support
MNCH	maternal, neonatal and child health
MUAC	mid-upper arm circumference
NGOs	non-governmental organisation
ODF	open defecation free
ORE	Other Resources - Emergency
ORR	Other Resources - Regular
OTPs	outpatient therapeutic programmes centers
MICS	Multiple Indicator Cluster Survey
PHC	primary health care
PF4C	public finance for children
RR	Regular Resources
RSF	Rapid Support Forces
RUTF	ready-to-use therapeutic foods
SAF	Sudan Armed Forces
SAM	severe acute malnutrition
SBC	social and behaviour change
SDG	Sustainable Development Goal
SUN	Scaling-Up Nutrition

T4D	Technology for Development
UN	United Nations
UNICEF	United Nations Children’s Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNITAMS	United Nations Integrated Transition Assistance Mission in Sudan
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization



On 6 October 2022 in South Darfur, Sudan, children pose for a portrait at Otash 4 Public Health Centre in Nyala.  
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## Update on the context and situation of children in Sudan

In 2022, Sudan experienced substantial socioeconomic, political, and security fallout following the coup in October 2021. These compounding problems have made the situation for Sudan's most vulnerable even more precarious, in particular for children.

A pause on most international development assistance following the coup stalled progress towards development objectives in the country. In June, the Paris Club of major creditor countries suspended debt relief to Sudan. It is reported that Sudan lost some US\$4.6 billion in foreign aid due to the political instability. As a result, the Sudanese economy began to reverse its course on economic stabilization, with the local currency depreciating about 30 per cent and the inflation remaining high at triple digit level – 180 per cent annually.

The people in need in Sudan is the highest it has been in a decade. According to UNICEF Humanitarian Action for Children (HAC) appeal 2023, 15.8 million people – about one third of the population of Sudan – need humanitarian assistance in 2023. Of whom, 8.5 million are children in need across Sudan, and 3.7 million internally displaced persons (IDPs).

Sudan has witnessed a nine percent decline in lifesaving vaccination coverage since 2019. Endemic diseases such as malaria, cholera, dengue fever and chikungunya have spread across many states. Other novel diseases are also emerging including some which have not been reported in over 10 years, such as Monkey Pox. In August 2022, Sudan successfully closed the 2020 poliovirus outbreak that affected children in 15 out of 18 states, but an additional catch-up vaccination campaign to vaccinate children against polio and yellow fever was required at the very end of the year in response to a new case of polio in West Darfur.

The consequences for children living in this context are dire: 1 out of 18 children will not reach their fifth birthday. Nearly 50 per cent of under-five deaths in Sudan are newborn deaths, the majority of which are due to preventable causes. These impacts fall hardest on girls.

About 3 million children under-five years suffer from acute malnutrition. Of these, approximately 611,000 are affected by severe acute malnutrition (SAM), the deadliest form of malnutrition. Without treatment about half of all children suffering from SAM will not survive. Investing in preventing and treating malnutrition is not only a moral obligation, but also a smart investment. US\$1 invested in reducing stunting generates US\$10 in economic returns.

The impact of climate change is increasingly affecting children and their families. The country has continued to experience rain and flood emergencies in 2022, affecting people across the 18 states of the country. Conversely, in 2022, 61 per cent of all localities in Sudan (115 out of 189 localities) experienced extended drought-like dry spell conditions resulting in water supply shortages and food insecurity. Around 11.5 million people are in need of urgent water, sanitation and hygiene (WASH) interventions and 55 per cent of schools lack basic level water, while 49 per cent lack sanitation and hygiene services. Close to 37 per cent of health centres lack basic level water, and over 34 per cent lack sanitation and hygiene services.

Furthermore, the school year was again disrupted in 2022 due to insecurity with varying degrees of school closures and teacher strikes due to the impacts of the military coup which had adverse effects on children's learning and wellbeing. Climate-related flooding also led to sustained significant damage and closure of over 400 schools, affecting access to education for more than 138,000 schoolchildren. By the end of the 2021-2022 academic year, an estimated 7 million school-aged children, 6-18 years of age, were estimated to be out of school, many of whom live in the most vulnerable or conflict-affected communities. Four out of ten girls in Sudan are out of school. Of the children who were able to attend school, literacy and numeracy skills remain extremely poor. In a 2022 assessment of third grade learners, research revealed that seven out of ten children were unable to read and understand a simple sentence.

Far too many children are exposed to violence, abuse and exploitation. In the age group 0-14 years, a third of girls have been subjected to female genital mutilation (FGM); and even more (38 per cent) of girls aged 15-18 are married before the age of 18 years.

The political crisis in the country has meant that most upstream legislative and policy work was delayed, including the Government endorsement of the Child Act 2021. Ongoing political instability paired with restrictions on implementing modalities have created a restrained implementation environment.

As we await the political transition, it is important we collectively rally behind the following three most pressing priorities for children in Sudan:

- Reach the most vulnerable kids, targeting the youngest of the young first with a minimum package of essential social services in Sudan, especially during the first 1000 days of life.
- Halt and reverse the learning crisis, especially for girls by bringing as many children into a learning loop (through schools, alternative learning centers, e-learning) for quality of learning and skills development, prioritizing the most vulnerable children in hardest to reach areas.
- Increase domestic budget allocations for social sector spending making sure teachers, doctors, nurses and social workers are sufficiently paid and can deliver the minimum package of essential social services to the most vulnerable.

While we work towards the three priorities above, let us make sure that the rights of children are protected and they are free from violence, abuse and exploitation: The Government of Sudan and partners need to ensure that children can live free from violence, abuse and exploitation (including recruitment of soldiers, keeping schools safe, and abandoning FGM and child marriage).

# Major Contributions and Drivers of Results

The needs of children affected by epidemics, conflict, and the climate crisis – as well as the challenges faced due to economic crises and sustained poverty – are at the heart of UNICEF's work in Sudan.

Protracted and cyclical nature of crises in Sudan required UNICEF and partners to take humanitarian-development-peace nexus approach to reach the needs of most vulnerable children and their families.

In 2022, UNICEF Sudan effectively adapted its programmatic focus to downstream activities, including local level delivery, and implementation modalities to the evolving political context and enhanced risk assurance over donor funding in response to the military coup. UNICEF strengthened its programmatic convergence and focus on vulnerable children and families in the most at-risk localities, based on comprehensive geospatial vulnerability and risk mapping, through prevention and response interventions that consistently aim to ensure the sustainability of results and strengthen the resilience of basic social service delivery systems and communities to withstand shocks.

UNICEF advanced partnerships with the development partners, civil society, and private sector. Through the Champions for Children in Sudan Ambassadors Group, UNICEF enhanced awareness and voice behind big issues hurting children, including deepening learning, health, water, malnutrition, and protection crises. Through a series of roundtables with Heads of cooperation and NGOs, UNICEF identified opportunities to deepen and expand partnerships, and optimize synergies between partners to optimize impacts. UNICEF advanced engagements with the private sector to enhance delivery of results for children, in particular for its e-learning and solarization agendas.

[UNICEF Sudan HAC appeal 2022](#) was only 38 per cent funded. As a result, the targets vs results achieved in this report are reflective of this underfunding.

Despite the challenging operating environment, scale of needs and limited funding, UNICEF Sudan achieved some important results for children in 2022. Key achievements include:

- Over 18 million bed nets distributed
- 5 million girls and boys accessed quality learning
- Over 3 million people gained access to basic domestic water supply
- Over 2 million people reached with hygiene promotion activities
- Over a million measles vaccinations administered
- 400,000 children reached with school supplies
- 322,000 severely acutely malnourished children treated
- Over 200,000 people reached with child protection messages and dialogues
- 52,000 pregnant women and lactating mothers reached with integrated social protection services, benefiting over 300,000 people
- Over 1,300 communities abandoned female genital mutilation
- 510 communities stopped open defecation
- 70 per cent of identified vaccine refusers accepted vaccinations



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## Goal Area 1

# Every child survives and thrives

### Strategic context

The economic crisis in the country and the shortage of resources have continued to affect public service delivery for the children and heightened the socioeconomic vulnerability. The health system in Sudan remains fragile, which results in far too many children – and their mothers – dying of preventable or treatable conditions.

Public financing for children landscape saw a sliding back on domestic allocations for health, affecting the access to health services. Sudan has not been able to maintain an intact supply pipeline for medicines and medical supplies because of the economic crisis.

The political uncertainty and the unstable security environment, particularly in the Darfur region are shaping the operating environment and humanitarian operations in Sudan. These factors, alone and in combination, create a variety of access challenges for health care service delivery.

About 3 million children under-five years suffer from acute malnutrition. Of these, approximately 611,000 are affected by SAM, the deadliest form of malnutrition. Endemic diseases such as malaria, cholera, dengue fever and chikungunya have spread across many states. Other novel diseases are also emerging including some which have not been reported in over 10 years such as Monkey Pox. In August 2022, Sudan successfully closed the 2020 poliovirus outbreak that affected children in 15 out of 18 states, but an additional catch-up vaccination campaign to vaccinate children against polio and yellow fever was required at the very end of the year in response to a new case of polio in West Darfur.

The contributing factors to the high and persistent rates of malnutrition in Sudan are wide-ranging and complex – a combination of poor diets, high prevalence of co-morbidities (malaria, diarrhoea and respiratory infections among children under-five), inadequate access to basic health, water and sanitation, and social welfare services and inadequate care practices. The food security crisis, rising levels of poverty due to the economic crisis and unstable security environment and the increased fragility of the health system and other basic services has exacerbated the malnutrition situation in recent years with 37.7 per cent of all child mortality cases associated with malnutrition.

One out of 18 children will not reach their fifth birthday. Of those that do, many will have had their future irreversibly compromised through the impacts of poor nutrition and disease, among other reasons. Nearly 50 per cent of under-five deaths in Sudan are newborn deaths, the majority of which are due to preventable causes.

UNICEF maintains strong relationships with other UN agencies, including WHO, UNFPA, UNHCR, UNFPA, FAO and WFP. UNICEF also closely coordinates and collaborates with relevant ministries (where needed, allowed, and at technical level only), other sector clusters, Scaling-Up Nutrition Movement Networks and coordination forums, and partners to ensure multi-sectoral planning for health and nutrition including for the humanitarian response in newly accessible areas and other 'hot spot' areas. A strong coordination mechanism was put in place between Federal Ministry of Health, WHO, UNICEF and the main donors for immunization, such as Gavi, COVAX, the African Vaccine Acquisition Trust (AVAT) platforms to ensure coordinated action and to reach programme goals.

Other critical partners in 2022 have included the European Union, the governments of Canada, Germany, Japan, Sweden, the United Kingdom, the United States of America, humanitarian pooled funds – the Central Emergency Reserve Fund and the Sudan Humanitarian Fund.

UNICEF partnered with NGOs through 26 active integrated programme documents, to implement programs in the 12 states. Partnerships with the private sector, including with the CTC Group, supported emergency response through the prepositioning of supplies and improving WASH services. Additionally, UNICEF continues to work with SAMIL for cost-effective local production of RUTF.

## Results achieved

UNICEF prioritized the provision of essential health and nutrition services for women and children. Despite the unprecedented challenges faced due to the political and economic instability in the country, UNICEF was able to continue advancing the rights of children and women in Sudan through strategic, technical and financial investments. UNICEF successfully worked with partners to reach vulnerable children and their communities with high-impact lifesaving health and nutrition services, including in humanitarian situations.

In 2022, UNICEF's Health and Nutrition programme received 55 per cent of the funding required to meet its targets.

In 2022, UNICEF's Health response was 79 per cent funded against HAC. Targets vs results, especially related to vaccination, are reflective of the limited funding, intercommunal conflicts, fragile health system, multiple disease outbreaks and donor restrictions on transfer of funds to the authorities.

Despite the challenging operating environment, UNICEF played a key role in responding to outbreaks of polio, measles, malaria and hemorrhagic fever. In 2022, over 776,000 children under-one in humanitarian situations were vaccinated against measles, reaching 79 per cent of the target. Overall, 1.4 million children were vaccinated against measles at national level.

Around 11.7 million people were vaccinated against COVID-19. Bundling services like routine vaccination with COVID-19 campaigns to reach zero-dose children yielded good results. For example, UNICEF supported accelerated routine immunization activities between October and December 2022, which resulted in improved coverage for measles vaccination from 70 per cent to 80 per cent.

In 2022, 18.4 million long-lasting insecticide-treated nets were distributed, covering 70 per cent of the population - one of the largest bed net campaigns in Sudan's history.

As neonatal mortality accounts for almost half of all child deaths in Sudan, UNICEF strengthened maternal and newborn health services including in close to 900 facilities and development of the National Newborn Health Action Plan (2022-2023).

In the beginning of 2022, the Nutrition sector estimated that the number of children with SAM was 618,000. This number was revised upward to 650,000 children with SAM during lean season and due to dry spells in mid-2022. The sector set a target of reaching 53 per cent of the total caseload of 618,000 due to the availability of financial and human resources in 2022. Nutrition response against HAC appeal 2022 was funded 67 per cent, enabling UNICEF to treat around 322,000 children under-five, achieve 97 per cent of its target or 52 per cent of the total caseload (618,000 children), in over 1,800 outpatient therapeutic programmes centers (OTPs).

Currently, 3 million children under-five are affected by acute malnutrition in Sudan, including 611,000 children under-five with SAM. Learning from the results achieved in 2022 and the capacity to deliver for preventing and treating SAM cases, the sector is targeting 90 per cent of all 611,000 children under-five with SAM in 2023.

UNICEF repositioned the response to the nutrition crisis not only on treatment but also prevention and protection of children from malnutrition with a focus on the youngest, poorest and with the highest risk of death. UNICEF chairs the Scaling-Up Nutrition (SUN) Movement network in support of these efforts. To address the nutritional needs of school-age children and adolescents, a multisectoral package of health and nutrition interventions was finalized and mainstreamed into national strategies and planning is underway for implementation in 2023.

To improve demand for health and nutrition services, UNICEF invested in social and behaviour change (SBC) interventions, including the SBC strategy for promoting the eight essential family practices. While COVID-19 was a major focus, SBC efforts allowed for synergies with flood response and peacebuilding and social cohesion efforts. UNICEF also supported technical capacity-building for demand creation for quality health and nutrition services in the longer-term, for technical line ministries and NGOs and community organizations. Channeling social and behavioral data and evidence to improve programme effectiveness was another pillar of UNICEF's response in 2022 (a national COVID-19 perception survey, polio surveys and a child feeding study). As a result, UNICEF was able to reach over 21 million people across Sudan with health information, actively engaging over 721,500 people via community initiatives and a further 1.9 million people via home visits.

This section provides an assessment of the results achieved, constraints and challenges against the planned results.

### OUTCOME 1 More children under the age of five years and women of reproductive age utilize high-impact, quality health and nutrition services

Indicators	Baseline 2021	Target 2022	Results 2022
Live births attended by skilled health Personnel	67%	92%	60%
New-born children receiving postnatal care within two days of birth	61%	70%	38%
Children under-one year receiving measles-containing vaccine	83%	92%	80%
Percentage of children 0-5 months old who are exclusively breastfed	62.4%	62.4%	62.4%

The funding for maternal, newborn and child health reduced significantly in 2022, and this is reflective in the targets vs results.

UNICEF Sudan supported its implementing partners to strengthen delivery of health and nutrition services at both the community and facility levels through supporting the enabling environment (policies, planning and coordination), capacity-building at all levels of the health system including the respective healthcare providers, provision of essential supplies and commodities, as well as supporting fixed, mobile and outreach services and community engagement. This support resulted in maintaining the functionality of more than 3,000 health facilities and over 1,800 OTPs for the provision of lifesaving health and nutrition services to a total of 18 million girls, boys and women.

UNICEF also continued to strengthen the provision of infant and young child feeding (IYCF) counselling for pregnant women and lactating mothers, including on the importance of exclusive breastfeeding for the first six months of life, reaching almost 800,000 in 2022.

**OUTPUT 1.1 The health system at national and sub-national levels is strengthened to develop evidence-based, multi-sector policies, plans and budgets to ensure equitable and high-quality health and nutrition services. This results in the improvement of health and nutrition outcomes for children, adolescents, and women**

Indicators	Baseline 2021	Target 2022	Results 2022
Government contributes to cover budget requirements for non-GAVI bundled vaccines (measles, polio, tetanus toxoid, BCG)	0%	45%	0%
A coordination structure for multisector action on scaling up nutrition functional at national and subnational levels with UNICEF contribution	Yes	Yes	Yes
Percentage of states with cold chain functionality of above 80%	85%	90%	86%
DHSS targeted states in which barriers and bottlenecks related to child survival are monitored	18	18	18

Following the military coup, UNICEF Sudan shifted its programmatic focus to downstream activities, including local level delivery, and upstream programming was mostly paused. This is reflected in the targets vs results achieved in 2022.

UNICEF Sudan is advocating with the Ministry of Health and the Ministry of Finance to ensure the required contribution for non-Gavi vaccines is fulfilled. UNICEF is also exploring alternative solutions to support the country in mobilizing sufficient resources to deliver lifesaving vaccines to every child.

Thematic funds were critical to enable the provision of key technical support to embed and strengthen a multisectoral nutrition response, including through developing a coordination structure for nutrition, multisectoral planning guidelines and the national multisectoral nutrition plan. As Chair of the UN Network and the nutrition cluster lead, UNICEF strengthened coordination among multiple stakeholders and drive the focus towards prevention of malnutrition, rather than only treatment, in the HRP 2023 and through engagement with UN agencies (FAO, UNDP, UNFPA, UNHCR, WFP and WHO). UNICEF continued to support the SUN Research and Academia Network, including the development of its five-year strategy and ensuring the Network is well-positioned to drive forward the nutrition research agenda in Sudan.

UNICEF also supported vaccine supply management and increased cold chain functionality and capacity to reach more children and vulnerable population with routine and COVID-19 vaccination. To improve access to primary health care services for children and mothers, UNICEF supported assessment of community health workers (CHW) programme in the country and the development of a national CHW strategy to enhance CHW programme and support advocacy and resource mobilization efforts.

To support the development of primary health care operational plan, UNICEF has technically supported the process of developing an innovative primary health model of care delivery in Sudan. Two states were selected initially - Gezira which has a resilient local health system, and North Darfur which has a fragile context and has been affected with long lasting conflicts - in collaboration with Federal Ministry of Health and WHO.

To reach more children with routine vaccination and vulnerable people during COVID-19 and other outbreaks, UNICEF supported vaccine supply management and cold chain through needs assessments, improvement plans, capacity-building and provision of cold chain equipment. These investments contributed to increased cold chain functionality from 66.7 per cent in 2019 to 86 per cent at the end of 2022 and expanded cold chain capacity.

### OUTPUT 1.2 Integrated high-impact health and nutrition services are delivered for vulnerable children, adolescents and women, through facility and community levels in development and emergency setting

Indicators	Baseline 2021	Target 2022	Results 2022
Number of children aged 6-59 months receiving two annual doses of Vitamin A in the reporting year	7.5 million (One dose)	4.4 million (Two doses)	600,496 (One dose)
Number of UNICEF-targeted children less than one year in humanitarian situations who are vaccinated against measles	961,178	987,130	776,036 <sup>1</sup>
Number of UNICEF-targeted children under 5 years accessing IMCI services	1,095,000	1,222,200	1,307,594
Number of healthcare workers within health facilities and communities provided with personal protective equipment with UNICEF support	7,015	7,015	8,575
Number of health facilities that received UNICEF support to maintain essential maternal, newborn and child health services since COVID-19 disruptions; disaggregated by type of support (COVID-19).	701	1,588	895
Number of health facilities that received support to maintain essential immunization services since COVID-19 disruptions; disaggregated by type of support (COVID-19)	2,268	2,268	2,268

In 2022, over 776,000 children under-one in humanitarian situations were vaccinated against measles, reaching 79 per cent of the target. Overall, 1.4 million children were vaccinated against measles at national level.

In 2022, UNICEF supported close to 900 health facilities to maintain essential maternal, newborn and child health services. Over 1.3 million children under-five accessed integrated management of childhood illnesses (IMCI) services as a result of scaling up IMCI services in crisis-affected areas (107 per cent of the 2022 target). Support includes delivery medical kits, including emergency inter-agency health kits, primary health care kits, and integrated management of childhood illness kits to primary health care centres, as well as 18.4 million long-lasting insecticide-treated nets, alongside comprehensive social and behavioral change package to promote malaria prevention and awareness, and increase bed nets usage. Anti-malarial drugs, enough to treat 300,000 children and mothers, were distributed.

<sup>1</sup> In 2022, 1.4 million children under-one were vaccinated against measles at national level. This is different from the HAC indicator target of 987,130 children which is taking into consideration eight states and a few localities only. The result achieved against this HAC indicator is 776,030 children, reaching 79 per cent of the target mainly because of bundling routine vaccination with COVID-19 campaigns to reach zero-dose children.

Over 600,000 children aged 6-59 months received Vitamin A supplementation, out of the targeted 4.4 million children, mostly through measles outbreak response campaigns. The discontinuation of national polio campaigns, through which vitamin A was traditionally distributed, is reflected in the targets vs results achieved. In response, UNICEF in coordination with the Ministry of Health piloted routine vitamin A supplementation in Khartoum state, reaching close to 48,000 children in two localities.

UNICEF provided around 134,300 pregnant women with iron and folic acid supplementation in 2022, as the only agency supporting this intervention. To address the nutritional needs of school-aged children and adolescents, a multisectoral package of health and nutrition interventions was finalized under the guidance of a technical working group led by the Ministry of Health and Ministry of Education for implementation in 2023. The package, to be implemented through schools and other community platforms, includes micronutrient interventions, deworming, health screening, health and nutrition education and behaviour change communication components and WASH in schools.

### OUTPUT 1.3 Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices

Indicators	Baseline 2021	Target 2022	Results 2022
Number of children aged 6-59 months admitted for treatment of severe wasting through UNICEF-supported programmes during the year of reporting.	288,000	330,000	321,613
Number of PHC facilities with zero stock out of RUTF	1,739	1,753	1,799
Number of primary caregivers of children 0-23 months receiving IYCF counselling	854,000	990,000	799,458

UNICEF, WFP and WHO with NGO partners continued to scale up the CMAM programme in 2022. Routine and targeted mid-upper arm circumference (MUAC) screening campaigns were implemented, with 6.9 million screened to ensure early detection of acutely malnourished boys and girls. Mothers of children with SAM were also engaged in active case finding, referral and follow-up of malnutrition cases.

In order to reach more malnourished boys and girls, the number of OTPs across the country was increased from 1,753 in 2021 to 1,838 in 2022, reaching 36 per cent of the total primary health care (PHC) facilities in Sudan providing OTP services, with a functionality rate of over 99 per cent. UNICEF also continued to secure the nutrition supplies pipeline with over 4,300 metric tons of nutrition supplies distributed across the 18 states, including ready-to-use therapeutic food (RUTF), anthropometric equipment, OTP routine drugs and therapeutic milk. UNICEF established buffer reserve of RUTF, creating a cushion in the supply pipeline, which resulted in almost zero stockouts and allowed centers to operate and maintain the provision of lifesaving treatment of SAM. Moreover, to strengthen the health system, 52 government warehouses were rehabilitated in 12 states and UNICEF supported the supply chain management cascade trainings at different sub-national levels to improve capacity of local staff.

UNICEF continued to support IYCF interventions in 2022. Almost 800,000 caregivers received counselling on infant and young child feeding practices to prevent malnutrition among young children, with around 14,700 mother support group volunteers trained on community IYCF and over 3,500 health staff trained on facility based IYCF counselling. A total of 20 breastfeeding corners were also established.

To address poor diet diversity among children under-two, mothers of young children, including mother support groups, were engaged to improve the dietary diversity of children. In 2022, 550 mothers were trained to set up home gardens to produce fruits and vegetables, and utilized the diverse produce grown to prepare nutritious food. To improve complementary feeding practices, UNICEF and WFP the distribution of complementary feeding bowls to improve complementary feeding practices with a focus on improving the consumption, quality, and diversity of diets among children (6-23 months). Thematic funds specifically

supported the transportation of supplies and monitoring the implementation of both IYCF and diet diversity interventions.

The flexibility of the thematic funding was critical to support the scale up of the early detection and treatment of children with SAM, including for the operations and strengthening of supply systems, training of health staff, supporting partners to deliver services on the ground and monitoring of programming to ensure quality. In 2022 alone, thematic funds were used to train 35 health care providers on Integrated Management of Childhood Illnesses (IMCI) in Khartoum State as well to support the implementation of nutrition interventions. The thematic funding also allowed UNICEF to respond to the needs of children in an efficient way. The flexible nature of this funding has allowed UNICEF to respond to improve the provision of child health care services in hard-to-reach areas. Over the years, this funding has been crucial in responding to health and nutrition emergencies all over the country.



A young girl carries Long-Lasting Insecticide-Treated Nets (LLINs) distributed by UNICEF and partners in Kassala state.  
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## Challenges and lessons learned

By preserving systems and integration of services, and coordinating work closely with key stakeholders at technical level overseeing service delivery at the frontline, UNICEF continued to provide lifesaving health and nutrition services despite political and economic instability in Sudan, reaching the most vulnerable women and children. To catch up on the backlog of un/under vaccinated children, UNICEF supported the bundling of routine vaccination into COVID-19 vaccination campaigns.

Integrating the Mobile routine vaccination with mobile teams of COVID-19 campaign took place in seven states in October 2022. This helped to overcome the fund flow challenge of routine expanded programme of immunization (EPI) and catch up on back log of un/under vaccinated children during the period of January to September 2022 (over 30,600 infants received Penta1 and 12,700 received MCV1). UNICEF's ongoing response to COVID-19 demonstrates the value and importance of social and behavioral data and evidence,

to help inform quality programming, for example to incorporating communities' preferences or build trust in medical professionals for effective message delivery and two-way communication.

In response to the lack of nationwide immunization campaigns, UNICEF in coordination with the Ministry of health successfully piloted routine vitamin A supplementation in Khartoum state, reaching close to 48,000 children in two localities. As a result, the Ministry of Health is considering widely scaling up the approach.

## Future work plan

In line with the Sustainable Development Goals 2, 3 and 6, the main priorities of the Health and Nutrition programme are to accelerate the reduction of maternal, neonatal and child mortality and morbidity, especially from vaccine preventable diseases and all forms of malnutrition through employing a systems approach, strengthening the ability of the food, health, water and sanitation, education, and social protection systems to deliver diets, services and practices that support adequate maternal and child nutrition.

A key approach will be investing in scaling up an integrated package of health and nutrition services including maternal, neonatal and child health (MNCH) services, routine immunization, IMCI and ICCM and preventive and curative nutrition services using the PHC acceleration and the Sudan nutrition acceleration plan as entry points to achieve this.

As part of this approach UNICEF will focus on strengthening the PHC network to deliver an integrated package of services focusing on the first 1,000 days of life. Efforts towards integrating COVID-19 vaccination into the routine immunization system and vitamin A into routine service delivery will be intensified in 2023. The Sudan nutrition acceleration plan will be used as an entry point for the scale up and implementation of nutrition actions and implementation of the global “No Time to Waste” strategy with programmatic convergence and scale-up of life-saving preventive and curative interventions, integrated with the delivery of key health services.

Community cadres (community health workers, community volunteers and mother support groups) will be capacitated to support the integrated delivery of community-based interventions, screening and referral of malnourished and sick children to appropriate care as well as stimulating behavioral change for optimal health and nutrition outcomes.

To reduce malnutrition significantly, UNICEF will utilize the breadth and depth of its relevant programming across health, WASH, social protection, education, child protection and social behaviour change and continue to work with partners to move towards a multi-sectoral approach to address the underlying determinants of malnutrition in line with the [UNICEF Global Nutrition Strategy 2020-30](#). Emphasis will be placed on utilizing five key systems – food, health, water and sanitation, education, and social protection – to, for example, improve diet diversity, increase access to WASH services and information, deliver health and nutrition services to school-age children and adolescents, strengthen linkages with the MCCT+ programme and strengthen cross-sectoral behaviour change communication. UNICEF will continue to support the SUN Movement in Sudan to coordinate the multisectoral response to address malnutrition.

Social and Behavioral Change will be a key vehicle for delivering messages and engaging communities for changes in knowledge, attitudes and practices. UNICEF will also continue to support improvement of the health information system through investing in locality and state level DHIS2 system strengthening and operational research to support evidence informed planning and programming.



## Goal Area 2

# Every child learns

### Strategic context

In 2022, the school year in Sudan was disrupted due to insecurity with varying degrees of school closures and teacher strikes which had adverse effects on children's learning and wellbeing. Limited government engagement, high staff turnover in the ministries, economic downturn, and the COVID-19 pandemic, among other factors, have led to extended school closures affecting 19 million school-aged girls and boys, 40 per cent of Sudan's population. Of these, a staggering 7 million children – or one out of three girls and boys – are out-of-school. Many of these out-of-school children live in the most vulnerable or conflict-affected communities. Climate-related flooding in August and September also led to sustained significant damage and closure of over 400 schools, affecting access to education for more than 138,000 school-aged children.

Of the children enrolled in school, literacy and numeracy skills remain extremely poor. In 2022, findings of an assessment of third grade learners, suggested that 80 per cent of the children could not read a simple text, 70 per cent could not even read a single word of familiar words and 79 per cent could not write a single word in a familiar language. Similar gaps were noted in numeracy skills, with 37 per cent of the assessed learners could not count or do simple addition and subtraction at their grade level.

In 2022, UNICEF Sudan focused squarely on addressing the country's learning poverty, shifting to increase the emphasis on learning and holistic skills acquisition, (including in emergencies), multiple learning pathways, digital transformation and creating safe and supportive school environments.

### Results achieved

Following the military coup, UNICEF shifted its focus towards downstream programming at state- and community-level, and upstream activities related to national policies and frameworks were mostly paused. UNICEF's Education programme received only 19 per cent of the funding required to meet its development and humanitarian targets. As a result, targets vs results achieved are reflective of this downstream programming and underfunding.

Despite the challenging sociopolitical environment, underfunding and the scale of needs, UNICEF and partners supported 5 million children to access learning, including through targeted mobilization campaigns, teacher trainings and through the provision of a 'back to learning' school grant for over 13,600 schools to prevent drop-out and address the learning poverty of 4.9 million students. In addition, to reverse the loss of learning UNICEF supported accelerated learning programmes (ALPs) and innovative e-learning programmes reaching over 130,000 out-of-school boys and girls.

UNICEF provided learning supplies to 377,000 most vulnerable children, thereby reducing the schooling cost, encouraging enrolment and retention, and improving learning for these girls and boys. In addition, the construction of 119 gender-sensitive latrines and 190 school units, and rehabilitation of some 500 classrooms was supported, improving the learning environment for around 20,700 children. Fragile economic situation and lack of appropriate suppliers affected construction of schools in 2022.

In 2022, UNICEF supported the opening of almost 580 ALP centers, which are best described as an alternative venue of learning for children and adolescents who missed the opportunity to join schooling or have left the official school system at some point and this includes children affected by natural or man-made emergencies and children on the move. Through these centers UNICEF reached over 130,400 school-aged children, with 52 per cent girls, in Sudan.

UNICEF established over 90 e-learning centers in states with the highest percentage of out-of-school children nationwide, targeting the most vulnerable children who do not have access to formal education. These centers run on solar-power and work on a double/multiple shift basis, so that as many children as possible have the opportunity to learn.

To cater for the specific needs of these girls and boys, tailored digital content was developed, providing an engaging learning experience and smartly set progressive levels. In 2022, a total of 5,500 out of school children were able to access learning through these centers.

Nearly 3.7 million girls and boys in Sudan needed life-sustaining humanitarian support to continue their formal education. Through a holistic approach to its response, UNICEF supported water and sanitation infrastructure in 20 schools, affected by humanitarian emergencies, and enhanced safety and protection measures for 7,100 children. These multi-sectoral interventions were combined with specific *education-in-emergencies* support, including the provision of temporary learning spaces for 3,000 displaced children, distribution of learning materials to almost 12,400 children and training over 160 teachers on *education-in-emergencies*, life skills in emergencies, and prevention of sexual exploitation and abuse.

Sudan hosts over one million refugees, one of the largest refugee populations in Africa. In 2022, UNICEF and its partners supported over 51,100 refugee children with continuity of learning, reducing the schooling costs for refugee households through the provision of school supplies, uniforms and other indirect cost for education usually covered by households, and providing learning spaces that are safe, child-friendly and equipped with water and sanitation facilities. Over 200 South Sudanese volunteer teachers and workers, of which 64 per cent women, were also supported with monthly incentives.

## **Systems strengthening towards the digital transformation of the education system**

Access to quality education for the 7 million out-of-school children in Sudan requires teacher training and sufficient education infrastructure and government spending. But where traditional education cannot happen, meaningful and impactful education cannot wait. Therefore, UNICEF radically scaled-up investment in digital learning solutions which work for the most marginalised girls and boys. In partnership with [GIGA](#), UNICEF mapped approximately 20,000 schools in Sudan with satellite imagery and machine learning to understand the scale of investment, actions and partnerships needed to bridge the digital divide and ensure access to digital learning opportunities for all school-age children in Sudan.

UNICEF continued to roll-out the [Learning Passport](#), an innovative e-learning platform available online and offline to enable high quality, flexible learning as a new solution designed to close the learning poverty gap. Originally launched nationally as a digital remote learning platform in October 2021, the Learning Passport was further developed to drive improved learning outcomes through high-quality, portable education enabling teaching and learning through the Sudanese national curriculum that is easily accessible. In 2022 over 16,500 public primary schools had free access to more than 5,100 lessons and 1,250 quizzes covering all subjects and grades.

## Results Assessment Framework

### OUTPUT 3.1 More out-of-school children, especially girls, and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities

Indicators	Baseline 2021	Target 2022	Results 2022
Number of children that received subsidies, scholarships, grants or social assistance from UNICEF to attend primary school	184,936	87,500	4.9 million
Primary school aged out-of-school children in the reporting year accessing formal or non-formal education with support of UNICEF	194,000	194,000	130,409
Number of out of school children in the reporting year enrolled in grade one with direct support from UNICEF	N/a	70,000	26,805

In 2022, 4.9 million children benefitted from the provision of subsidies, scholarships, grants or social assistance, substantially exceeding the target due to a one-off 'back to learning' school grant from Global Partnership for Education (GPE) for over 13,600 schools. The GPE grant agent (World Bank) could not continue implementing in Sudan, significantly impacting the GPE COVID-19 accelerator grant. With US\$6.4 million at the risk of being lost for the children of Sudan, and with the agreement of the Local Education Group, UNICEF used its new Cash Implementation Unit to ensure the continuity of learning for 4.9 million girls and boys.

Access to education for out-of-school children was affected by school closures in 2022 due to a series of teacher strikes related to improvement of teachers' remuneration, climate-induced floods, recurring conflicts and forced displacement, among others.

### OUTPUT 3.2 Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments

Indicators	Baseline 2021	Target 2022	Results 2022
Teachers - Primary teachers who received training with funding provided by UNICEF	12,891	8,295	13,663
Number of School management committees (or parent teacher association or school communities or similar structure) with improved knowledge on how to develop school improvement plans that explicitly address quality learning and equity issues with UNICEF funding	641	250	421
Number of Schools that were supported by UNICEF to become inclusive, safe and protective school environment with fully functioning gender-specific latrines and quality water supply	N/a	252	421

As part of the 'back to learning' school grant, close to 13,700 teachers received training on the development of school improvement plans and benefitted from a one-off COVID-19 school grant.

UNICEF supported over 400 schools by improving the school environment for around 20,700 children, including through construction of 119 gender-sensitive latrines and 190 school units as well as rehabilitation of some 500 classrooms.

**OUTPUT 3.3 Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities**

Indicators	Baseline 2021	Target 2022	Results 2022
System Strengthening - EMIS - National EMIS provides quality and timely data - score (1-4)	2.5	2.5	2
Early learning - Early learning policy and early learning programme including quality early learning curriculum and standards - score (1-4)	1.5	2	1.5

After the military coup, UNICEF shifted its focus to downstream programming at state- and community-level. As a result, engagement with the Ministry of Education was limited to technical support related to improving the data monitoring and governance for understanding the overall sector, and information management to inform programme and policy decisions. This affected the indicators related to system strengthening and capacity-building of education sector at national and sub-national level.



On 12 October 2022 in Kadugli, Sudan, 14-year-old student Bosh Hunderous poses for a portrait in front of a chalkboard on graduation day at Taffari Community School in the Taffari camp for internally displaced people (IDPs). © UNICEF/UN0741917/Zehbrauskas

## Challenges and lessons learned

During 2022, UNICEF advanced its programmes to enhance education quality for students through teacher training, girls’ education, and better coordination with partners for strategic development and implementation. UNICEF focused on piloting the “teaching at the Right Level” approach (an innovative remedial learning programme to address some of the learning barriers children face in achieving literacy and numeracy proficiency, it is a co-curricular remedial learning intervention using mother tongue

instruction to support learning based on children's existing competency levels), and co-designed related teaching learning materials.

With 7 million children out of school, traditional approaches to education programming will not be enough. Embracing digital innovation and transformation offers the route, over time, to bring Sudan's out-of-school children into quality learning, fundamentally altering their future, and the future of Sudan.

UNICEF built upon the national success of the Learning Passport to develop innovative and contextualized educational content specifically targeting out of school children through gamified learning and with zero rating committed by all mobile network operators in Sudan. This work was especially relevant in supporting 5,500 of the most vulnerable out of school children.

To address the lack of centralized information on public schools, UNICEF and developed an artificial intelligence model to identify school locations using satellite imagery and machine learning.

Construction of schools remained a challenge in 2022, due to the fluctuating economic conditions, re-occurring outbreaks of conflicts and floods, and lack of appropriate suppliers, but UNICEF is mitigating risks through ensuring more support and appropriate oversight to the process.

In the current context of political instability, children are especially vulnerable. To ensure sufficient agility, UNICEF Sudan conducted an operational assessment in December 2021, which identified key modalities (including increasing partnerships with non-governmental organizations and direct implementation) to ensure we can stay and deliver in line with donor conditionalities and under potential government set-up(s). UNICEF has remained in position because of this to deliver (for example, MCCT+ and GPE school grant). UNICEF continues to review its priority programmes with a focus on lifesaving, life-sustaining and resilience-building, community-based programmes.

It is key to safeguard the humanitarian, development and peace nexus approach and ensure that systems for delivering basic social services at scale remain resilient to conflict, politics and coups. Civil servants/frontline workers – such as teachers - are the shock absorbers for continued essential service delivery at scale in the fragile context of Sudan and systems need to be put in place to ensure that resilience is maintained.

## **Future work plan**

In 2022, the public financing for children landscape saw a sliding back on domestic allocations for education. As we look ahead to 2023, UNICEF will continue to build and strengthen its partnerships for all children, including the most marginalised and those in humanitarian situations, and improve access to quality primary education opportunities and alternative leaning opportunities through ALPs for out-of-school children.

Building on the gains made on e-learning, this work will be expanded into the adolescents' space to offer additional learning opportunities for children in hard-to-reach areas, using low-cost technology and solar energy, expanding access to learning for out-of-school children.

Furthermore, UNICEF will focus on teacher training for basic level teachers. and coordinate with other partners to ensure complementarity of with training of teachers at intermediate pre-service level national and sub-national levels.

UNICEF will continue its role as sector coordinator to strengthen the enabling environment for policy reforms within Sudan in the areas of teacher training, refugee education and integration, and school curriculum. This policy reform will largely depend on how the political situation will evolve in Sudan.

Recognizing the diminishing fiscal space within the sector by the Government of Sudan, coupled with the economic instability and currency depreciation, UNICEF will leverage its technical expertise to partner with



## CASE STUDY: SOLAR-POWERED E-LEARNING

### THE CHALLENGE

In Sudan – the third largest country in Africa – almost seven million children do not go to school. Yet, desperately, these boys and girls need to be afforded opportunities for learning. Without urgent action, the learning crisis in Sudan will become a generational catastrophe.

Formal education opportunities in Sudan are widely unavailable and where they exist, they often exclude the most vulnerable children. With the exacerbating socio-economic situation, recurring conflicts, and prolonged school closures, once children drop out of school, the chances of girls and boys returning to school are low. Girls are especially vulnerable: evidence suggests that the economic crisis is deepening gender inequalities in Sudan, especially among adolescent girls.

Teachers require further training, classrooms need to be constructed, and government spending on education needs to increase. But even in places where traditional education cannot happen, meaningful and impactful education cannot wait. Therefore, UNICEF Sudan does not wait until schools are built but bring education to those boys and girls who have never seen a classroom from the inside.

No country can afford to have one-third of its school-age children with no basic literacy, numeracy, or digital skills. Education is a win-win investment: Improving access to and quality of education is key for the development of children and countries.

## THE OPPORTUNITY

Digital learning could be the great equalizer in education. A tablet can never replace a teacher, but in the absence of trained teachers, a digital solution can support the learning of children, especially when the contextualized learning content facilitates self-learning, is self-paced and does have built-in assessment against nationally set learning outcomes.

Having successfully tested the use of digital learning in the most remote schools and hardest to reach community-based e-learning centers, UNICEF is ready to radically scale-up digital learning solutions for in and out-of-school children and young people.

Sudan's e-learning programme offers out-of-school children an innovative education programme. Not regular lesson with books and pens, but an e-learning programme on solar-powered tablets. The programme uses solar-powered tablets. Local facilitators support the children in their learning. They receive a special training that includes child-friendly teaching and the technical aspects of the game and tablets. Stories and videos are used to explain the different exercises, as many children cannot read or write. This simple, child-friendly design makes the games recognisable for boys and girls living in remote areas in Sudan.

## HOW DOES IT WORK?

### Hardware:

- UNICEF Sudan works with communities to set-up alternative learning spaces. To increase ownership, the community is responsible for building a safe learning space from local materials.
- Once the alternative learning space is established, UNICEF Sudan provides a solar panel as electricity is often not available in rural locations. The solar panel is needed to charge the tablets and provide light in early morning and late afternoon hours. The provided solar power could also be used for other things by community members, such as lighting of toilets to ensure safe access for girls and women, and charging mobile phones and radios.
- UNICEF Sudan provides 30 tablets per e-learning center, benefiting a total of around 60-90 children per center, as well as accessories, such as headphones and locally made wooden standards for the tablets. One charging bus per center is provided, the digital version of UNICEF's 'school-in-a-box'.

### Software:

- The digital content for the e-learning is aligned to the national curriculum (which ensures children can be reintegrated in the formal learning system once available). The learning games - reading, writing and mathematics - are of high quality, and interactive. The content has been zero-rated by major telecom companies in Sudan, meaning that no internet connection is needed to access the games.
- UNICEF Sudan's implementing partners train facilitators from the local community on facilitation techniques, tablet technical knowledge, child safeguarding and child protection, positive teaching and parenting, and monitoring of progress. The facilitators collect data on each child's learning, which is then analysed by UNICEF Sudan's education team.

## THE GAMES

The Arabic game is designed to be a 'Treasure Hunt' where the learner has to go on a journey in order to find a treasure by going to different locations and overcoming various obstacles in addition to making friends, which will reinforce achieving the learning objectives along the way.

Meanwhile Culture and Science is gamified into a 'City Building' game where a group of experts arrives at the learner planet to assist with addressing various issues in the village through knowledge sharing and building appropriate facilities and buildings throughout the village.

The English game is around 'building a robot' where the learner finds a blueprint of a robot and goes on a journey to different parts of his village, meets people and collects the components needed to construct. This information will be shared with the learner through voice-over and video scenes.

ICT is an exploration of computer world, where the learner goes to the computer planet to learn about computers and how that can benefit their village along the way they will interact with the inhabitants of the planet (which represent the components of the computer) and achieve the learning outcomes.

Mathematics is a quest for fixing a spaceship, where the learner's spaceship crashes and its parts are scattered throughout labyrinths of the planet, the learner goes through each area by solving several mazes and math puzzles, the end of each area provides a spaceship part and moves them to the next area this information will be relayed to the learner through voiceover and cut scenes.

## IMPACT

UNICEF expanded the number of e-learning centers from 35 in 2021 to 93 in 2022.

The results are promising, within a year the children participating in the programme learn more than children of the same age learn in other alternative education programmes. In total 5,500 tablets were distributed among 93 e-learning centers across five states with the highest percentages of out of school children (Central Darfur, East Darfur, Kassala, Khartoum, and South Kordofan).

A quasi-experimental mixed-methods evaluation of a digital game-based learning programme for out-of-school children in Sudan was carried-out. The evidence shows that digital gamification achieves 1.7 times more learning outcomes for children in comparison with children receiving traditional learning.

### E-learning for children in school: The Learning Passport

UNICEF Sudan is also providing e-learning for children enrolled in schools. The Learning Passport is an online, mobile, and offline tech platform enabling high quality, flexible learning. Its primary aim is to enable continuous access to education for children, youth, and teachers and drive improved learning outcomes through high-quality, portable education to support their entry into other education or opportunity pathways, including formal education.

In Sudan, the platform includes Portable Document Format (PDF) versions of Government textbooks, over **1,600** audio-visual content, **1,095** interactive learning activities; and assessments to measure learning progress. All content was developed in Sudan, in Sudanese Arabic, by Sudanese. The content is the first pillar of e-learning, which will be complemented by hardware, teacher training, and community mobilisation to ensure more girls and boys are reached.

UNICEF supported **50** schools with high levels of learning poverty by providing training and hardware, reaching more than **40,500** girls and boys as of the 2022/2023 academic year. Additionally, **8,391** users (mainly Sudanese refugees abroad) are utilising the Learning Passport since it was first launched in October 2021.



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## Goal Area 3

# Every child is protected

### Strategic context

In 2022, the political crisis in the country led to delays in the most upstream legislative and policy work, including the Government endorsement of the Child Act 2021 and prohibiting marriage before 18 years of age. Ongoing political instability paired with restrictions on implementing partners have created a restrained implementation environment.

Despite the amendment to the Criminal Law Article 141, criminalizing FGM, being endorsed in Sudan, the long-term abandonment of the practice is still a work-in-progress.

Addressing gender inequalities remains critical for Sudan to meet the Sustainable Development Goal 5, gender equality, targets. Sudan is classified in group 5 of Gender Development Index and ranked 141 out of 191 countries in the Gender Inequality Index.<sup>2</sup>

Sudan continues to receive refugees from neighbouring Ethiopia, Eritrea, Chad, Central African Republic, and South Sudan, but also from Syria and Yemen in recent years. Humanitarian needs continued to grow, driven by underlying factors including the economic crisis, food insecurity, flooding, disease outbreaks and intercommunal violence. The protection of children from violence, exploitation, abuse, and neglect is repeatedly challenged within such complex emergencies.

<sup>2</sup> UNDP, Human Development Reports, Gender Inequality Index report 2021. [Gender Inequality Index | Human Development Reports \(undp.org\)](#)

## Results achieved

UNICEF's Child protection programme received only 20 per cent of the funding required to meet its development and humanitarian targets. As a result, targets vs results achieved are reflective of this underfunding.

### Development Results

While the upstream legislative and policy work was constrained and most reforms including the Child Act 2021 were put on hold, a key success was the Government endorsement of the costed action plan on FGM and child marriage and a related communication strategy. At the same time, over 1,300 communities across Sudan publicly declared the abandonment of FGM. The Saleema campaign has reached over 617,200 girls, with 102,400 girls reached in 2022 alone. UNICEF supported women-led movements were supported in advocacy for girls and women's rights, creating more empowered future generations.

Simple Spatial Survey Method Report 2018 indicated a decrease in the prevalence of FGM from 89 per cent (Multiple Indicator Cluster Survey, MICS) in 2010 to 83.9 per cent in 2018.

### Humanitarian Peace Development Nexus Results

As part of child protection case management system strengthening, comprehensive standard operating procedures on case management were launched and will form the basis for an effective national system. UNICEF, in collaboration with the National Council for Child Welfare (NCCW), and the Child Protection sub-sector have effectively promoted the use of a standard inter-agency child protection information management system (CPIMS+) to promote accountability, and to assist child protection programmes in delivering quality care.

Strengthening and scaling-up multisectoral, integrated, community-based mental health psychosocial support (MHPSS) services benefited girls and boys across five states. The main contributing factor to expansion of services was establishment of an inter-agency (UNFPA, UNHCR, UNICEF and WHO) programme covering Kassala, Khartoum, Northern State, North Darfur, and South Kordofan to implement an integrated MHPSS approach based on comparative advantages of the participating organisations.

UNICEF Sudan continued to monitor and report on grave violations of child rights. As part of the implementation of Juba Peace Agreement, a road map was developed to ensure full compliance of signatory armed groups and forces regarding the protection of girls and boys against grave violations of their rights. The re-activation of the country task force for the monitoring on the grave violations was instrumental to setting the basis for verification, release, and community-based reintegration of children associated with armed forces and armed groups.

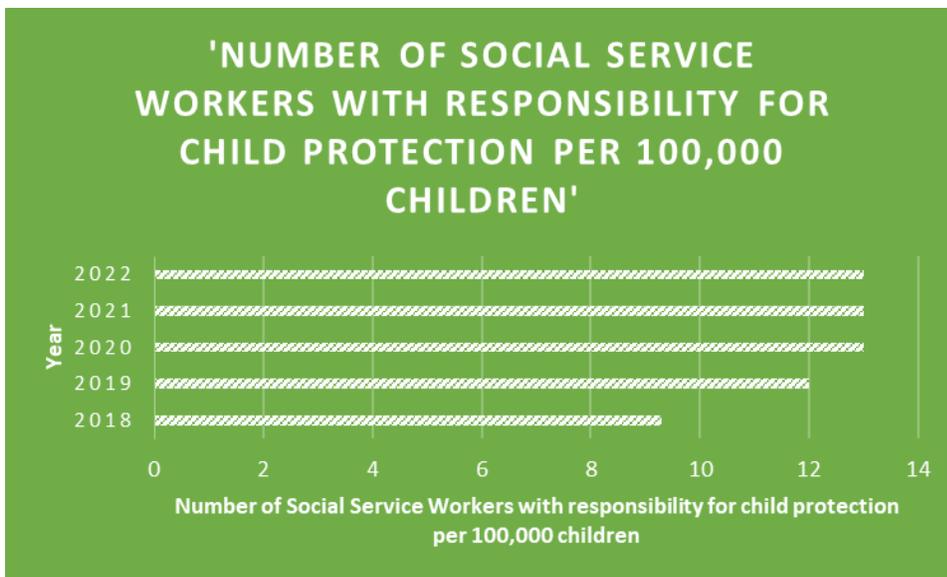
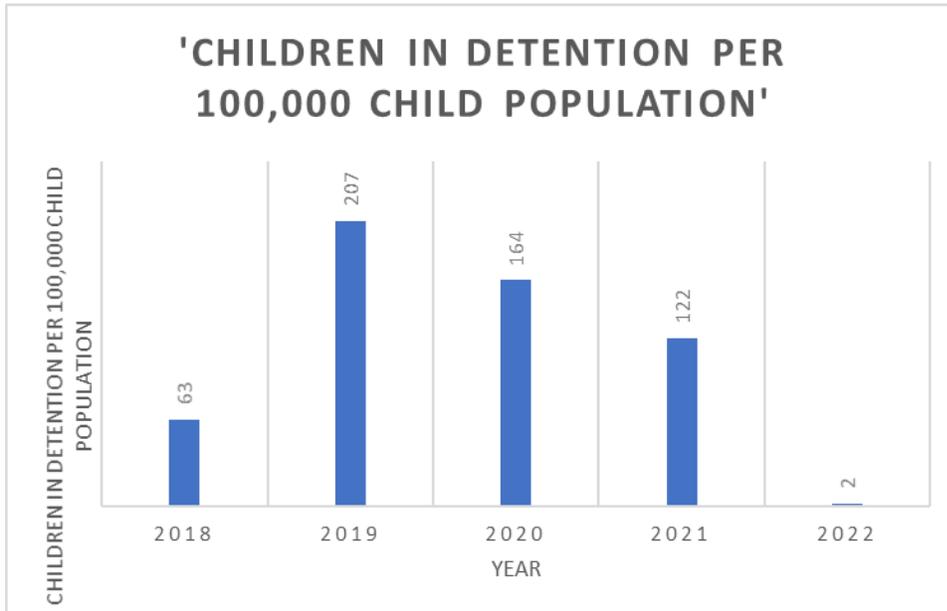
Further, close to 1,500 community-based protection networks (530 networks established and supported by UNICEF in 2022) served as grassroots mechanism that enables communities to engage meaningfully and substantially in child protection programmes within their communities, starting from the design of the intervention, through implementation and monitoring and evaluating.

Over 352,400 children (around 154,600 girls and 197,800 boys) received integrated child protection specialized services, including MHPSS, unaccompanied and separated children case management, GBV risk mitigation, prevention or response interventions, as per the Child Protection minimum standards.

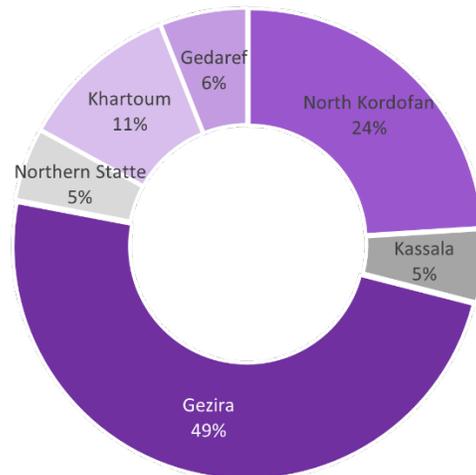
UNICEF, with UNITAMS, co-led the high-level advocacy initiative on Children and Armed Conflict agenda with key government ministries, Sudan Armed Forces (SAF), Rapid Support Forces (RSF) and the Juba Peace Agreement signatories. Through this initiative, the different parties recommitted not to recruit children into armed groups and to release any children currently in armed groups.

Over 352,400 girls and boys received integrated, gender sensitive services, including re-integration and case management, within the humanitarian-development nexus. Around 250,400 girls and boys, parents

and caregivers (including 47 per cent women and girls) received MHPSS services, and 88,000 girls, boys and women (including 38 per cent women and girls) benefited from GBV prevention, responses and risk mitigation interventions through UNICEF-supported programmes. Furthermore, 12,100 girls and boys (including 34 per cent girls) benefited from family and child protection unit services, including GBV, and around 2,000 unaccompanied and separated children (including 34 per cent girls) benefited from family tracing and reunification.



Geographic distribution of 512 Girls' Clubs supported in 2022



UNICEF focused on gender norms and social behavior change to empower and amplify the voices of around 7,700 adolescent girls in over 500 girls' club, so that they can publicly discuss and talk about their bodily integrity and autonomy, reaching 102,400 girls' population.

UNICEF supported community dialogue, social mobilization services, and advocacy, led to over 200 communities within 20 localities (214,000 people) to engage in abandoning FGM.

UNICEF Sudan trained almost 700 community leaders on initiating and conducting community dialogues on Saleema. In addition, 240 community reporters (55 per cent women) were trained to prevent and report any potential cases of FGM or child marriage. UNICEF introduced [Saleema initiative](#) to men and boys for the abandonment of FGM and child marriage in Khartoum, Gedarif, Kassala, Blue Nile and White Nile states.

Thanks to the generous contribution from the Government of Sweden, Child Protection component and Gender cross-cutting programming benefited from flexible resources for protection of children from violence, prevention of harmful practices, and provision of child protection services. Complementary funds were catalyzed with the governments of the United Kingdom, Canada, Germany, the Netherlands, and the United States of America, and the European Union, UN Trust Fund and UN Peacebuilding Fund, as well as National Committees of Germany and Switzerland.

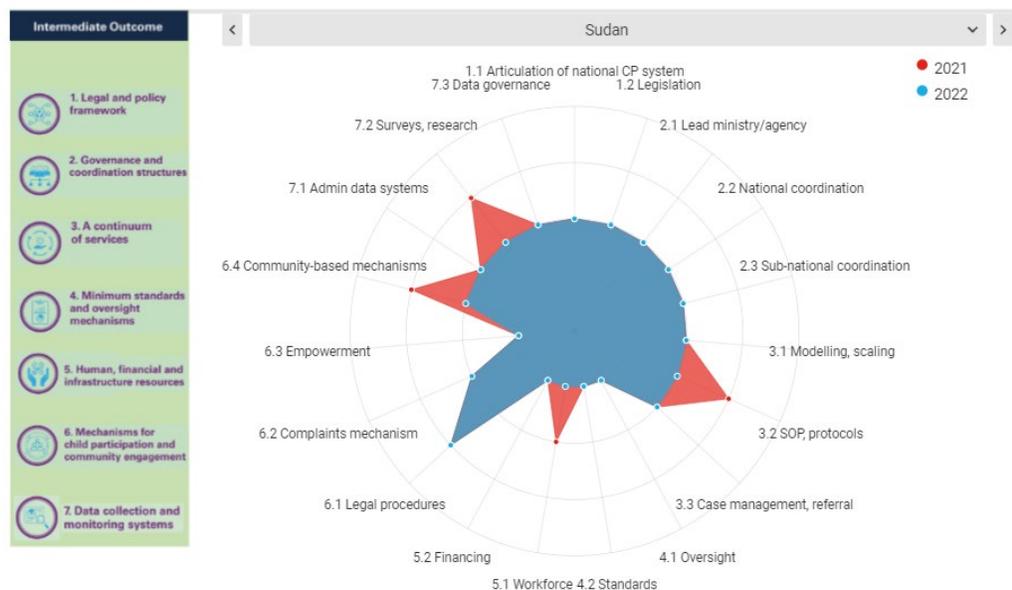
## Systems Strengthening

According to the benchmarks developed to measure child protection system strengthening (Child Protection System Strengthening, UNICEF 2021), Sudan can be considered between the system building and system enhancement stage. The spider diagram below shows the progress alongside the following seven dimensions:

1. Legal and policy framework
2. Governance and coordination structures
3. Continuum of services
4. Minimum standards and oversight mechanisms
5. Human, Financial and infrastructure resources

6. Mechanisms for child participation and community engagement
7. Data collection and monitoring systems

## Country Profile of Maturity of Child Protection Systems



In 2022, Child Protection System Strengthening mainly focused on the dimensions of minimum standard oversight mechanisms and continuum of services, as well as human, financial and infrastructure resources.

In 2022, the number of children in family-based care (foster care and formal kinship care) increased, reaching over 2,800 children. The strengthening of the social service workforce as well as the work on justice for children contributed to reducing the number of children in detention from 122 to two per 100,000 children, an important achievement.

Strengthening and scaling-up multisectoral, integrated, community-based mental health psychosocial services benefited girls and boys across five states. The main contributing factor to expansion of services was establishment of an inter-agency (UNFPA, UNICEF, UNHCR and WHO) programme covering Kassala, Khartoum, Northern State, North Darfur, and South Kordofan to implement an integrated MHPSS services approach based on comparative advantages of the participating organisations.

Minimum standard oversight mechanisms. As part of child protection case management system strengthening, comprehensive standard operating procedures on case management were launched and will form the basis for an effective national system. UNICEF, in collaboration with NCCW, and the Child Protection sub-sector have effectively promoted the use of a standard inter-agency CPIMS+ to promote accountability, and to assist child protection programmes in delivering quality care.

The social service workforce strengthening continued through the financial support to the Ministry of Social Welfare and NCCW for the recruitment of 100 new social workers, covered by UNICEF for the first year. UNICEF continued to support the provision of services in various justice and welfare institutions at technical level, including for children without parental care moving forward.



On 12 October 2022 in Saraf Aldi village, Kadugli town, South Kordofan state of Sudan, 15-year-old [NAME CHANGED] Fatima returns home after attending a community awareness session about female genital mutilation (FGM). © UNICEF/UN0749094/Zehbrauskas

## Results Assessment Framework

In 2022, UNICEF’s child protection response received only seven per cent of the funding required to meet its HAC targets. As a result, targets vs results for child protection are reflective of the funding received in 2022. Other factors like access constraints and challenges related to collaborating with the authorities in the aftermath of the coup further restrained the implementation.

Despite various emergencies and conflicts which impeded humanitarian assistance, some important results were achieved in 2022.

### OUTCOME 1 More girls and boys are protected from violence, abuse and exploitation and benefit from improved response and prevention systems

Indicators	Baseline	Target 2021	Results 2021	Results 2022
Children in detention (per 100,000 child population)	164 (2020)	(25 decrease annually)	122 (0% girls)	2
Number of children 0-17 years living formal foster care	1,996 (2020)	596	533	2,848 <sup>3</sup>
Percentage of girls (0-14 years) undergoing FGM	31.5% (2014)	28.5%	31.5%	31.5%
Percentage of women (aged 20-24 years) married before 18	38% (2014)	32%	38%	38%

### OUTPUT 1.1 Strengthened and more effective child protection legislation, policies and budget are integrated across sectors

Indicators	Baseline	Target	Results 2021	Results 2022
Number of new child protection laws, policies, plans and frameworks available and operationalised	14 (2020)	4	4 available but not yet operationalised (New Child Act, Child Care Act, FGM and Child Marriage national policy)	8

<sup>3</sup> Please note that there was an error in the interpretation of this indicator in 2021 reporting. This indicator does refer to family-based care (foster and kinship) and not to children in institutions.

Number of social workers in the country	13 per 100,000 people	15 per 100,000	13 per 100,000	13 per 100,000
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**OUTPUT 1.2 Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialised child-protection services with appropriate referral mechanisms in place**

Indicators	Baseline	Target	Results 2021	Results 2022
Number of UNICEF-targeted children in humanitarian situations benefitting from psychosocial support	425,328 (48.8% girls) (2020)	349,000	217,232	250,362 (133,569 male and 116,793 female)
Number of children who benefited from FCPU services, including prevention and response to GBV	175,546 (68,676 girls and 106,870 boys) (2020)	13,350	23,677	12,098 (8,031 male and 4,067 female)
Number of children 0-17 years living in alternative family care system (Kafala)	5,894 children (2020)	2,546	274 children (131 girls and 143 boys), 25 were reunified with their biological families <sup>4</sup>	
Number of UNICEF-targeted children in humanitarian situations registered as unaccompanied or separated who were reunified with family/caregivers.	26,968 (29% girls) (2020)	7,685	3,706	1,986 (1,302 male and 684 female)
UNICEF-targeted children released from armed forces/groups who were reintegrated	47 children (2020)	1,345	0	0
Percentage of children diverted outside the judicial system	56.4 per cent (2020)	61.4 per cent (5 per cent annually)	40.8 per cent	4,045 (2,633 male and 1,412 female) (Percentage not available)

**OUTPUT 1.3 More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including female genital mutilation and child marriage**

Indicators	Baseline	Target 2021	Results 2021	Results 2022
Number of communities that have participated in a public declaration of support for the abandonment of FGM	1,195 (2020)	36	1,249	1,321
Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes"	22,323 (2020)	5,180	7,410	25,116

<sup>4</sup> Indicator not assessed in 2022, please refer to indicator related to number of children 0-17 years living formal foster care.

Number of active community-based child protection networks	934 (2020)	45	13	530
Number of at-risk adolescents equipped with knowledge and life skills that reduce their vulnerability and protect them from violence.	145,733 (51.5%)	4,534	1,600	25,116

## Challenges and lessons learned

Youth engagement has been a key strategy for community dialogue on FGM and Child Marriage and other social norms with negative consequence on children such as the recruitment and use of children in armed groups and armed forces.

The road map on the release and sustainable reintegration of the children associated with armed forces and armed groups has been an innovative approach to all the Juba Peace Agreement signatories at the same time to protect children against the grave violations of their rights.

Integration between Child Protection, Education and WASH resulted to efficient packaging of services and cost effectiveness in the prevention and response to FGM and child marriage at both national, state and community levels.

The donor restrictions in providing financial support to the government following the military takeover, have been an opportunity to test the resilience of the social service workforce and identify new ways of working through civil society organizations. More advocacy is needed to ensure budget allocation from the ministries of social development and finance dedicated to social services. In addition, more effort is needed in data collection and monitoring systems to measure the results achieved.

The evaluation of 2017-2023 Country Program highlighted the following lessons learned and recommendations on gender programming:

- Mainstreaming of gender and promotion of gender equality have been prioritized in programme design and delivery.
- The gender review, gender friendly indicators, additional financial and human resources allocated to gender responsiveness and integration, for a stronger alignment of the Country Program to the GAP.
- Building on and mainstreaming best practices, as integration between wash/education and child protection/education, inclusion of boys and men/discussion on masculinity and femininity within the FGM initiative.

## Future work plan

- Legal and institutional reform in line with the Convention on the Rights of the Child and other international human rights treaties, including definition of minimum age of marriage at 18 years old.
- Effective case management system rollout in four selected states (West Darfur, North Darfur, Gedaref and Khartoum), including capacity building on prevention and response for gender-based violence.
- Supporting evidence-based intervention through studies and research namely: conducting the MICS.
- The scaling-up work related to peace: i) on safety and security: child release and reintegration, mine risk education, police/peacekeeper training. ii) on political process: youth empowerment; iii) on rule of law: Promotion and protection of child rights; iv) on social services: continuum of child protection services.
- Scaling-up birth registration efforts.
- Continuing the behavioral change in addressing social norms, related to child marriage, FGM, child recruitment and abandonment of infants.

# SALEEMA GIRLS' CLUBS



On 6 December 2022, young girls in their classroom in Alhumira school, a UNICEF supported school in El Jabalain locality, White Nile, Alhumira school is one of the 40 schools with Saleema girls' clubs in El Jabalain locality. ©UNICEF/Jethani

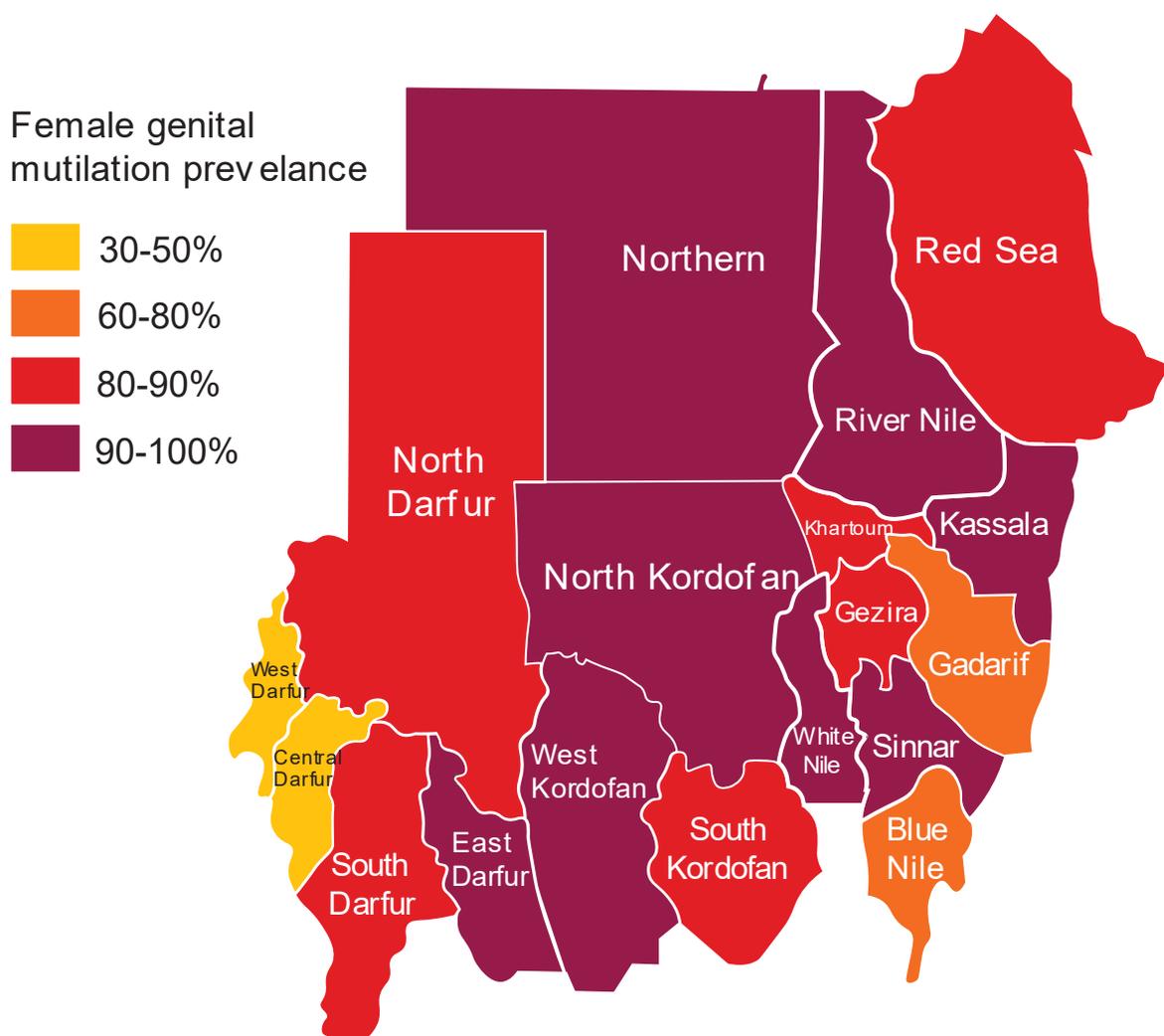
## OVERVIEW

Sudan has one of the highest prevalence rates of female genital mutilation in the world. An estimated nine out of ten women in Sudan have been affected by this dangerous practice.

The [Saleema initiative](#), launched in 2008 by the National Council of Child Welfare (NCCW) and UNICEF Sudan, supports the protection of girls from genital cutting, particularly through efforts to promote collective abandonment of the practice at community level. The word 'Saleema', which is used to describe women or girls who have not undergone the practice, was chosen for its positive connotations – the word means “mentally and physically unharmed” in Arabic. The initiative promotes the abandonment of this harmful practice and aims to stimulate new discussions about genital mutilation at family and community levels. The initiative communicates through radio, television, billboards/posters, social media, and Saleema girls' clubs to mobilize communities to shift away from traditional practices and beliefs towards new social norms by using positive language and messaging thereby promoting long-term abandonment of the practice.

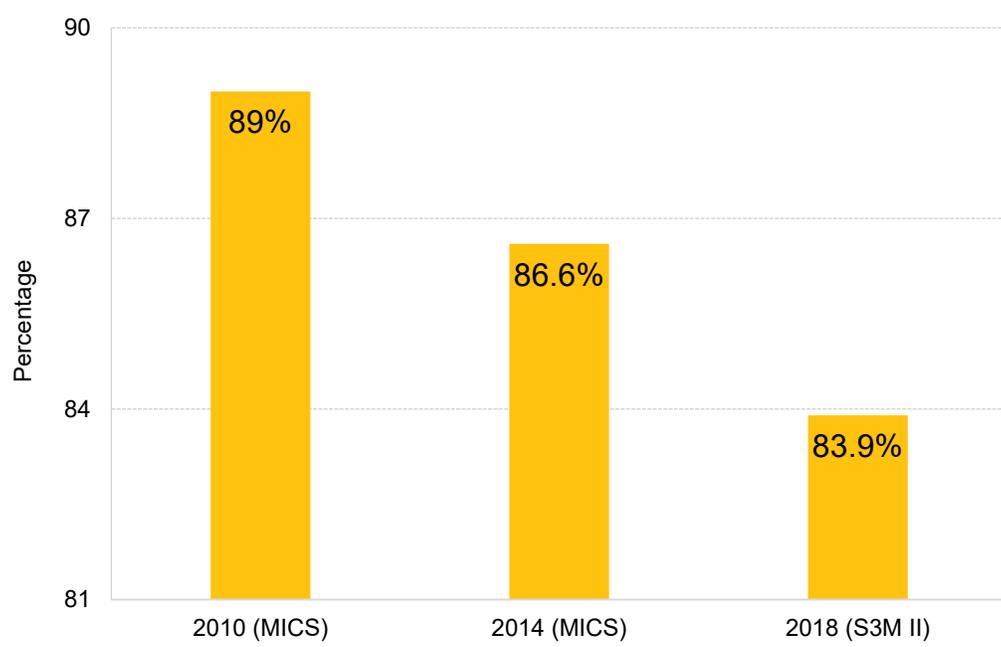
## SITUATION IN NUMBERS

Prevalence rate among women aged 15-49 by state in 2018<sup>1</sup>

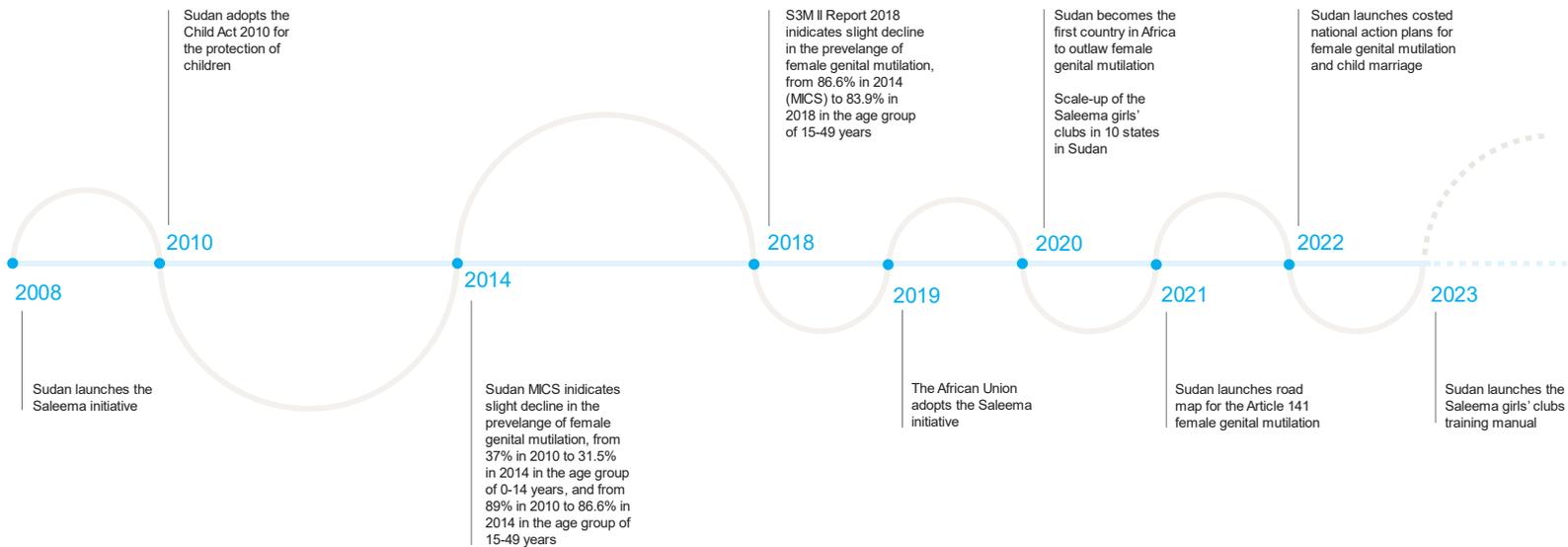


<sup>1</sup> Simple Spatial Survey Method (S3M II) Report 2018

## Prevalence of female genital mutilation in the age group of 15-49 years, 2010-2018

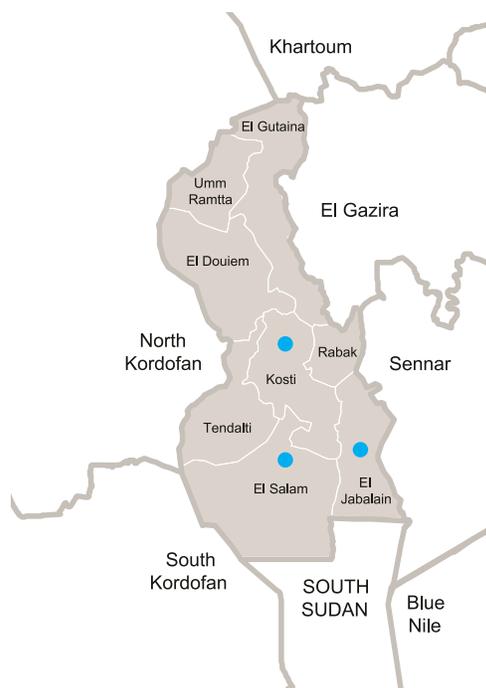


## MILESTONES



## WHAT ARE THE SALEEMA GIRLS' CLUBS?

[White Nile](#) was one of the states with highest prevalence of female genital mutilation in Sudan according to the Simple Spatial Survey Method (S3M II) Report 2018.



In 2019, UNICEF Sudan and the Department of Girls' Education established 120 girls' clubs in El Jabalain, El Salam and Kosti localities in White Nile. Each club has 20 members, mostly young girls from grades one to eight, who have been trained to be "changemakers" for a more equitable future. Young boys also occasionally participate in these clubs as supporters of Saleema. Supported by the mothers' councils (also known as women's council), which were set up to help girls' clubs in their advocacy activities, these clubs sensitize the communities to serious issues like genital cutting, child marriage, gender-based violence and other child protection-related issues. As part of these efforts, the clubs help guide communities towards developing a consensus to abandon the practice of female genital mutilation altogether (for instance, some communities sign a declaration committing to this).

UNICEF Sudan has been providing financial and technical support for the establishment and the training of Saleema girls' clubs.

## HOW WERE THE SALEEMA GIRLS' CLUBS ESTABLISHED?

**Step 1:** In White Nile, 120 schools were selected in El Jabalain, El Salam and Kosti localities. The selection criteria focused on:

- The most vulnerable schools recording absence of girls who were not able to attend their classes due to practices like female genital mutilation or child marriage.
- Rural villages and communities with high prevalence rates of genital mutilation and early marriage.
- Communities that were in the process of having community dialogues about practices and social norms affecting young girls as part of the Saleema initiative, but did not abandon the harmful practices to protect women and girls.

**Step 2:** Around 15 to 20 girls were selected from each of the 120 schools in White Nile. There is one girls' club per school and 40 girls' clubs in each of the three localities.

**Step 3:** After the membership selection, these girls nominated one focal point and one assistant for each of the 120 schools. These focal points and assistants were trained by UNICEF on how to educate the girls' clubs about their rights, so that they can create positive change in the society.

**Step 4:** The girls' clubs were trained by their respective focal points and assistants on how to initiate community discussion and dialogue via theater, singing and music, and to convey useful information against the harmful practices of genital cutting and child marriage. This training provided in a safe learning environment.

**Step 5:** To further strengthen the work of these clubs, mothers' councils were established to support girls' clubs in advocating for the rights of girls and women in their communities. These councils (composed of approximately 15 women per council) were also provided with advocacy training.

## WHAT DO THE GIRLS' CLUBS DO?

**Step 1:** Through life skills training including sport, theater, drama, music and singing, the girls' clubs **inform their communities and schools** about the lifelong physical and psychological complications resulting from genital cutting and that the practice is illegal in Sudan. This messaging promotes a shift in the narrative within communities from negative to positive around ending child marriage and about the benefits of keeping the girls Saleema.

**Step 2:** Just knowing the health risks or the laws associated with genital mutilation alone is not sufficient to end the practice, which is enmeshed within cultural and religious beliefs. Families often weigh the risks of FGM against social rejection for their daughters. The key to change lies in the community as a whole coming together to end the practice. To help spearhead this, mothers' councils and/or community facilitators **organize dialogues for influential social groups** to share, discuss and reflect on their own experiences. These social groups, including community leaders, religious leaders, grandmothers, mothers, fathers and youth, can use their reach and access in their communities to amplify the messaging.

**Step 3:** Community dialogue and discussion help promote and strengthen the positive narratives around keeping girls Saleema and ending child marriage, and ultimately guides the community **to reach a consensus** on abandoning female genital mutilation and ending child marriage.

**Step 4:** Following this, a public ceremony is organized where the whole community comes together to **sign a pledge** to protect and care for young girls by abandoning genital mutilation and ending child marriage.

**Step 5:** Focal points, also known as girls' club committees, **monitor school attendance** so that they can report any suspected cases of child marriage or female genital mutilation.

## CLOSING THE GAP

Evaluations of the initiative conducted by UNICEF Sudan, NCCW and other local partners have found that people generally responded positively to the Saleema initiative and the Saleema girls' clubs.

The evaluations also identified some gaps indicating that the girls' clubs that were not fully equipped to carry out the awareness-raising activities and to actually prevent or report the cases of female genital mutilation. For instance, there were reported cases of families taking their daughters to other neighboring villages where the practice was not abandoned and/or could be performed secretly.

To overcome this challenge, a technical committee was established in 2020 by the Ministry of Education, which comprised of UNICEF Sudan, the Department of Girls' Education in White Nile (part of the Ministry of Education), Ministry of Social Welfare and the White Nile State Council for Child Welfare (WNSCCW), the Youth Mechanism (an independent body of young volunteers, established in 2016 and trained by UNICEF, focusing on awareness raising of communities on child rights issues), and other experts on child protection. This committee, in consultations with the girls' clubs and mothers' councils, identified gaps and areas of improvement like development of additional skills for the girls' clubs, including how to fight for their rights, how to share information with others in their communities, and how to develop life skills.

## WHAT IS THE SALEEMA GIRLS' CLUBS TRAINING MANUAL?

In 2021, the technical committee drafted a Saleema girls' clubs training manual, which was developed with inputs from the girls' clubs, focusing on how to strengthen the clubs and elevate their roles as active change makers within communities. UNICEF supported the development of the training manual at financial and technical level, and ensured that the girls' clubs from all three localities are meaningfully participating in the development of the manual. The Youth Mechanism also played an active role in drafting the manual, especially by scaling up the engagement of young people through art and drama.

## STARTING SMALL...

This training manual was first rolled out as a pilot in the form of an integrated eight-day training workshop for 54 members of the girls' clubs and six focal points in each of the three localities. The first five days of the training focused on developing and strengthening the knowledge of girls' clubs around child rights, gender-based violence, child protection, life skills, planning, monitoring and reporting. The last three days focused on putting the newly developed knowledge and skills to practice, including sessions on how to speak up about issues affecting girls through theater, as well as on the provision of psychosocial support for girls and women.

Upon completion of the workshop, the technical committee reviewed the comments and feedback received from the trainees during the workshop to further improve the Saleema girls' clubs training manual.

## FROM 10% to 100%

The pilot phase of the Saleema girls' clubs training manual produced positive results, and the members of the girls' clubs who received the training reported feeling more empowered and confident compared to the ones who did not receive the training. According to the Department of Girls' Education in White Nile, the members of the girls' clubs from the three targeted localities who participated in the development of the manual and received the training are said to have prevented 10 per cent of the female genital mutilation or early marriage cases. After the full rollout of the training manual, the Saleema girls' clubs are expected to protect more young girls from such harmful practices.

## WHAT'S NEXT?

In White Nile, this training manual will be used to train 120 Saleema girls' clubs, 240 focal points and assistants, and the mothers' councils. UNICEF Sudan, in partnership with the JASMAR organization, is working towards strengthening the existing girls' clubs and mothers' councils, and establishing girls' clubs in a new locality – Tendalti.

Beyond the White Nile, in 2022, the Saleema girls' clubs training manual has been approved to train girls' clubs throughout Sudan to abandon the age-old harmful practices by preparing young girls to be the changemakers for a better future. This training manual is expected to protect more and more girls from this practice, especially the most vulnerable in hard-to-reach communities.

The official launch of the Saleema girls' clubs training manual will take place on 15 February 2023.

## WHAT MORE NEEDS TO BE DONE?

Female genital mutilation in Sudan was outlawed in 2020, but enforcement is still limited, and the practice continues quietly. The attitudes, behaviours and social norms that influence individual, interpersonal, community and societal relationships putting women and girls at risk need to be examined, understood and altered. An enabling environment for the girls' clubs to be at the forefront of informing and determining the responses needed to end this practice will require:

- Engaging girls and boys via digital platforms, like social media, to promote supportive social norms.
- Enhancing formal protection systems through girls' clubs, youth forums, or school clubs.
- Linking girls' clubs to climate crisis, water scarcity and solarization projects.
- Promoting safe menstruation practices in schools.
- Developing skills of young girls and boys by enhancing learning opportunities from early childhood.



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## Goal Area 4

# Every child lives in a safe and clean environment

### Strategic context

In 2022, UNICEF Sudan achieved WASH-related results for children against a complex backdrop. Following the aftermath of the October 2021 military coup, Sudan witnessed a breakdown of national governance systems and a decline in domestic and international development financing<sup>5</sup>. Not only did this compromise UNICEF's working modality with the Government of Sudan, and more specifically the Water, Environment and Sanitation department, but it also further reduced the annual investment in the WASH sector. Compounded by a multitude of other crisis, including intercommunal conflict, economic deterioration, socio-political instability and displacement, pressure on the already limited WASH services and infrastructure increased, and long-term planning became more challenging.

Climate-induced flooding further affected WASH services to 349,000 people across the country – an 11 per cent increase compared to 2021, with 16 of Sudan's 18 states being affected<sup>6</sup>.

Despite having the highest proportion of people practicing open defecation in the Middle East and North Africa region, sanitation remained a low political and budgetary priority in Sudan. The socioeconomic

<sup>5</sup> [Sudan Humanitarian Needs Overview 2023](#)

<sup>6</sup> [Sudan: 2023 Humanitarian Response Plan](#)

downturn also impacted water supply, as the predominant fossil fuel driven-reliant water supply systems became costlier to run due to the sharp increase in fuel prices.

Despite the above, UNICEF played a critical role in advancing access to water, sanitation, and hygiene in Sudan. In comparison to 2021, UNICEF's programmes alone contributed to a two percent increase in the proportion of the population using an improved source of drinking water (from 76 per cent to 78 per cent), and one percent increase for population using an improved sanitation facility (from 37 per cent to 38 per cent). Additionally, UNICEF's contribution to emergency response represented 70 per cent of the the Humanitarian Response Plan (HRP) 2022 results for access to appropriate sanitation facilities and 60 per cent for access to basic domestic water supply. To achieve these goals, UNICEF worked with technical cadres of key ministries, civil society organizations (national and international NGOs), UN agencies, private sector, women, and youth representatives, as well as the communities.

## Results achieved

In 2022, UNICEF's WASH programme received 48 per cent of the funds required to meet its development and humanitarian targets. Given the scale of needs and limited funding, UNICEF shifted its WASH programmatic focus on rehabilitating existing water sources rather than constructing new water sources. In addition, expansion of flood prevention/response through a water chlorination programme, in response to the deteriorating humanitarian situation caused by recurring conflicts and WASH-related epidemics, resulted in more people accessing safe water than planned.

Some targets vs results achieved are reflective of the rise in prices of construction materials and labor cost, technical challenges around identification of available water resources, reduced accessibility to site locations, due to insecurity and administrative constraints; for example, new access and travel notification procedures introduced in 2022. In addition, high staff turnover and corresponding lack of technical guidance at Government level, further compounded by implementation delays linked to the transition towards new working modalities (from working directly with the Government to working through WASH sector partners) affected the implementation.

Despite the challenging operational environment in 2022, UNICEF's contribution to advancing gains in the WASH sector was significant. UNICEF-supported initiatives led to the issuing of open defecation free (ODF) certification for 510 communities (91 per cent of all WASH sector achievement and 85 per cent of the UNICEF target), with around 523,000 people realizing their basic right to sanitation (86 per cent of the sector achievement) and more than 152,000 people moving up the sanitation ladder. By investing in building the capacity of partners in community-led total sanitation (CLTS) and increasing the drive for the sanitation marketing approach, Sudanese children and their families eliminated open defecation and started using some form of sanitation, reducing the risk of soil, food and groundwater contamination, and leading to a cleaner environment.

In 2022, UNICEF Sudan reached over 2.1 million people with hygiene promotion activities (63 per cent of the sector achievement and 89 per cent of UNICEF target). With a focus on handwashing with soap, and working through locally embedded social activists, UNICEF supported communities with identifying WASH-related diseases' transmission routes and basic mitigating behaviors.

UNICEF's contribution ensured that around 940,000 people (or 1.9 per cent of HRP's estimated population) in both humanitarian and development contexts gained access to durable, gender-sensitive, climate-resilient, and sustainable domestic basic water services through the construction or rehabilitation of 534 drinking water sources - unlocking improved health, access to education and economic opportunities.

UNICEF Sudan advanced the humanitarian-development-peace nexus. In 2022, Sudan's WASH humanitarian needs continued to challenge the gains made towards achieving planned targets under regular programming. To mitigate this, UNICEF supported the organisation of over 200 sector coordination

meetings as part of Sudan's WASH humanitarian response, ensuring that around 124,200 people in humanitarian settings gained access to appropriate sanitation facilities (70 per cent of the HRP 2022 results), over 3.1 million people gained access to basic domestic water supply (60 per cent of the HRP 2022 results), and 49,000 women and girls were reached with menstrual hygiene management interventions.

UNICEF also played a critical role in COVID-19 response, providing over 276,000 people with WASH infection prevention and control supplies, and equipping 120 health centers with WASH facilities. As part of its developmental approach, UNICEF invested in sustainability by training 118 water users' committees in operations and management in line with the national Community Management of Operation and Maintenance (CMOM) strategy. In addition, UNICEF promoted women's empowerment by training some 1,200 women in the management, operation, and maintenance of WASH services. On peacebuilding, UNICEF empowered WASH-related community-based organizations to be vehicles of social cohesion and conflict resolution mechanisms, whilst adjusting WASH infrastructure designs to bridge the needs of agricultural and pastoral communities.

In collaboration with Education, Health and Nutrition partners, UNICEF reached 89 schools and 68 health care facilities with basic water and/or sanitation facilities, improving the learning environment and the quality of health and nutrition services for children and their families.

Climate change mitigation and adaptation was central to the WASH programme in 2022. UNICEF invested in the expansion of solar pumping for water supply systems for new or rehabilitated water yards and/or for the reconversion of water points with handpumps into solar handpumps, upgrading/constructing 174 solarized drinking water sources. UNICEF was also actively involved in driving the climate agenda at strategic level, including in the development of Sudan's Climate Landscape Analysis for Children (CLAC), Darfur's WASH Climate Rationale and Climate Change Resilient Interventions assessment and recommendations, and support to participation of senior Government decision makers at COP27. Ongoing sociopolitical instability paired with various resource partners halting funding created a restrained implementation environment. Nonetheless, UNICEF maintained close coordination and where possible collaboration, at technical level, with key Federal and/or State Ministries to ensure preservation of systems which deliver lifesaving services for the vulnerable, in particular children

Partnerships between UNICEF and civil society organizations increased, from seven partners in 2021, to 22 partners (16 national NGOs and six international NGOs) in 2022, reflecting their vital role. UNICEF continued to coordinate with UN agencies, like UNHCR, WFP, WHO and UNESCO, in 2022.

UNICEF also fostered private sector engagement to pilot and locally produce more affordable sanitation and water storage products. UNICEF also supported women-led community-driven initiatives, by supporting a group of women developing menstrual hygiene management products and shaping the market.

## **Systems Strengthening**

UNICEF continued to lead the WASH Sector humanitarian coordination at national and at state level in 14 states, effectively coordinating the sector response for 2022 floods and conflict-affected population.

UNICEF-supported the installation of WASH web-based Information Management System (IMS) at national and state levels. UNICEF collected, verified and distributed key WASH monitoring information to WASH stakeholders as part of the WASH programme output indicators system, which monitors and tracks around 100 indicators related to the overall WASH sector progress across 14 states. This information provides evidence-based and reliable reporting and informs decision making.

As part of Sudan’s global WASH reporting requirements<sup>7</sup>, UNICEF supported the timely submission of national WASH reports on access to WASH services and sector performance indicators. In addition, UNICEF contributed to the preparation and quality assurance of WASH-related Sudan Multiple Indicator Cluster Surveys, and rapid multi-sector needs assessment questionnaires.

Around 400 WASH sector partner representatives at national and state level received a series of trainings on hydrogeological investigations, climate action, planning, monitoring and evaluation, water solar systems, CLTS and hygiene promotion.

Thematic or flexible funding for UNICEF’s WASH interventions was crucial. Not only it allowed greater flexibility to respond to the needs of children in a timely, well-planned, and efficient manner, but also enabled a bigger and more effective impact on the lives of vulnerable and marginalized populations in what is a highly volatile, complex, and dynamically evolving context like Sudan. This was particularly visible in UNICEF’s response in the conflict-affected areas of Blue Nile and West Darfur.

## Results Assessment Framework

### OUTPUT 1.1 More children and their families in vulnerable communities’ access basic sanitation facilities and adopt adequate hygiene practices

Indicators	Baseline 2021	Target 2022	Results 2022
Population access to basic sanitation	179,940	300,000	152,095 (80,199 female and 71,896 male)
ODF communities	355	600	510
Population access to sanitation in emergencies	81,919	100,000	124,150 (65,424 female and 58,726 male)
Population reached with hygiene promotion	1,751,873	2,500,000	2,136,797 (1,105,521 female and 1,031,276 male)
Schools with improved sanitation facilities	44	75	89

UNICEF contributed to the ongoing implementation of the National Open Defecation Free Roadmap and the SDG 6 Plan. As a result, over 674,800 people (or 1.4 per cent of the total HRP estimated population) realized their basic right to sanitation in humanitarian and developmental contexts.

Hygiene promotion interventions related to handwashing and COVID-19 infection prevention and control communications reached over 2.1 million people (89 per cent of the target), including over 1.1 million women and girls and over 1 million children. These interventions included the distribution of over 814,000 handwashing soap bars, around 26,300 jerry cans, and 8,200 hygiene kits. Around 152,100 people gained access to basic sanitation. UNICEF conducted two trainings for key partners in CLTS and sanitation marketing focusing on strengthening skills of first line facilitators, and engaging local entrepreneurs to promote affordable sanitation products and services.

Over 500 communities, 85 per cent of the target, eliminated open defecation. Target was hampered by inflation, as in 2022, Sudan experienced 6-8-fold increase in materials’ cost, due to which families in ODF communities struggled to invest in improving their household-level sanitation conditions.

Close to 124,200 people in emergencies gained access to sanitation services and 89 schools received improved sanitation facilities. Results exceeded the target because, in 2022, UNICEF responded to a higher

<sup>7</sup> Sanitation and Water for All (SWA); the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and Water and Sanitation Sector Monitoring and Reporting System (WASSMO).

number of emergencies than expected and prioritized funding towards school infrastructure in preparation of opening schools following the COVID-19 pandemic.

### OUTPUT 1.2 More children and their families living in vulnerable communities have equitable and sustainable access to improved drinking water facilities

Indicators	Baseline 2021	Target 2022	Results 2022
Population access to basic water	739,621	800,000	939,503 (482,024 female and 457,479 male)
Population access to safe water in emergencies	450,096	500,000	563,928 (290,525 female and 273,403 male)
Population access to water disinfection, operation, and maintenance in humanitarian situations	2,807,894	2,000,000	2,570,169 (1,334,751 female and 1,235,418 male)
Schools with improved sanitation facilities	44	75	89

In 2022, 2.6 million people gained access to water disinfection, operation, and maintenance in humanitarian situations. UNICEF built or rehabilitated over 530 drinking water sources, ensuring over 939,500 people have access to durable, climate-resilient and gender sensitive basic water services.

UNICEF invested in solar pumping, with 32 per cent of all drinking water sources built or rehabilitated in 2022 being solarized. Water supply systems were designed to bridge the needs of pastoralists and agricultural communities, by including one location for livestock watering and one for water collection. WASH committees were empowered to promote social cohesion and trained on conflict resolution contributing to peacebuilding.

### OUTPUT 1.3 WASH-sector institutional capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved water, sanitation, and hygiene services

Indicators	Baseline 2021	Target 2022	Results 2022
WASH humanitarian sector coordination forum, sanitation council supported	13 states	13 states	13 states
WASH IMS launched	6 states	13 states	14 states
WASH technical and managerial capacity-building	376 sector partners; 3,555 community members	N/A	399 sector partners

UNICEF, in collaboration with the technical cadre of relevant ministries, strengthened the national and states WASH information management systems and coordination platforms at national and state levels, whilst supporting the development of additional three Locality-level SDG 6 plans.

UNICEF continued to support WASH web-based information management system, installed at national and state levels in 14 states, which received an additional 899 WASH entries from the different states, taking the total number of records since data entry begun in 2004, close to 46,000. In addition, the roll out of WASH IMS at locality level in eight localities across the Darfur states was supported.

The capacity of around 400 WASH national and state level sector partners' representatives, including close to 145 females, was strengthened on topics such as hydrogeological investigations, climate action, monitoring and evaluation, planning, water solar systems, CLTS and hygiene promotion.

Following the development of the Sustainable Development Goal (SDG) 6 plans at national and state level by UNICEF Sudan in 2019-2020, an additional three localities now have SDG 6 plan, taking the total number of locality-level SDG 6 plans to five.

Despite the promising results, considerable efforts still need to be exerted at national and sub-national levels to ensure the full integration of climate resilient development and risk management strategies into water, sanitation, and hygiene sector plans. In addition, more efforts are needed to expand sector knowledge around sanitation, sanitation marketing, media, and advocacy.



Children and adults collect water at a water facility in Ashat village, Tokar locality, rehabilitated by UNICEF with funding from the United Nations Central Emergency Response Fund (UN CERF). © UNICEF/UN0718729/Ammar

## Challenges and lessons learned

In 2022, Sudan saw a reduction in WASH public investment. With the ongoing spike in inflation, households within communities trying to retain open defecation free status struggled to make the necessary investments towards improving their basic toilets due to the six to eight-fold increase in cost of materials. Such context demonstrated the need for continued sanitation market shaping, as well as supply chains and financing interventions.

Children remained especially vulnerable, in this context of prevalent political instability. To ensure sufficient agility, UNICEF Sudan conducted an operational assessment in December 2021. The findings of the assessment identified key modalities, which included increasing partnerships with non-Governmental organizations and direct implementation to ensure UNICEF stayed and delivered in line with donor conditionalities and under potential Government set-up(s). UNICEF continued to review its priority programmes with a focus on lifesaving, life-sustaining and resilience-building, community-based programmes.

Resilience programming and sustainability of services has been affected by the absence of robust institutional strengthening mechanisms, and poor ownership by State Governments. Nonetheless, UNICEF's interventions played a critical role in curtailing such impact. For example, by providing at-scale

investment in climate resilient infrastructure, such as solar powered water supply systems capitalizing on the reduction of solar pumping technology cost in Sudan, thus contributing to the decrease in capital and operational expenditures.

The spontaneous nature of emergencies in Sudan also affected the focus of WASH interventions, requiring programmatic flexibility and adjustments to respond to both the needs of communities and donors' expectations. The WASH programme managed this through the humanitarian-resilience-development-peace nexus approach.

Engagement of youth as social activists was key for the success of UNICEF's WASH community-based interventions. By equipping young people with the skills and knowledge and engaging with WASH data, UNICEF tapped into scale of youth-lead community activism for disseminating water disinfection practices, raising awareness on the importance of household water treatment and safe storage.

## Future work plan

With a planned budget of US\$49.3 million for 2023, UNICEF plans to support 900,000 people with access to sustainable drinking water and elimination of open defecation for 600 communities. Funding constraints may impact the progress, given a current funding shortfall of 39 per cent.

In 2023, UNICEF will continue working closely with partners, while promoting inter-sectoral convergence, particularly with health, nutrition, education and child protection. Main priorities are:

- Supporting high-level advocacy for national scale-up of sanitation, while developing evidence-based social behaviour change strategies to drive support for CLTS.
- Enhancing social behaviour change focus on hygiene promotion to include handwashing and menstrual hygiene management.
- Strengthening WASH coordination mechanisms and information management systems, while supporting sector reform and investing in capacity-building of partners.
- Supporting evidence-based approaches to update climate actions that inform national planning, policy and integrate climate resilience in WASH service delivery.
- Strengthening community WASH management structures (through CMOM), and service delivery mechanisms to enhance peacebuilding, resilience, and climate action.
- Supporting the development of costed WASH design standards for the different topologies of WASH facilities and supply chain, while defining and investing on scalable service models.
- Engaging private sector, including youth entrepreneurs and microfinancing institutions, on operation, maintenance and supply chain, as well as in developing appropriate sanitation products and/or services.

# TAWILLA WATER SUPPLY SYSTEM



On 7 December 2022, 10-year-olds, Ahmed and Mujtaba standing outside the water treatment plant in Tawilla, Guli district, White Nile, Sudan. ©UNICEF/Jethani

## OVERVIEW

Tawilla is located along the riverbank of the White Nile in Guli district, north of Kosti in White Nile, Sudan. For years, the people of Tawilla were relying on an old water supply system that used slow sand filters. Because it can be easily clogged by excessive amounts of algae, the old systems exposed the community to water-borne diseases like cholera.

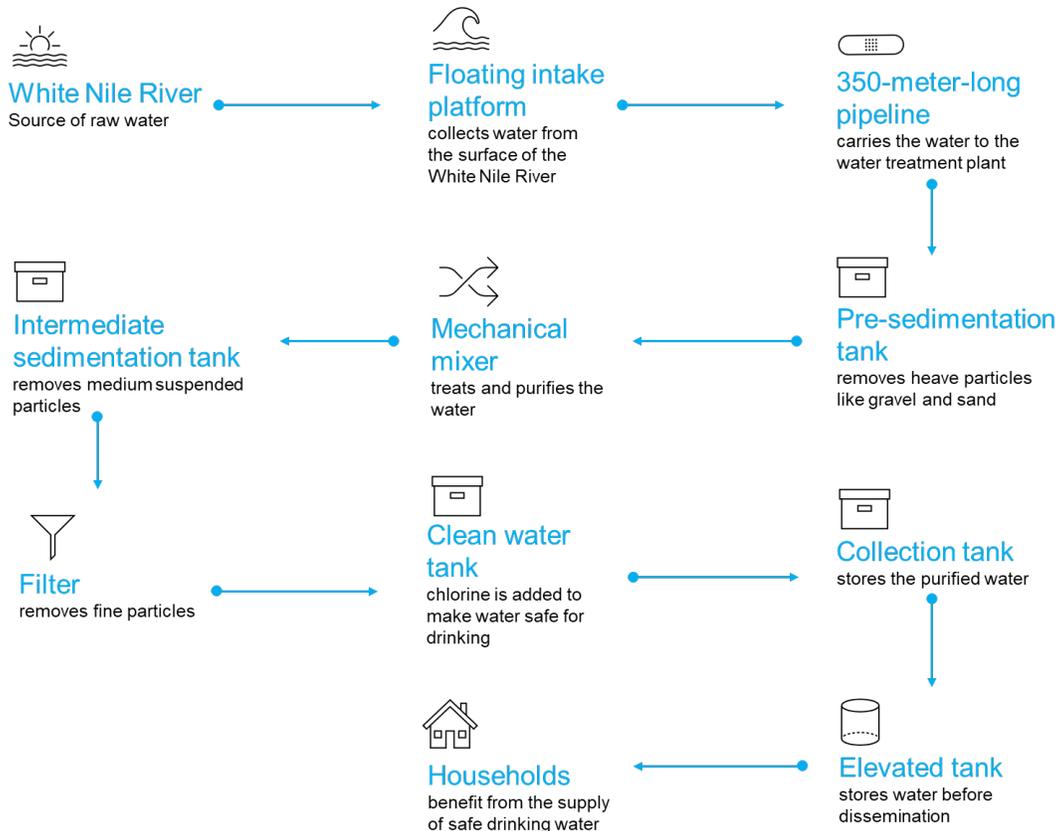
This, combined with inadequately safe hygiene practices in the region, led to a severe cholera outbreak in Tawilla in 2017. As usual in a case like this, children were the most affected to falling gravely ill. Boys and girls who contracted cholera missed school for extended periods of time, leading to longer-term disruptions in learning.

To address this, UNICEF Sudan supported the community with two key preventative measures: improving access to safe water supply and promoting adequate sanitation and hygiene practices.

UNICEF Sudan, in coordination with the Water and Environment and Sanitation Corporation in Sudan (WES), established a water treatment plant in Tawilla in 2020. Following the installation of the plant, UNICEF led a series of awareness-raising and hygiene promotion activities to help community members identify disease transmission routes and mitigation behaviors. UNICEF also made efforts to promote community management of daily operation and maintenance of the water treatment plant. As a result, Tawilla water supply system is now entirely managed by the community.

## FROM THE WHITE NILE TO THE HOUSEHOLDS...

Tawilla is located along the White Nile River, which makes it an ideal location for setting up a water treatment plant. The water supply system collects the water from the river, purifies it and takes it to the houses of Tawilla through the following:



**Step 1:** The water supply system has been set up using the floating intake platform, which collects water from the surface of the White Nile River. The floating intake provides for relatively clean raw water by collecting water from the surface of the river, which contains less contaminants than water near the river bottom.

**Step 2:** The collected water flows through a 12-kilometer-long pipeline before it reaches the water treatment plant and enters the pre-sedimentation tank, where gravel, sand and other heavy particles are separated from the water.

**Step 3:** After the pre-sedimentation tank, the water goes into another tank with a mechanical mixer where the water is treated and purified.

**Step 4:** Following this, the water enters the intermediate sedimentation tank which allows for the medium suspended particles to settle down, thereby providing some degree of purification.

**Step 5:** The water flows into another tank with the filter for the removal of fine particles from the water, after which the purified water is stored in the collection tank.

**Step 6:** The water enters the clean water tank where chlorine is added to the water to kill any parasites, bacteria, and viruses, making the water safe for drinking purposes.

**Step 7:** Safe drinking water flows to the elevated tank for onward dissemination to 600 households through water distribution network.

## TO WHAT EXTENT DOES THE COMMUNITY BENEFIT?

This water treatment plant has had a major impact on the community, especially for women and children. Around 600 households, seven villages, two primary schools, one high school and a health facility are connected to the water treatment plant in Tawilla, ensuring access to safe drinking water for over 15,000 people. As a result, Tawilla has started observing a downward trend in the prevalence of cholera, and has now become open defecation free.

The Tawilla water treatment plant is also able to support other villages, located as far as six kilometers away, by supplying them with safe and clean water through water trucking.



On 7 December 2022, UNICEF WASH officer, Mohammed Abdelkreem Idress, with school-aged boys by the floating intake platform in Tawilla, Guli district, White Nile, Sudan. ©UNICEF/Jethani

## SUSTAINING THE WATER TREATMENT PLANT...

The community has played a major role in making this project a success. Following the awareness-raising and hygiene promotions activities conducted by UNICEF Sudan, the community members have shown ownership and have been making increased efforts to ensure sustainability of the water supply system.

Initially and after the completion of the water treatment plant, UNICEF Sudan and the WES were managing the operation and maintenance of the water treatment plant. For example, if a part of the floating intake structure broke due to decrease in the water level in the river, leading to disruption in water supply services, the community would inform the WES which would then resolve such issues.

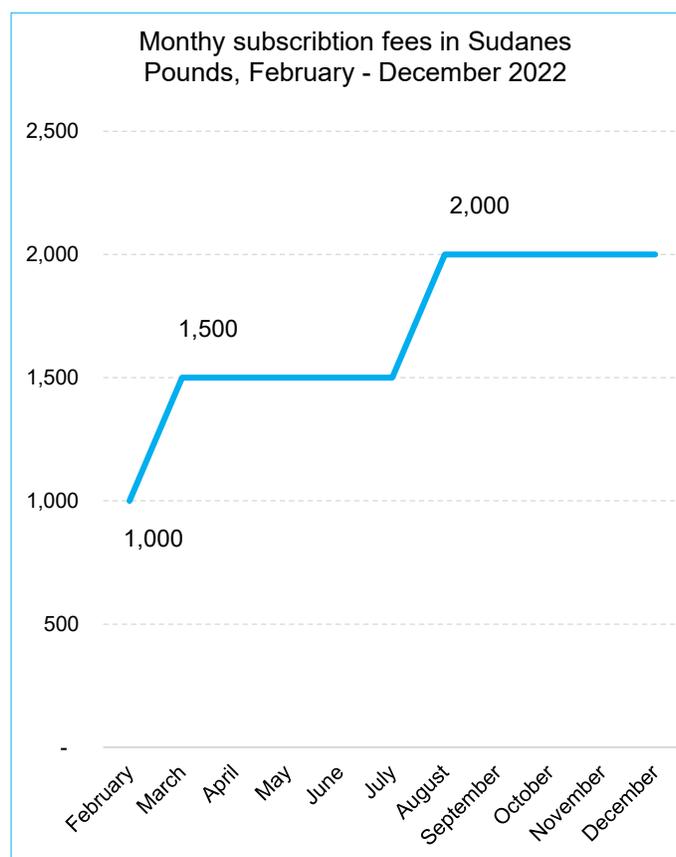
This was the usual way of managing the operation and maintenance of the water treatment plant until the COVID-19 pandemic hit, after which the community wanted to play a bigger role in the management of the plant. During the pandemic, costs for maintenance and repairs increased, and there were fuel shortages that caused the generator to stop functioning. To address these issues, the community established a water committee comprised of 10 members, including two women and eight men. The community identified two female members, in an effort towards including female representation, who continue to participate in decision-making, while strengthening the management structure by incorporating the views and voices of the main users of water services as well as the most at-risk and underrepresented groups.

## THE WATER COMMITTEE

In 2022, the community, through the water committee, took over the entire management of the water treatment plant. The committee meets regularly to discuss budget and expenses, any challenges related to operation and maintenance of the water supply system and potential solutions. All the households connected to the water supply system are spread across five blocks, and the water committee selected one representative from each block to be responsible for taking any issues or messages from their respective blocks to the water committee and vice versa.

The committee has a tariff system in place, and each of the households connected to the water treatment plant are contributing 2,000 Sudanese Pounds as monthly subscription fees. This increased from 1,000 Sudanese Pounds per household in February 2022 due to rising prices of chemicals needed for water treatment and fuel for generator to keep the water treatment plant running during power cuts.

If a household is not able to pay for a month or two, the community comes together to help by contributing for their subscription fees. Mosques, schools, and vulnerable communities are exempt from the monthly subscription fees.



## BRIDGING THE GAP...

Initially the water supply system was only connected to the five water distribution points and not to the households, and the people had to walk long distances and queue at the five water distribution points, exposing women and girls to various risks.

Thanks to the strong community management structure, however, the community managed to expand the pipe-network beyond the initial project coverage and now all members of Tawilla (around 600 households) have access to basic drinking water through a household connection system or a nearby public stand - with plans for an additional 150 households to be connected soon.

Such achievement was possible through a well-set tariff system, as well as a transparent and accountable management of collected revenue and meaningful investment. Overall, it also demonstrates how a sense of ownership and understanding of sustainability, encourages communities to go further in fulfilling other development aspirations. For example, the more enhanced water supply system also encouraged the communities of Tawilla to organize themselves and become Open Defecation Free.

Coupled with community efforts, this initiative also benefitted from the drive of a retired civil servant, who used to work as a public health officer and whose advocating efforts were instrumental.

## FUEL – AN EXPENSIVE OPTION

Daily power cuts are common in Tawilla and the water treatment plant needs a continuous electricity supply to function and continue the water purification process. There is only one generator as a back-up power option and fuel prices in Sudan have been on the rise over recent months. In addition, the water treatment plant needs additional power to supply water to the households that are further distances from the plant. When there are power cuts, these households are affected the most.

As a short-term solution to this, the water committee is trying to get a special quota for fuel prices from the authorities. The lack of a sustainable source of power is also one of the reasons why the committee is also considering raising the monthly subscription fee.

## SOLAR ENERGY – A SUSTAINABLE OPTION

Considering Sudan is rich in solar energy (the country receives an average of 10 hours of sunlight every day) and that Tawilla's water treatment plant main operational cost (fuel) is on the rise, the water committee has been advocating for the solarization of the system.

Solarization would reduce the costs of running the system and minimize regular generators' breakdown. It would also reduce the environmental impact and make them more resilience to climate change. Ultimately, it would also ensure people can continue to access clean water in an affordable manner. Particularly, as there are families in Tawilla who rely solely on agricultural activities as their primary source of income, which is often not enough to sustain both the needs of the family and pay the monthly subscription fees for the water supply system. Although the community, especially the women, come together to help such families by contributing for their subscription fees; the use of solar energy for the water treatment plant would allow families to save some money for other essential things, like health and education for children.



On 7 December 2022, school-aged boys by the White Nile River in Tawilla, Guli district, White Nile, Sudan. ©UNICEF/Jethani

The community has advocated for solarization of the water facility, leading the discussions around these plans with local government authorities. By engaging with the Ministry of Finance and State Water Corporation, the aim is to include such initiative in the state water sector development plan.

## HOW ARE THE WOMEN SUPPORTING?

Women are taking a leading role in ensuring the sustainability of the water supply system.

### SUPPORTING THE ONES IN NEED

Aisha Ali and Muneera Masoud, members of the water committee, shared that during one of the summer months the only generator supporting the water treatment plant ran out of fuel earlier than usual, and there was no money left with the committee to procure additional fuel. The water supply system stopped functioning and the people were left without any safe drinking water. During this difficult time all the women of the community came together and decided to save the clean water for drinking purposes only and use the water from the White Nile for other activities like washing. The women managed to collect 140,000 Sudanese Pounds in two days, by mobilizing their own networks and sensitizing other women groups to voluntary collect small amounts from each household. The water committee was then able to get additional fuel and the water treatment plant was functional, ensuring life-saving access to safe drinking water for the people of Tawilla once again.



Water treatment plant in Tawilla, Guli district, White Nile, Sudan. ©UNICEF/Jethani

### BEING RESOURCEFUL

Since the water supply system is built using floating intake platform, which collects water from the surface of the White Nile River, the water supply services are sometimes disrupted if the water levels in the river decrease or if there are strong winds. Fixing the floating intake platform is expensive (up to 150,000 Sudanese Pounds) and can often be a lengthy process. During such times, the women of the households try to be resourceful by saving the chlorinated water for drinking purposes only and using the water from the river for other activities like washing.

## WHAT'S NEXT?

UNICEF Sudan, the WES and the water quality department of the State Ministry of Health are conducting regular monitoring visits, and the findings suggest that Tawilla has the lowest reported cases of cholera and other water-borne diseases compared to neighboring areas since the installation of the water treatment plant. While huge progress has been made, maintaining such progress remains challenging:

- Increasing fuel prices are compromising the systems' operations and affordability. Use of solar energy for the water treatment plant would minimize the operation and maintenance cost. For instance, in Tandalti and Aldewaim localities, White Nile, there are hybrid water systems that are operating both on solar power and generator. These systems are significantly reducing the operation cost by 90 per cent or sometimes even by 100 per cent, and only small amounts of tariff is collected for some minor operation and maintenance of the generators during the rainy season. In addition, sector partners are currently piloting the solarization of the water treatment plants in refugee camps using the same technology of Tawilla water system to reduce the high cost of operation, while keeping the existing generators as backup power source. These are all examples of the potential within the region.
- The water committee needs to have more female representation. For now, only two women are part of the committee.
- The floating intake structure breaks due to decrease in water levels in the river or strong winds, causing disruption in the water supply. Solution to this would be a stationary intake structure.



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## Goal Area 5

# Every child has access to inclusive social protection and lives free of poverty

### Strategic context

In 2022, Sudan witnessed a major socioeconomic and political downturn following the military coup in October 2021, most notably a sudden halt on majority of international assistance. In June 2022, the Paris Club of major creditor countries suspended debt relief to Sudan. It is reported that Sudan lost some US\$4.6 billion in foreign aid due to political instability. Other bilateral economic assistance was also suspended. As a result, the Sudanese economy reversed its course on economic stabilization, with the local currency depreciating about 30 percent and the inflation remaining high at triple digit level – 180 percent annually.

Amidst this setback, the socioeconomic situation of children and families continued to deteriorate precipitously. According to the recently published 2023 Humanitarian Needs Overview, 15.8 million people, about one third of the population of Sudan, need humanitarian assistance in 2023, an all-time high. An extrapolatory analysis based on the 2014 household poverty survey, the most recent survey in Sudan, showed that even prior to the military take over Sudanese children already suffered from acute levels of poverty and deprivation, with an abject poverty rate of 85 per cent and a near universal extreme poverty rate of 95 per cent in 2020 (UNICEF Situation Analysis 2021).

### Results achieved

Following the military coup in October 2021, UNICEF and other development partners limited engagement with Government partners, especially national partners. Consequently, UNICEF partnered with international agencies like the World Bank, FAO, ILO and WFP to establish a Social Protection Partners Coordination Group. UNICEF took lead in developing the terms of reference for the group and for a technical workshop

with social protection financing partners planned for April 2023. Through these engagements, UNICEF continued to advocate for the alignment of ongoing activities with priorities identified in the draft National Social Protection Strategy.

To halt the growing needs of the most vulnerable in Sudan, and in light of the evolving political context, UNICEF took on a direct role in social protection provision in Sudan, especially through the [Mother and Child Cash Transfers Plus \(MCCT+\) programme](#) targeting pregnant women and children under two years of age in the eastern states of Kassala and Red Sea. The programme uses a novel cash plus approach where regular cash payments are combined with social and behavioural change communication and complementary support and services for the first 1,000 days of life. Initially designed as a Government-led programme, the MCCT+ was pivoted as a UNICEF-led programme, successfully reaching over 50,500 pregnant and lactating women and their 252,600 household members. UNICEF also mobilized resources for an additional target of 30,000 pregnant and lactating women to benefit a total 180,000 individuals.

UNICEF redoubled its efforts to create strategic alliances with key donors and partners financing social protection programmes in Sudan and developed an ambitious MCCT+ scale-up plan, successfully mobilizing an additional Euro 30 million on top of Euro 40 million mobilized in the last two years. In response to growing resource base for MCCT+, UNICEF strengthened its internal capacity in cash programming by establishing a Cash Implementation Unit with dedicated capacity in humanitarian cash transfers, grievance redress mechanism, and beneficiary database management. UNICEF deployed the global cash transfer management information system HOPE for MCCT+ as a programme and operational risks mitigation strategy. HOPE can (i) collect beneficiary data, (ii) associate data with cash programmes, (iii) create target population (iv) manage payment lists (v) send them to Financial Service Providers (FSP), (vi) reconcile payments, (vii) triangulate payment verification information directly from beneficiaries, (viii) handle grievances and feedback, as well as (iv) reporting. The adoption of HOPE also allowed direct support to frontline workers providing critical services, including teachers, and health and social workers. The innovative technology-based solutions were also promoted through the deployment of the Rapid Pro platform, a mobile technology programming tool that can facilitate communication and feedback from MCCT+ participants.

In the area of public finance for children (PF4C), UNICEF supported a study on Child Focused Expenditure Review, 2016-2022 at national level and state level for the six states of Blue Nile, Gedaref, Kassala, Khartoum, North Darfur and North Kordofan. Building on this review, UNICEF supported the design of a capacity-building plan for state- and locality-level finance and sectoral planning officers, which included the development of a state level curriculum on sectoral planning, budget formulation, implementation, monitoring and accounting for health and nutrition, education, water, sanitation and hygiene (WASH) and social protection. UNICEF ensured engagement of civil society organisations and community-based organisations in all capacity building plans and initiatives to increase accountability and participation in public financial management (PFM) at state and locality levels. The curriculum was piloted through a week-long workshop in North Darfur and South Darfur, benefitting a total of 160 state and locality level public servants (participation facilitated by NGOs) and 100 personnel from civil society organisations and community-based organisations.

The political instability and economic deterioration in the country hindered the implementation of the Multiple Indicator Cluster Survey for making statistically sound and internationally comparable data on children and women available. The Sudan UNICEF Country Programme 2018-2022 was extended for another year until 2023, due to the political situation. UNICEF continued to improve the targeting of the most vulnerable children, by carrying out vulnerability and hazard mapping to identify the geographical focus. The analysis will be used for the geographic prioritization for the new country programme to reach vulnerable children with multi-sectoral package. The Office prioritized evidence generation and envisaged this evidence for the development of the new country programme.

## Challenges and lessons learned

UNICEF experienced various operational challenges in rolling out cash programming in Sudan, including remoteness, sparse populations, poor physical and telecommunication infrastructure, and lack of communities' trust in the Government and partners. To overcome these challenges, UNICEF and partners conducted accelerated and more elaborate community outreach, including the engagement of tribal chiefs and community volunteers.

Restrictive cultural and social norms also played a role in the roll-out of the MCCT+ programme. In some communities, the community leaders and male heads of households initially did not allow their wives to leave their homes to register for the programme, and so it was important to proactively engage these members of the community from the start of the programme to communicate the goals and objectives of the programme. Support from men was particularly important in reaching pregnant women and mothers as a target group in these communities. Due to sustained sensitization efforts by UNICEF and partners women are now encouraged by influential members of the community to engage in the MCCT+ programme.

In the current context of political instability, children are especially vulnerable. To ensure sufficient agility, UNICEF Sudan conducted an operational assessment in December 2021. The findings of the assessment identified key modalities, which included increasing partnerships with non-Governmental organizations and direct implementation to ensure UNICEF stayed and delivered in line with donor conditionalities and under potential Government set-up(s). UNICEF has implemented the recommended modalities by expanding partnerships with civil society (incl NNGO in support of the localization agenda), enhancing its construction unit, and establishing a cash implementation unit to be able to oversee direct implementation of funds without need to go through Government or I/NGO systems, where less efficient and effective. UNICEF continues to review its priority programmes with a focus on lifesaving, life-sustaining and resilience-building, community-based programmes. UNICEF continues to promote working in partnership and close coordination in order to optimize efficiencies and results for children.

It is key to safeguard the humanitarian, development and peace nexus approach and ensure that systems for delivering basic social services at scale remain resilient to conflict, politics and coups. Civil servants and/or frontline workers, such as teachers, are the shock absorbers for continued essential service delivery at scale in the fragile context of Sudan and systems need to be put in place to ensure that resilience is maintained.

## Future work plan

The MCCT+ programme is increasingly recognized as an emerging good practice globally, having been invited to participate in several global evaluations or studies: the Global Evaluation of UNICEF Social Protection Response toward Universal Child Benefits, the Global Review of Gender Responsive Social Protection, a Case Study for the Nutrition and Social Protection Linkages, and a study on Conflict Sensitive Social Protection Programming. This is a testament to the MCCT+ programme's alignment with UNICEF's mandate and comparative advantage and responds to the most pressing issues faced by the children of Sudan, especially child and maternal survival and malnutrition. UNICEF will continue to leverage the programme to advance Sudan's social protection sector reform agenda.

As one of few gender-responsive social protection programmes in Sudan, the MCCT+ programme enjoys high levels of support from all stakeholders including women, men, communities and state and locality level stakeholders. UNICEF will continue to expand and strengthen partnership with donors financing social protection programmes in Sudan to mobilise support for the scale up of the programme in other communities with high levels of malnutrition. UNICEF will build on successes, challenges and lessons learned and continue to enhance the programme as a scalable and transferrable model that can be handed back to the Government at a suitable time.

## Cross-cutting programmes and approaches

In 2022, UNICEF Sudan has continued to advance its work across key cross-cutting priority areas including strategically repositioning the response to the nutrition crisis to enhance focus on prevention and protection of children from malnutrition, advancing gender equality and the rights of women and girls in Sudan, climate, energy and environment and social cohesion in peacebuilding and wider strategic shift to strengthen social behavioral change approaches community engagement.

UNICEF continued to scale up multisectoral programming with partners for resilience and social cohesion strengthening. UNICEF has a leading role in implementation of the Peacebuilding Fund Portfolio in Sudan through 14 active projects with the total budget of US\$46.3 million working across durable solutions, rule of law, local peacebuilding, peace agreement implementation, women's empowerment, and youth empowerment. The new Joint UNICEF-WFP-KWF programme on resilience and social cohesion was initiated in Darfur, starting with in-depth participatory community-based risk, conflict and needs assessments. Overall, 926 community platforms were established throughout Sudan in 2022, and more than 6,000 participants from different groups received various types of training to enhance community engagement and participation.

UNICEF was also actively involved in driving Sudan's climate change adaptation and mitigation agenda at strategic level including development of Sudan's Climate Landscape Analysis for Children (CLAC), Darfur's WASH Climate Rationale and Climate Change Resilient Interventions assessment and recommendations and support to participation of senior government decision makers at COP27.

In 2022, UNICEF commenced a robust staff consultation and partner engagement for shaping the new country program, which will be developed in 2023, accompanied by the outcomes of a workforce review and geographic footprint analysis initiated in the last quarter of 2022.

In 2022, UNICEF Sudan developed its first Technology for Development (T4D) country strategy, a first of its kind in the Middle East and North Africa region. The overall aim of the strategy is to ensure that UNICEF Sudan T4D investments support the delivery of results for children, as an enabler, amplifier, and contributor to programme outcomes. Systems and structures have been developed to oversee the implementation of this strategy and mainstream more the ideation, testing and scaling of T4D initiatives to drive more impact. UNICEF tested tech innovations to enhance its real time monitoring and data collection capacities using RapidPro and Inform tech solutions. With support of private sector, UNICEF scaled its e-learning solutions for in- and out-of-schools boys and girls. UNICEF continued to solarize primary healthcare centers, provided solar handpumps to communities. Additionally, UNICEF designed a proof-of-concept to provide six communities in Kassala and Red Sea with off-grid solar solution for health facilities, education and solar hand pumps. The design is geared to bringing the communities together around the solar solution to enhance resilience and social cohesion.

# UN Collaboration and Other Partnerships

UNICEF works extensively and effectively with sister UN agencies in Sudan. UNICEF is the cluster lead for nutrition, WASH, child protection and education and as part of the United Nations Country Team and Chair of the Integrated Programme Management Team, is active in supporting strategic prioritisation of the collective efforts of the UN across the humanitarian-development-peace nexus.

After the coup in October 2021, UNICEF limited its implementation with Government partners especially at the national level while enhancing its partnerships with civil society organisations and NGOs, and delivery of direct cash to frontline workers and vulnerable groups.

UNICEF is particularly grateful for the strong support and collaboration of its donors, including the governments of Germany, United States of America, Netherlands, Canada, United Kingdom, Sweden, Norway, Korea, Japan, and China. Also, the European Union, Educate a Child, GPE, United Nations Peacebuilding Fund, Education Cannot Wait, Muslim World League, Arab Gulf Programme for Development, Central Emergency Response Fund, GAVI, the Vaccine Alliance, the Global Fund, KSRelief, Sudan Humanitarian Fund, and the National Committees of United States of America, Netherlands, and Switzerland.

UNICEF has coordinated with UNHCR on the refugee response in the Eastern and Central states with WHO on emergencies, and with WFP on resilience and peacebuilding in Darfur. WASH focused on sustaining upstream partnerships with the technical cadre of Federal/State Ministries for future engagement. To narrow the gap left by public sector-led implementation partnerships were fostered with civil society organisations (tripling their engagements since last year).

The GPE grant agent (World Bank) could not continue implementing in Sudan, significantly impacting the GPE COVID-19 accelerator grant. With US\$6.4 million at the risk of being lost for the children of Sudan, and with the agreement of the Local Education Group, UNICEF used its new Cash Implementation Unit to ensure the continuity of learning for 4.9 million girls and boys through one-off back to learning grants for around 13,700 schools.

To enhance gender-based violence case management, UNICEF collaborated with UNFPA, Child Protection and gender-based violence sub-sectors to strengthen the workforce, building capacity and copiability and female genital mutilation stakeholder groups across all 18 states of Sudan.

UNICEF worked with a group of partners including the World Bank, FAO, ILO, and WFP to establish a Social Protection Partners Coordination Group on National Social Protection Strategy, social protection management IM systems and payment solutions for cash transfers pressing for the alignment of ongoing efforts with priorities of draft National Social Protection Strategy.

UNICEF is also active within the Rule of Law taskforce to guide reforms in the justice sector where UNICEF supports child-sensitive justice institutions and procedures; UNICEF will ensure that a child-sensitive lens is adopted within the new UN Migration Network.

Working with the private sector, UNICEF continues to work on cost-effective local production of RUTF for domestic and regional use. UNICEF partners with the mobile telecom industry to roll-out its e-learning programming. Private Sector partners supported COVID-19 SBC campaigns through their marketing channels. And with the private sector UNICEF also backed women-led community-driven initiatives, by supporting the development of menstrual hygiene management products and shaping the market.

# Lessons Learned and Innovations

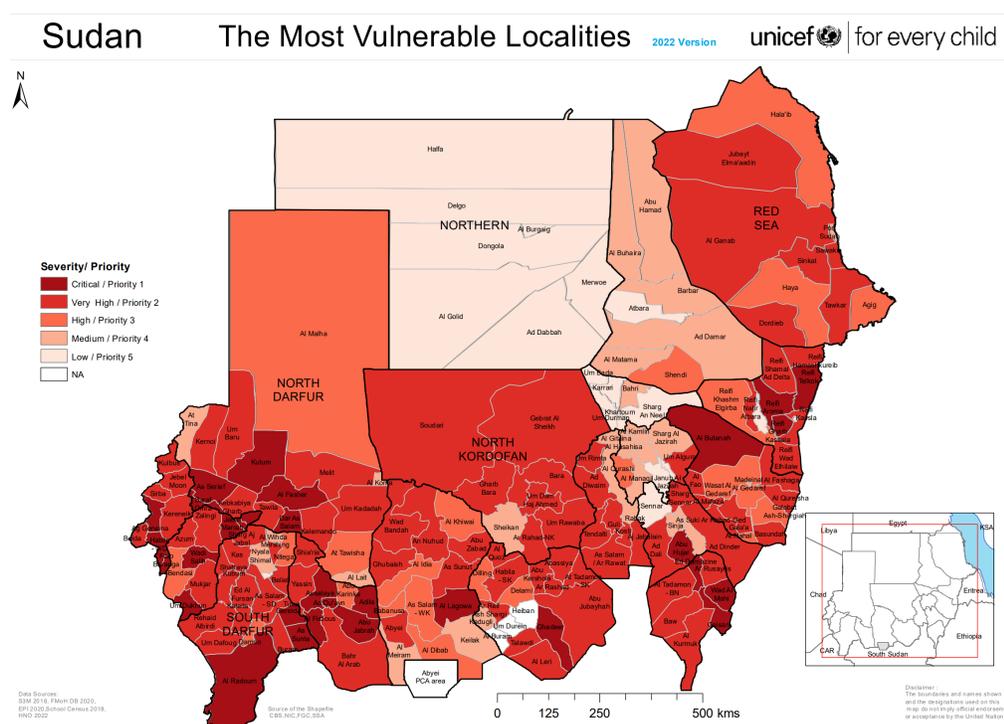
The changing political and donor environment required UNICEF in Sudan to be exceptionally agile in fulfilling its mandate. Even given these challenging circumstances, UNICEF delivered US\$166 million in programming and US\$112 million in offshore supplies<sup>8</sup> in 2022.

Protracted and cyclical nature of crises in Sudan required UNICEF and partners to take humanitarian-development-peace nexus approach to reach the needs of most vulnerable children and their families. In practice, this means that on the one hand UNICEF has effectively responded to rapid onset emergencies such as recurring conflicts, climate-induced floods and forced displacement throughout 2022, while also meeting the needs of the most vulnerable children through prevention and response interventions that consistently aim to ensure the sustainability of results and strengthen the resilience of basic social service delivery systems and communities to withstand shocks.

To diversify implementation modalities, UNICEF expanded delivery through the NGO partners and established a cash implementation unit for direct cash programme. Currently, implementation of UNICEF programming is supported by 45 national NGOs and 18 international NGOs. As a result, UNICEF Sudan is able to provide lifesaving and life-sustaining services to the most vulnerable through different implementation modalities. While UNICEF strongly advocates to keep a strong frontline and preserve lifesaving and life-sustaining services, the organisation can implement/financially operate in parallel of government systems.

## Vulnerability mapping

To maximize impact for children, given the scale of needs and limited funding, UNICEF Sudan developed a country-wide vulnerability mapping. Working across the humanitarian-development-peace nexus, UNICEF continues to engage with all stakeholders to ensure sustainability of results and strengthen the resilience of service delivery. This became more apparent following the military coup when UNICEF shifted its focus from national level policies and frameworks to local level delivery.



<sup>8</sup> US\$112 million in offshore supplies include vaccines and other medical supplies worth US\$ 80 million with funds from Gavi.

### **Solar power for Sudan**

As Sudan has an average of ten hours of sunshine per day, solar energy is an enabler that can address multiple needs of communities such as lighting, education, health, access to safe drinking water and hygiene in addition to income generating activities. UNICEF Sudan is using solar for health (vaccination cold chain, solarizing health centres), education (e-learning), and WASH (solar-powered or hybrid water yards and hand pumps) interventions.

### **E-Learning**

Sudan's e-learning programme offers out-of-school children an innovative education programme. Not regular lesson with books and pens, but an e-learning programme on solar-powered tablets. The programme uses solar-powered tablets. Local facilitators support the children in their learning. They receive a special training that includes child-friendly teaching and the technical aspects of the game and tablets. Stories and videos are used to explain the different exercises, as many children cannot read or write. Instruction videos have been recorded by the children themselves, and children's drawings are used to illustrate the lessons. This simple, child-friendly design makes the games recognisable for boys and girls living in remote areas in Sudan.

### **New No Time to Waste approach to the nutrition crisis**

UNICEF – globally and in Sudan – revised its approach to nutrition with the implementation of the *No Time to Waste* strategy in Sudan. A triple emphasis of prevention, early detection and treatment will over time reduce the humanitarian burden of malnutrition and offers an opportunity to make real gains for children's rights in Sudan.

### **Mother and Child Cash Transfer Plus (MCCT+)**

To respond to the deteriorating humanitarian and economic situation, UNICEF and partners launched the MCCT+ programme for the First 1,000 Days of Life. The programme is initially rolled-out in the eastern states where children suffer from high prevalence of malnutrition. The MCCT+ programme combines regular cash assistance to beneficiaries with a package of integrated services such as healthcare, nutrition, water and sanitation, and child protection. The programme seeks to tackle child and maternal mortality and malnutrition through improved infant and young child feeding.

The roll-out of the MCCT+ programme sees UNICEF directly deliver social protection services planned by the previous civilian government, in such a way as to be able to return this to the ownership of a future civilian government. This was facilitated by the rapid establishment of the Cash Implementation Unit, supporting integrated programming for the First 1000 Days. It is a crucial part of reducing neonatal deaths in Sudan, stubbornly high for decades.



Children practice in preparation for the friendly football match with the women's team at the Sudan Football Association Stadium in Khartoum.  
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## Financial Analysis

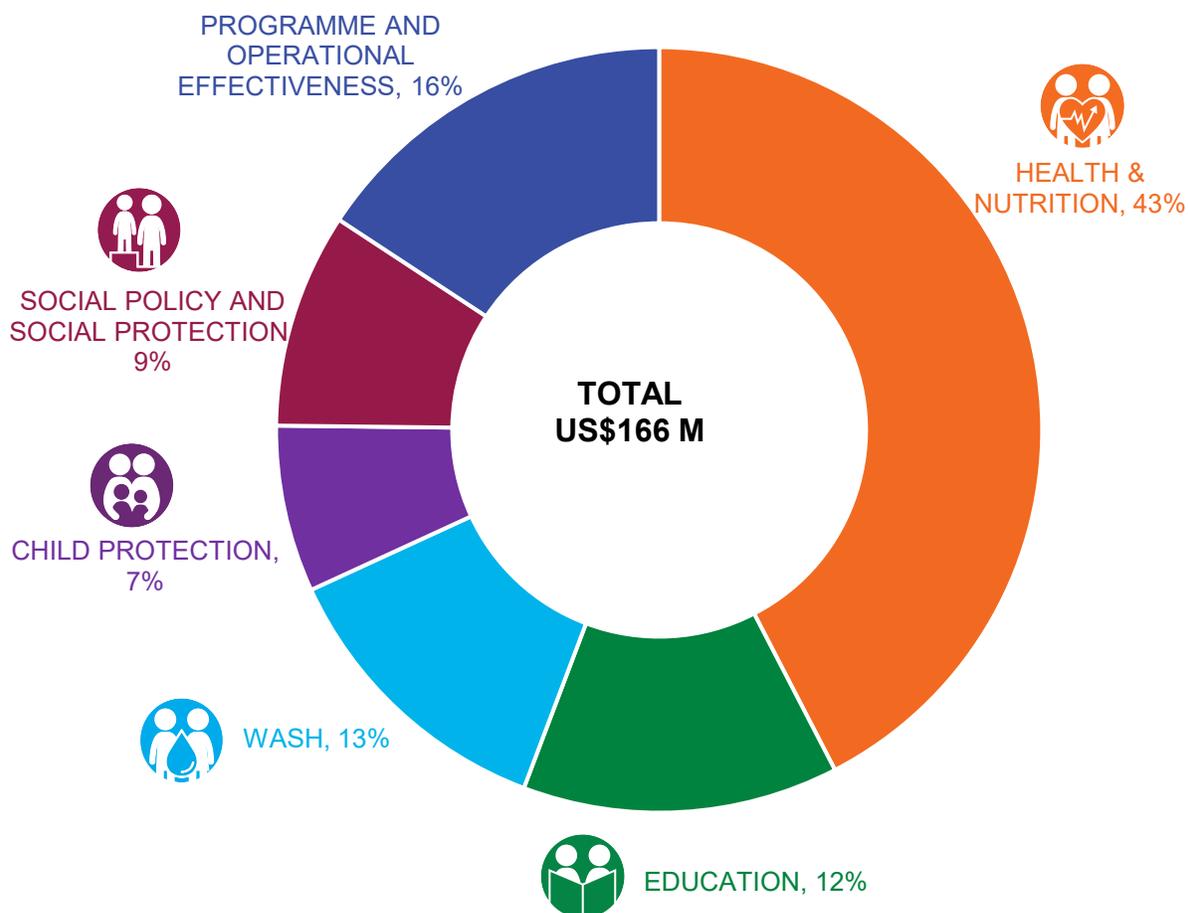
### Thematic funding received by UNICEF Sudan, 2018-2022

(in US Dollars)

Resource partner	Thematic area	Other Resources – Regular
Sweden	Child Protection	8,306,558
	Social Inclusion	3,676,006
	WASH	3,286,159
	Education	2,778,056
	Nutrition	2,222,445
	Health	2,222,445
	Gender Equality	1,666,833
	Safe and Healthy Environment	1,481,630
	<b>Total</b>	<b>25,640,132</b>
Germany	Safe and Healthy Environment	3,822,630
	<b>Total</b>	<b>3,822,630</b>
United States Fund for UNICEF	Education	950,000
	Health	47,500
	<b>Total</b>	<b>997,500</b>
United Kingdom Committee for UNICEF	WASH	99,124
	Education	65,445
	<b>Total</b>	<b>164,569</b>
UNICEF – United Arab Emirates	WASH	151,650
	<b>Total</b>	<b>151,650</b>
Spanish Committee for UNICEF	WASH	128,012
	<b>Total</b>	<b>128,012</b>
German Committee for UNICEF	WASH	116,490
	<b>Total</b>	<b>116,490</b>
Italian Committee for UNICEF	WASH	50,872
	Health	19,575
	<b>Total</b>	<b>70,447</b>
Portuguese Committee for UNICEF	WASH	69,954
	<b>Total</b>	<b>69,954</b>
Austrian Committee for UNICEF	WASH	26,761
	<b>Total</b>	<b>26,761</b>
Netherlands Committee for UNICEF	WASH	23,108
	<b>Total</b>	<b>23,108</b>
Polish National Comm for UNICEF	WASH	21,323
	<b>Total</b>	<b>21,323</b>

UNICEF Ireland	WASH	20,500
	<b>Total</b>	<b>20,500</b>
Turkish National Comm for UNICEF	WASH	20,497
	<b>Total</b>	<b>20,497</b>
Swiss Committee for UNICEF	WASH	19,807
	<b>Total</b>	<b>19,807</b>
Hellenic National Committee	WASH	15,166
	<b>Total</b>	<b>15,166</b>
Belgian Committee for UNICEF	WASH	12,319
	<b>Total</b>	<b>12,319</b>
UNICEF-Croatia	WASH	3,378
	<b>Total</b>	<b>3,378</b>
<b>Grand Total</b>		<b>31,324,240</b>

## Funding delivered in programming in 2022



## Planned budget vs actuals for 2022 (in US Dollars)

	Output	Funding Type	Planned Budget	Funded	Shortfall
HEALTH AND NUTRITION	Output 1.1 Evidence-based planning for health and nutrition	RR	114,334	114,334	-
		ORR	4,166,150	975,306	3,190,844
		ORE	590,971	219,559	371,412
		<b>Total</b>	<b>4,871,455</b>	<b>1,309,199</b>	<b>3,562,256</b>
	Output 1.2 Integrated high-impact health and nutrition services	RR	2,603,364	2,603,364	-
		ORR	9,387,097	16,342,740	(6,955,643)
		ORE	41,648,209	21,070,266	20,577,943
		<b>Total</b>	<b>53,638,670</b>	<b>40,016,369</b>	<b>13,622,300</b>
	Output 1.3 Evidence-based planning for health and nutrition	RR	171,454	171,454	0
		ORR	15,387,097	1,201,087	14,186,009
		ORE	32,940,054	18,904,637	14,035,417
		<b>Total</b>	<b>48,498,604</b>	<b>20,277,179</b>	<b>28,221,426</b>
	Output 1.4 Knowledge on key family practices	RR	110,640	110,640	-
		ORR	3,911,290	1,783,655	2,127,635
		ORE	2,252,766	1,652,165	600,601
		<b>Total</b>	<b>6,274,697</b>	<b>3,546,460</b>	<b>2,728,237</b>
	Output 1.5 Technical assistance and support	RR	309,504	309,504	-
		ORR	1,564,516	2,081,037	(516,520)
		ORE	11,750,985	2,810,912	8,940,073
		<b>Total</b>	<b>13,625,005</b>	<b>5,201,453</b>	<b>8,423,552</b>
<b>Total</b>	RR	3,309,296	3,309,296	-	
	ORR	34,416,150	22,383,825	12,032,325	
	ORE	89,182,985	44,657,539	44,525,446	
	<b>Total</b>	<b>126,908,431</b>	<b>70,350,660</b>	<b>56,557,772</b>	
WASH	Output 2.1 Basic sanitation and hygiene	RR	103,147	103,147	0
		ORR	4,693,548	2,332,665	2,360,884
		ORE	14,093,058	4,646,716	9,446,342
		<b>Total</b>	<b>18,889,754</b>	<b>7,082,528</b>	<b>11,807,226</b>
	Output 2.2 Basic water supply	RR	140,160	140,160	0
		ORR	3,911,290	4,117,594	-206,304
		ORE	15,272,347	7,462,805	7,809,543
		<b>Total</b>	<b>19,323,798</b>	<b>11,720,559</b>	<b>7,603,239</b>
	Output 2.3 WASH enabling environment	RR	54,641	54,641	0
		ORR	1,564,516	147,735	1,416,781
		ORE	89,026	45,624	43,402
		<b>Total</b>	<b>1,708,184</b>	<b>248,000</b>	<b>1,460,183</b>
	Output 2.4 Technical assistance and support	RR	301,589	301,589	0
		ORR	2,008,995	1,858,386	150,609
		ORE	3,929,569	910,637	3,018,932

		<b>Total</b>	<b>6,240,153</b>	<b>3,070,612</b>	<b>3,169,541</b>
	<b>Total</b>	RR	599,538	599,538	-
		ORR	12,178,350	8,456,380	3,721,970
		ORE	33,384,000	13,065,782	20,318,218
		<b>Total</b>	<b>46,161,888</b>	<b>22,121,699</b>	<b>24,040,189</b>
EDUCATION	Output 3.1 Access to Education	RR	188,639	188,639	-
		ORR	5,525,871	8,037,538	(2,511,667)
		ORE	47,260,334	2,985,288	44,275,046
		<b>Total</b>	<b>52,974,844</b>	<b>11,211,465</b>	<b>41,763,379</b>
	Output 3.2 Learning outcomes	RR	172,783	172,783	-
		ORR	6,258,065	4,528,434	1,729,630
		ORE	27,617,881	556,398	27,061,483
		<b>Total</b>	<b>34,048,728</b>	<b>5,257,614</b>	<b>28,791,113</b>
	Output 3.3 System strengthening and policy	RR	131,292	131,292	-
		ORR	3,911,290	684,978	3,226,312
		ORE	223,683	36,398	187,285
		<b>Total</b>	<b>4,266,265</b>	<b>852,669</b>	<b>3,413,597</b>
	Output 3.4 Technical assistance and support	RR	325,138	325,138	-
		ORR	2,346,774	2,681,769	(334,994)
		ORE	14,667,659	231,321	14,436,338
		<b>Total</b>	<b>17,339,571</b>	<b>3,238,227</b>	<b>14,101,344</b>
	<b>Total</b>	RR	817,852	817,852	-
		ORR	18,042,000	15,932,719	2,109,281
		ORE	89,769,556	3,809,404	85,960,152
		<b>Total</b>	<b>108,629,408</b>	<b>20,559,975</b>	<b>88,069,433</b>
CHILD PROTECTION	Output 4.1 Strengthened child protection system	RR	125,564	125,564	0
		ORR	3,840,176	651,286	3,188,889
		ORE	33,335	227,276	-193,942
		<b>Total</b>	<b>3,999,074</b>	<b>1,004,126</b>	<b>2,994,948</b>
	Output 4.2 Service providers have strengthened capacities and deliver quality specialised child-protection services	RR	137,657	137,657	0
		ORR	3,840,176	2,474,495	1,365,681
		ORE	34,067,397	1,919,305	32,148,092
		<b>Total</b>	<b>38,045,230</b>	<b>4,531,457</b>	<b>33,513,773</b>
	Output 4.3 Communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage	RR	-1,801	-1,801	0
		ORR	2,577,910	3,148,602	-570,692
		ORE	1,276,907	143,019	1,133,887
		<b>Total</b>	<b>3,853,016</b>	<b>3,289,820</b>	<b>563,195</b>
	Output 4.4 Technical assistance and support	RR	418,661	418,661	0
		ORR	1,920,088	2,107,154	-187,066
		ORE	10,691,365	332,294	10,359,071
		<b>Total</b>	<b>13,030,114</b>	<b>2,858,109</b>	<b>10,172,005</b>
	<b>Total</b>	RR	680,080	680,080	-

		ORR	12,178,350	8,381,538	3,796,812
		ORE	46,069,004	2,621,895	43,447,109
		<b>Total</b>	<b>58,927,434</b>	<b>11,683,513</b>	<b>47,243,921</b>
SOCIAL POLICY AND PROTECTION	Output 5.1 Evidence Based Policy and Planning	RR	1,475,436	1,475,436	0
		ORR	1,075,605	471,633	603,972
		ORE	2,532,520	526,725	2,005,795
		<b>Total</b>	<b>5,083,560</b>	<b>2,473,794</b>	<b>2,609,767</b>
	Output 5.2 Social Protection	RR	97,655	97,655	0
		ORR	2,810,340	9,850,682	-7,040,341
		ORE	40,006	10,039	29,967
		<b>Total</b>	<b>2,948,001</b>	<b>9,958,375</b>	<b>(7,010,374)</b>
	Output 5.3 Technical assistance and support	RR	715,018	715,018	0
		ORR	1,075,605	1,902,802	-827,197
		ORE	5,365,474	2,871	5,362,603
		<b>Total</b>	<b>7,156,097</b>	<b>2,620,691</b>	<b>4,535,406</b>
	<b>Total</b>	RR	2,288,108	2,288,108	-
		ORR	4,961,550	12,225,116	(7,263,566)
		ORE	7,938,000	539,635	7,398,365
		<b>Total</b>	<b>15,187,658</b>	<b>15,052,860</b>	<b>134,799</b>
PROGRAMME AND OPERATIONAL EFFECTIVENESS (OPERATIONS, RISK ASSURANCE, MONITORING AND EVALUATION, PARTNERSHIPS, ADVOCACY AND COMMUNICATIONS, SOCIAL BEHAVIORAL CHANGE COMMUNICATIONS)		RR	6,221,093	6,221,093	-
		ORR	14,433,600	13,040,900	1,392,700
		ORE	3,702,460	6,856,811	-3,154,351
		<b>Total</b>	<b>24,357,153</b>	<b>26,118,804</b>	<b>(1,761,651)</b>
<b>GRAND TOTAL</b>		RR	13,915,968	13,915,968	-
		ORR	96,210,000	80,420,478	15,789,522
		ORE	270,046,005	71,551,065	198,494,940
		<b>Total</b>	<b>380,171,973</b>	<b>165,887,511</b>	<b>214,284,462</b>

## Planned budget for 2023 (in US Dollars)

	Output	Other Resources - Regular	Other Resources - Emergency	Grand Total
HEALTH AND NUTRITION	Output 1.1 Evidence-based planning for health and nutrition	975,306	-	975,306
	Output 1.2 Integrated high-impact health and nutrition services.	16,342,740	32,800,000	49,142,740
	Output 1.3 Severe Acute Malnutrition	1,201,087	284,400,000	285,601,087
	Output 1.4 Knowledge on key family practices	1,783,655	-	1,783,655
	Output 1.5 Technical assistance and support	2,081,037	-	2,081,037
	<b>Total</b>	<b>22,383,825</b>	<b>317,200,000</b>	<b>339,583,825</b>

WASH	Output 2.1 Basic sanitation and hygiene	2,332,665	12,607,000	14,939,665
	Output 2.2 Basic water supply	4,117,594	16,470,000	20,587,594
	Output 2.3 WASH enabling environment	147,735	4,323,000	4,470,735
	Output 2.4 Technical assistance and support	1,858,386	-	1,858,386
	<b>Total</b>	<b>8,456,380</b>	<b>33,400,000</b>	<b>41,856,380</b>
EDUCATION	Output 3.1 Access to Education	8,037,538	69,629,601	77,667,139
	Output 3.2 Learning outcomes	4,528,434	9,100,000	13,628,434
	Output 3.3 System strengthening and policy	684,978	1,070,399	1,755,377
	Output 3.4 Technical assistance and support	2,681,769	-	2,681,769
	<b>Total</b>	<b>15,932,719</b>	<b>79,800,000</b>	<b>95,732,719</b>
CHILD PROTECTION	Output 4.1 Strengthened child protection system	651,286	10,000,000	10,651,286
	Output 4.2 Service providers have strengthened capacities and deliver quality specialised child-protection services	2,474,495	23,600,000	26,074,495
	Output 4.3 Communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage	3,148,602	15,000,000	18,148,602
	Output 4.4 Technical assistance and support	2,107,154	-	2,107,154
	<b>Total</b>	<b>8,381,538</b>	<b>48,600,000</b>	<b>56,981,538</b>
SOCIAL POLICY AND PROTECTION	Output 5.1 Evidence Based Policy and Planning	471,633	-	471,633
	Output 5.2 Social Protection	9,850,682	100,000,000	109,850,682
	Output 5.3 Technical assistance and support	1,902,802	-	1,902,802
	<b>Total</b>	<b>12,225,116</b>	<b>100,000,000</b>	<b>112,225,116</b>
PROGRAMME AND OPERATIONAL EFFECTIVENESS (OPERATIONS, RISK ASSURANCE, MONITORING AND EVALUATION, PARTNERSHIPS, ADVOCACY AND COMMUNICATIONS, SOCIAL BEHAVIORAL CHANGE COMMUNICATIONS)		13,040,900	5,600,000	<b>18,640,900</b>
<b>GRAND TOTAL</b>		<b>80,420,478</b>	<b>584,600,000</b>	<b>665,020,478</b>

## Expenses by programme areas for 2022 (in US Dollars)

### HEALTH

**Table 1: Health expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>32,615,872</b>
31-01 Strengthening primary health care and high-impact health interventions	30,648,247
31-02 Immunization services as part of primary health care	1,967,625
<b>Other Resources - Regular</b>	<b>14,988,651</b>
31-01 Strengthening primary health care and high-impact health interventions	11,941,188
31-02 Immunization services as part of primary health care	3,047,464
<b>Regular Resources</b>	<b>4,210,125</b>
31-01 Strengthening primary health care and high-impact health interventions	2,952,673
31-02 Immunization services as part of primary health care	1,257,452
<b>Grand Total</b>	<b>51,814,648</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

Specific Intervention Codes	Expenses
<b>Other Resources - Emergency</b>	<b>32,615,872</b>
31-01-01 Community and home based maternal and newborn care	537,191
31-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	1,854,548
31-01-03 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	10,575
31-01-04 Implementation of community based integrated prevention and management of childhood illnesses (e.g. iCCM)	30,803
31-01-05 IMNCI facilities and referral level management of childhood illnesses (e.g. ETAT, inpatient care)	7,114
31-01-08 Malaria prevention and case management	151,516
31-01-10 HSS - Health systems procurement and supplies management	4,550,195
31-01-11 HSS - Health sector policy, planning and governance at national or sub-national levels	24,782
31-01-13 HSS - implementation research in Health	28,162
31-01-14 Digital Health and Health Information Systems	7,697
31-01-15 Epidemic preparedness and response	15,219,084
31-01-99 Technical Assistance - MNCH and HSS	4,983,280
31-02-01 Social and Behaviour Change and Community Engagement for Immunization	3,491
31-02-02 Immunization supply chain, including cold chain	868,055
31-02-05 Immunization programmes to reach zero dose communities	647,493
31-02-11 Polio Continuous social mobilization and communication	133,677
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	19,910
36-02-01 Data analysis, including situation analysis and update	4,289
36-02-02 MICS - General	5,571

36-02-05 Programme Monitoring including joint monitoring	106,084
36-02-06 Field Monitoring including humanitarian performance monitoring	20,580
36-03-02 Capacity and Skills Development for social and behaviour change	2,105
36-03-03 Children, adolescent and youth engagement and participation	2,687
36-03-04 Community engagement, feedback and accountability mechanisms	778,425
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	809
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	593,306
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	186,902
36-05-03 Country Programme evaluations (including UNDAF evaluations)	83,001
36-07-05 Learning	101
36-12-01 Advocacy	2,477
36-12-03 Digital	388,607
36-13-01 Operations support to programme delivery	1,889,623
37-01-06 HQ and RO technical support to multiple Goal Areas	1,228
37-01-15 CO programme coordination	17,871
37-01-16 CO advocacy and communication	120,200
38-05-04 Management and Operations support at CO	-665,567
<b>Other Resources - Regular</b>	<b>14,988,651</b>
31-01-01 Community and home based maternal and newborn care	115,530
31-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	467,137
31-01-03 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	113,000
31-01-04 Implementation of community based integrated prevention and management of childhood illnesses (e.g. iCCM)	26,936
31-01-05 IMNCI facilities and referral level management of childhood illnesses (e.g. ETAT, inpatient care)	16,639
31-01-08 Malaria prevention and case management	3,923,283
31-01-09 HSS - Community Health System	40
31-01-10 HSS - Health systems procurement and supplies management	1,228,048
31-01-11 HSS - Health sector policy, planning and governance at national or sub-national levels	164,223
31-01-12 Financing for PHC/HSS, including private sector engagement	139
31-01-13 HSS - implementation research in Health	8,204
31-01-14 Digital Health and Health Information Systems	25,105
31-01-15 Epidemic preparedness and response	2,205,817
31-01-99 Technical Assistance - MNCH and HSS	2,470,924
31-02-01 Social and Behaviour Change and Community Engagement for Immunization	45,610
31-02-02 Immunization supply chain, including cold chain	732,392
31-02-03 Evidence generation and policy advocacy for immunization	23,772
31-02-05 Immunization programmes to reach zero dose communities	1,854,214
31-02-11 Polio Continuous social mobilization and communication	106,984

36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	3,409
36-02-01 Data analysis, including situation analysis and update	3,143
36-02-02 MICS - General	3,373
36-02-05 Programme Monitoring including joint monitoring	-1,307
36-02-06 Field Monitoring including humanitarian performance monitoring	9,812
36-03-02 Capacity and Skills Development for social and behaviour change	1,594
36-03-03 Children, adolescent and youth engagement and participation	1,953
36-03-04 Community engagement, feedback and accountability mechanisms	344,338
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	35
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	245,510
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	452,008
36-05-03 Country Programme evaluations (including UNDAF evaluations)	-24,978
36-05-06 Building global / regional / national stakeholder evaluation capacity	-17
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	23,102
36-12-01 Advocacy	73,643
36-12-03 Digital	62,852
36-13-01 Operations support to programme delivery	361,096
37-01-15 CO programme coordination	-2,038
37-01-16 CO advocacy and communication	-2,054
38-05-04 Management and Operations support at CO	-94,819
<b>Regular Resources</b>	<b>4,210,125</b>
31-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	674,679
31-01-03 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	12,255
31-01-04 Implementation of community based integrated prevention and management of childhood illnesses (e.g. iCCM)	681
31-01-08 Malaria prevention and case management	466,785
31-01-10 HSS - Health systems procurement and supplies management	226,396
31-01-11 HSS - Health sector policy, planning and governance at national or sub-national levels	37,320
31-01-13 HSS - implementation research in Health	1,900
31-01-15 Epidemic preparedness and response	321,555
31-01-99 Technical Assistance - MNCH and HSS	335,195
31-02-02 Immunization supply chain, including cold chain	302,174
31-02-03 Evidence generation and policy advocacy for immunization	5,680
31-02-05 Immunization programmes to reach zero dose communities	730,773
31-02-11 Polio Continuous social mobilization and communication	11,341
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	22,462
36-02-01 Data analysis, including situation analysis and update	6,994
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	116,478

36-02-06 Field Monitoring including humanitarian performance monitoring	8,129
36-03-02 Capacity and Skills Development for social and behaviour change	5,507
36-03-03 Children, adolescent and youth engagement and participation	890
36-03-04 Community engagement, feedback and accountability mechanisms	30,693
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	562
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	15,335
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	99,332
36-05-03 Country Programme evaluations (including UNDAF evaluations)	2,541
36-07-05 Learning	1,050
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	1,504
36-12-01 Advocacy	53,045
36-12-03 Digital	224,995
36-13-01 Operations support to programme delivery	521,549
37-01-06 HQ and RO technical support to multiple Goal Areas	3,896
38-05-04 Management and Operations support at CO	-31,571
<b>Grand Total</b>	<b>51,814,648</b>

**Table 3: Planned budget for 2023 (in US Dollars)**

Output	Regular Resources	Other Resources - Regular	Other Resources - Emergency	Grand Total
<b>Output 1.1</b> Evidence-based planning for health and nutrition	247,105	970,387	0	<b>1,217,492</b>
<b>Output 1.2</b> Integrated high-impact health and nutrition services.	2,718,153	10,674,260	32,800,000	<b>46,192,413</b>
<b>Total Budget</b>	<b>2,965,258</b>	<b>11,644,647</b>	<b>32,800,000</b>	<b>47,409,905</b>

## NUTRITION

**Table 1: Nutrition expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>23,803,606</b>
31-06 Nutrition in early childhood	796,392
31-07 Nutrition of adolescents and women	237,814
31-08 Early detection and treatment of malnutrition	22,769,399
<b>Other Resources - Regular</b>	<b>2,008,797</b>
31-06 Nutrition in early childhood	734,739
31-07 Nutrition of adolescents and women	91,988
31-08 Early detection and treatment of malnutrition	1,182,070
<b>Regular Resources</b>	<b>203,950</b>
31-06 Nutrition in early childhood	131,736
31-07 Nutrition of adolescents and women	2,469

31-08 Early detection and treatment of malnutrition	69,745
<b>Grand Total</b>	<b>26,016,353</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

<b>Specific Intervention Codes</b>	<b>Expenses</b>
<b>Other Resources - Emergency</b>	<b>23,803,606</b>
31-06-01 Breastfeeding protection, promotion and support, including work on the Code of Marketing of Breastmilk Substitutes	80,289
31-06-02 Diet diversity in early childhood, including complementary feeding, multiple micronutrient powders and lipid-based nutrition supplements	17,067
31-06-03 Micronutrient supplementation in early childhood, including vitamin A supplementation and deworming prophylaxis	1,138
31-06-05 National multisectoral strategies and plans to prevent stunting and wasting (excludes intervention specific strategies)	153,237
31-06-99 Technical assistance - Nutrition in early childhood	551,844
31-07-01 Maternal nutrition, including counselling, micronutrient supplementation and dietary support	229,450
31-08-01 Early detection and treatment for children with life-threatening wasting	21,339,418
31-08-02 Preparedness and response for maternal and child nutrition	392,252
31-08-04 Strengthening data and national information systems in emergencies, including rapid assessments, IPC, smart surveys and other nutrition surveys	9,806
31-08-99 Technical assistance - Early detection and treatment of malnutrition	428,356
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	8,648
36-02-01 Data analysis, including situation analysis and update	1,409
36-02-02 MICS - General	682
36-02-05 Programme Monitoring including joint monitoring	35,311
36-02-06 Field Monitoring including humanitarian performance monitoring	27,817
36-03-02 Capacity and Skills Development for social and behaviour change	586
36-03-03 Children, adolescent and youth engagement and participation	491
36-03-04 Community engagement, feedback and accountability mechanisms	23,315
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	408
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	6,560
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	50,056
36-05-03 Country Programme evaluations (including UNDAF evaluations)	14,625
36-07-05 Learning	43
36-12-01 Advocacy	9,771
36-12-03 Digital	16,541
36-13-01 Operations support to programme delivery	195,238
37-01-06 HQ and RO technical support to multiple Goal Areas	2,091
37-01-15 CO programme coordination	29,858
37-01-16 CO advocacy and communication	14,903
38-05-04 Management and Operations support at CO	162,394
<b>Other Resources - Regular</b>	<b>2,008,797</b>

31-06-01 Breastfeeding protection, promotion and support, including work on the Code of Marketing of Breastmilk Substitutes	113,462
31-06-02 Diet diversity in early childhood, including complementary feeding, multiple micronutrient powders and lipid-based nutrition supplements	7,508
31-06-03 Micronutrient supplementation in early childhood, including vitamin A supplementation and deworming prophylaxis	139,635
31-06-05 National multisectoral strategies and plans to prevent stunting and wasting (excludes intervention specific strategies)	261,997
31-06-06 Strengthening data and national information systems, including routine systems, nutrition surveys and assessments (early childhood nutrition)	4
31-06-99 Technical assistance - Nutrition in early childhood	138,399
31-07-01 Maternal nutrition, including counselling, micronutrient supplementation and dietary support	79,511
31-08-01 Early detection and treatment for children with life-threatening wasting	608,825
31-08-02 Preparedness and response for maternal and child nutrition	260,995
31-08-04 Strengthening data and national information systems in emergencies, including rapid assessments, IPC, smart surveys and other nutrition surveys	25,129
31-08-99 Technical assistance - Early detection and treatment of malnutrition	115,179
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	5,402
36-02-01 Data analysis, including situation analysis and update	3,038
36-02-02 MICS - General	21,215
36-02-05 Programme Monitoring including joint monitoring	-4,665
36-02-06 Field Monitoring including humanitarian performance monitoring	9,277
36-03-02 Capacity and Skills Development for social and behaviour change	359
36-03-03 Children, adolescent and youth engagement and participation	390
36-03-04 Community engagement, feedback and accountability mechanisms	44,705
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	64,471
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	2,000
36-05-03 Country Programme evaluations (including UNDAF evaluations)	-184,879
36-05-06 Building global / regional / national stakeholder evaluation capacity	-12
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	44,384
36-12-01 Advocacy	6,432
36-12-03 Digital	13,002
36-13-01 Operations support to programme delivery	88,392
37-01-15 CO programme coordination	-525
37-01-16 CO advocacy and communication	7,762
38-05-04 Management and Operations support at CO	137,405
<b>Regular Resources</b>	<b>203,950</b>
31-06-03 Micronutrient supplementation in early childhood, including vitamin A supplementation and deworming prophylaxis	150
31-06-99 Technical assistance - Nutrition in early childhood	110,812
31-07-01 Maternal nutrition, including counselling, micronutrient supplementation and dietary support	2,434
31-08-01 Early detection and treatment for children with life-threatening wasting	13,565

31-08-02 Preparedness and response for maternal and child nutrition	8,276
31-08-04 Strengthening data and national information systems in emergencies, including rapid assessments, IPC, smart surveys and other nutrition surveys	637
31-08-99 Technical assistance - Early detection and treatment of malnutrition	5,507
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	1,402
36-02-01 Data analysis, including situation analysis and update	437
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	7,382
36-02-06 Field Monitoring including humanitarian performance monitoring	507
36-03-02 Capacity and Skills Development for social and behaviour change	1,132
36-03-03 Children, adolescent and youth engagement and participation	56
36-03-04 Community engagement, feedback and accountability mechanisms	2,111
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	35
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	1,113
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	16,001
36-05-03 Country Programme evaluations (including UNDAF evaluations)	159
36-07-05 Learning	66
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	94
36-12-01 Advocacy	391
36-12-03 Digital	1,646
36-13-01 Operations support to programme delivery	21,271
37-01-06 HQ and RO technical support to multiple Goal Areas	29
38-05-04 Management and Operations support at CO	8,740
<b>Grand Total</b>	<b>26,016,353</b>

## EDUCATION

**Table 1: Education expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>3,812,320</b>
32-01 Access to quality learning opportunities	2,901,588
32-02 Learning, skills, participation and engagement	910,731
<b>Other Resources - Regular</b>	<b>10,749,181</b>
32-01 Access to quality learning opportunities	6,902,534
32-02 Learning, skills, participation and engagement	3,846,647
<b>Regular Resources</b>	<b>651,905</b>
32-01 Access to quality learning opportunities	356,597
32-02 Learning, skills, participation and engagement	295,308
<b>Grand Total</b>	<b>15,213,406</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

Specific Intervention Codes	Expenses
<b>Other Resources - Emergency</b>	<b>3,812,320</b>
32-01-01 Provision of (formal and non-formal) early-learning / pre-primary education (including in temporary learning spaces)	488,337
32-01-03 Provision of (formal and non-formal) primary education (including in temporary learning spaces)	1,473,769
32-01-05 Provision of (formal and non-formal) multiple-levels or alternative pathways of education (including in temporary learning spaces)	177,878
32-01-07 System strengthening - inclusive education for other vulnerable children poorest quintile, ethnic/linguistic minorities, migrant children, non-citizens/undocumented children etc.	289,539
32-01-08 System strengthening - risk informed programming, including climate, resilience, disaster, conflict, and emergency preparedness	188,785
32-01-12 System strengthening - Evidence based education sector planning	12,078
32-01-14 System strengthening - Education management information system (does not include learning assessment system)	2,822
32-02-02 Provision or procurement of primary education learning materials	116,294
32-02-03 Provision or procurement of secondary education learning materials	30,270
32-02-06 Digital learning materials and ICT in education	356,400
32-02-07 Provision of early learning / pre-primary education teacher training	734
32-02-08 Provision of primary education teacher training	8,108
32-02-12 Provision of training of school communities e.g. parent teacher associations, school management committees	291,355
32-02-17 System strengthening - teacher development, management, and support	27,603
32-02-18 System strengthening - Student and community participation and social accountability, e.g. school management committees	6
32-02-20 Provision of skills development (including in temporary learning spaces)	8,801
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	1,944
36-02-01 Data analysis, including situation analysis and update	811
36-02-02 MICS - General	1,697
36-02-05 Programme Monitoring including joint monitoring	13,673
36-02-06 Field Monitoring including humanitarian performance monitoring	24,526
36-03-02 Capacity and Skills Development for social and behaviour change	104
36-03-03 Children, adolescent and youth engagement and participation	751
36-03-04 Community engagement, feedback and accountability mechanisms	5,058
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	117
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	37,860
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	3,151
36-05-03 Country Programme evaluations (including UNDAF evaluations)	129,139
36-07-05 Learning	38

36-12-01 Advocacy	1,939
36-12-03 Digital	33,152
36-13-01 Operations support to programme delivery	233,259
37-01-06 HQ and RO technical support to multiple Goal Areas	460
37-01-15 CO programme coordination	120,429
37-01-16 CO advocacy and communication	28,578
38-05-04 Management and Operations support at CO	-297,148
<b>Other Resources - Regular</b>	<b>10,749,181</b>
32-01-01 Provision of (formal and non-formal) early-learning / pre-primary education (including in temporary learning spaces)	137,856
32-01-03 Provision of (formal and non-formal) primary education (including in temporary learning spaces)	4,730,970
32-01-05 Provision of (formal and non-formal) multiple-levels or alternative pathways of education (including in temporary learning spaces)	561,743
32-01-06 System strengthening - inclusive education for children with disabilities	334
32-01-07 System strengthening - inclusive education for other vulnerable children poorest quintile, ethnic/linguistic minorities, migrant children, non-citizens/undocumented children etc.	98,083
32-01-08 System strengthening - risk informed programming, including climate, resilience, disaster, conflict, and emergency preparedness	150,888
32-01-09 System strengthening - Peace building education	177
32-01-11 Other activities for equitable access to quality education e.g. school feeding, school grants	234,343
32-01-12 System strengthening - Evidence based education sector planning	264,335
32-01-14 System strengthening - Education management information system (does not include learning assessment system)	33,146
32-01-99 Technical assistance - Equitable access to quality education	64,522
32-02-02 Provision or procurement of primary education learning materials	1,384,198
32-02-03 Provision or procurement of secondary education learning materials	12,821
32-02-06 Digital learning materials and ICT in education	-73,265
32-02-07 Provision of early learning / pre-primary education teacher training	33,494
32-02-08 Provision of primary education teacher training	664,255
32-02-12 Provision of training of school communities e.g. parent teacher associations, school management committees	962,850
32-02-14 System strengthening - curricula and learning materials design (excluding early-learning / pre-primary)	1,094
32-02-15 System strengthening - learning assessment systems	464
32-02-17 System strengthening - teacher development, management, and support	30,147
32-02-18 System strengthening - Student and community participation and social accountability, e.g. school management committees	62,755
32-02-20 Provision of skills development (including in temporary learning spaces)	32,504
32-02-21 System strengthening - mainstreaming of skills development within national education/training system	12,040

32-02-23 System strengthening - gender equitable skills development (excluding SRGBV)	49,898
32-02-98 Technical assistance - Learning outcomes	-2,353
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	27,383
36-02-01 Data analysis, including situation analysis and update	272
36-02-02 MICS - General	31,719
36-02-05 Programme Monitoring including joint monitoring	10,154
36-02-06 Field Monitoring including humanitarian performance monitoring	14,924
36-03-02 Capacity and Skills Development for social and behaviour change	1,032
36-03-03 Children, adolescent and youth engagement and participation	1,571
36-03-04 Community engagement, feedback and accountability mechanisms	50,639
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	27
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	155,281
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	125,397
36-05-03 Country Programme evaluations (including UNDAF evaluations)	1,682
36-05-06 Building global / regional / national stakeholder evaluation capacity	-7
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	23,062
36-12-01 Advocacy	44,165
36-12-03 Digital	277,326
36-13-01 Operations support to programme delivery	529,331
37-01-15 CO programme coordination	10,028
37-01-16 CO advocacy and communication	44,462
38-05-04 Management and Operations support at CO	-46,566
<b>Regular Resources</b>	<b>651,905</b>
32-01-01 Provision of (formal and non-formal) early-learning / pre-primary education (including in temporary learning spaces)	4,100
32-01-03 Provision of (formal and non-formal) primary education (including in temporary learning spaces)	80,207
32-01-05 Provision of (formal and non-formal) multiple-levels or alternative pathways of education (including in temporary learning spaces)	6,914
32-01-07 System strengthening - inclusive education for other vulnerable children poorest quintile, ethnic/linguistic minorities, migrant children, non-citizens/undocumented children etc.	89,862
32-01-09 System strengthening - Peace building education	249
32-01-12 System strengthening - Evidence based education sector planning	75,778
32-02-02 Provision or procurement of primary education learning materials	177,553
32-02-03 Provision or procurement of secondary education learning materials	79,920
32-02-07 Provision of early learning / pre-primary education teachertraining	19,319

32-02-21 System strengthening - mainstreaming of skills development within national education/training system	312
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	1,578
36-02-01 Data analysis, including situation analysis and update	491
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	12,174
36-02-06 Field Monitoring including humanitarian performance monitoring	571
36-03-02 Capacity and Skills Development for social and behaviour change	821
36-03-03 Children, adolescent and youth engagement and participation	63
36-03-04 Community engagement, feedback and accountability mechanisms	3,621
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	39
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	1,237
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	18,134
36-05-03 Country Programme evaluations (including UNDAF evaluations)	179
36-07-05 Learning	74
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	106
36-12-01 Advocacy	534
36-12-03 Digital	2,262
36-13-01 Operations support to programme delivery	89,358
37-01-06 HQ and RO technical support to multiple Goal Areas	39
37-01-16 CO advocacy and communication	545
38-05-04 Management and Operations support at CO	-14,134
<b>Grand Total</b>	<b>15,213,406</b>

## CHILD PROTECTION

**Table 1: Child Protection expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>2,621,899</b>
33-01 Protection from violence, exploitation, abuse and neglect	2,086,014
33-02 Promotion of care, mental health and psychosocial well-being and justice	498,068
33-03 Prevention of harmful practice	37,817
<b>Other Resources - Regular</b>	<b>8,381,542</b>
33-01 Protection from violence, exploitation, abuse and neglect	4,181,389
33-02 Promotion of care, mental health and psychosocial well-being and justice	2,047,910
33-03 Prevention of harmful practice	2,152,243

<b>Regular Resources</b>	<b>680,242</b>
33-01 Protection from violence, exploitation, abuse and neglect	551,895
33-02 Promotion of care, mental health and psychosocial well-being and justice	128,253
33-03 Prevention of harmful practice	94
<b>Grand Total</b>	<b>11,683,683</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

<b>Specific Intervention Codes</b>	<b>Expenses</b>
<b>Other Resources - Emergency</b>	<b>4,637,680</b>
33-01-01 Legal and policy framework related to violence, exploitation and abuse	1,575
33-01-02 Response and support services for girls, boys, and women experiencing violence, exploitation, abuse and neglect	356,880
33-01-09 Services to prevent or respond to gender-based violence in emergencies	997,633
33-01-10 Children associated with armed forces and armed groups - prevention and response	64,406
33-01-14 Child Protection humanitarian AoR/humanitarian sector coordination	433
33-01-16 Information Management System (IMS) including CPIMS+, GBVIMS+, MRMIMS+	4,907
33-01-17 Research, evaluation and other evidence generation and use - Violence, exploitation, abuse and neglect	47,513
33-01-99 Technical assistance - Prevention and response services for violence against children	398,884
33-02-01 Promoting diversion and alternatives to deprivation of liberty	5,155
33-02-03 Access to child-friendly and gender-responsive justice processes and procedures	129,803
33-02-06 Community-based child, adolescent, parent and caregiver mental health and psychosocial support through child protection	112,329
33-02-09 Alternative care reform and service provision	6,303
33-02-11 Family tracing, reunification, and interim alternative care for unaccompanied and separated children in humanitarian situations	24,939
33-03-02 Legal and policy framework related to child marriage	11,531
33-03-06 Social and behaviour change and community engagement on female genital mutilation (FGM)	15,928
33-03-99 Technical assistance - FGM	3,803
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	8,991
36-02-01 Data analysis, including situation analysis and update	88
36-02-05 Programme Monitoring including joint monitoring	2,927
36-02-06 Field Monitoring including humanitarian performance monitoring	10,230
36-03-02 Capacity and Skills Development for social and behaviour change	465
36-03-03 Children, adolescent and youth engagement and participation	274
36-03-04 Community engagement, feedback and accountability mechanisms	4,704
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	523
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	1,112

36-03-99 Technical assistance - Cross-sectoral social and behaviour change	610
36-05-03 Country Programme evaluations (including UNDAF evaluations)	6,405
36-07-05 Learning	169
36-12-03 Digital	999,228
36-13-01 Operations support to programme delivery	410,532
37-01-06 HQ and RO technical support to multiple Goal Areas	2,038
37-01-15 CO programme coordination	39,388
37-01-16 CO advocacy and communication	75,520
38-05-04 Management and Operations support at CO	892,454
<b>Other Resources - Regular</b>	<b>10,796,056</b>
33-01-01 Legal and policy framework related to violence, exploitation and abuse	50,670
33-01-02 Response and support services for girls, boys, and women experiencing violence, exploitation, abuse and neglect	2,237,771
33-01-03 Parent/caregiver education and programmes contributing to prevention of violence, exploitation, abuse and neglect - across the life cycle	18,368
33-01-09 Services to prevent or respond to gender-based violence in emergencies	1,011,077
33-01-10 Children associated with armed forces and armed groups - prevention and response	110,107
33-01-14 Child Protection humanitarian AoR/humanitarian sector coordination	2,528
33-01-16 Information Management System (IMS) including CPIMS+, GBVIMS+, MRMIMS+	102,916
33-01-17 Research, evaluation and other evidence generation and use - Violence, exploitation, abuse and neglect	44,674
33-01-99 Technical assistance - Prevention and response services for violence against children	289,922
33-02-01 Promoting diversion and alternatives to deprivation of liberty	431,116
33-02-03 Access to child-friendly and gender-responsive justice processes and procedures	6,587
33-02-06 Community-based child, adolescent, parent and caregiver mental health and psychosocial support through child protection	1,050,692
33-02-07 Social service workforce strengthening	552,663
33-02-08 Public finance management for child protection	49,457
33-02-09 Alternative care reform and service provision	175,510
33-02-11 Family tracing, reunification, and interim alternative care for unaccompanied and separated children in humanitarian situations	78,742
33-02-98 Technical assistance - Justice	208,965
33-03-02 Legal and policy framework related to child marriage	35,549
33-03-06 Social and behaviour change and community engagement on female genital mutilation (FGM)	1,333,980
33-03-99 Technical assistance - FGM	58,614
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	4,479
36-02-01 Data analysis, including situation analysis and update	5,089
36-02-02 MICS - General	25,919
36-02-05 Programme Monitoring including joint monitoring	11,761
36-02-06 Field Monitoring including humanitarian performance monitoring	2,556

36-03-02 Capacity and Skills Development for social and behaviour change	2,527
36-03-03 Children, adolescent and youth engagement and participation	8,937
36-03-04 Community engagement, feedback and accountability mechanisms	108,669
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	81
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	16,290
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	367,330
36-05-03 Country Programme evaluations (including UNDAF evaluations)	571
36-05-06 Building global / regional / national stakeholder evaluation capacity	-1
36-07-05 Learning	22,959
36-12-01 Advocacy	175,824
36-12-03 Digital	232,159
36-13-01 Operations support to programme delivery	1,442,625
37-01-15 CO programme coordination	30,221
37-01-16 CO advocacy and communication	184,909
38-05-04 Management and Operations support at CO	303,245
<b>Regular Resources</b>	<b>1,987,970</b>
33-01-01 Legal and policy framework related to violence, exploitation and abuse	38,769
33-01-02 Response and support services for girls, boys, and women experiencing violence, exploitation, abuse and neglect	409,721
33-01-09 Services to prevent or respond to gender-based violence in emergencies	39,323
33-01-10 Children associated with armed forces and armed groups - prevention and response	18,331
33-01-17 Research, evaluation and other evidence generation and use - Violence, exploitation, abuse and neglect	2,041
33-01-99 Technical assistance - Prevention and response services for violence against children	76,510
33-02-01 Promoting diversion and alternatives to deprivation of liberty	123,062
33-02-06 Community-based child, adolescent, parent and caregiver mental health and psychosocial support through child protection	15,827
33-02-07 Social service workforce strengthening	28,203
33-03-06 Social and behavior change and community engagement on female genital mutilation (FGM)	94
33-03-99 Technical assistance - FGM	13,458
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	1,895
36-02-01 Data analysis, including situation analysis and update	590
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	9,949
36-02-06 Field Monitoring including humanitarian performance monitoring	686
36-03-02 Capacity and Skills Development for social and behaviour change	468
36-03-03 Children, adolescent and youth engagement and participation	75
36-03-04 Community engagement, feedback and accountability mechanisms	2,154
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	47

36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	1,277
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	7,668
36-05-03 Country Programme evaluations (including UNDAF evaluations)	214
36-07-05 Learning	89
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	127
36-12-01 Advocacy	97,439
36-12-03 Digital	413,300
36-13-01 Operations support to programme delivery	635,566
37-01-06 HQ and RO technical support to multiple Goal Areas	7,156
38-05-04 Management and Operations support at CO	43,931
<b>Grand Total</b>	<b>17,421,706</b>

## WASH

**Table 1: WASH expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>9,103,641</b>
34-01 Safe and equitable water, sanitation and hygiene services and practices	6,847,248
34-02 Water, sanitation and hygiene systems and empowerment of communities	2,256,393
<b>Other Resources - Regular</b>	<b>13,618,099</b>
34-01 Safe and equitable water, sanitation and hygiene services and practices	10,457,147
34-02 Water, sanitation and hygiene systems and empowerment of communities	3,160,952
<b>Regular Resources</b>	<b>1,990,346</b>
34-01 Safe and equitable water, sanitation and hygiene services and practices	1,793,043
34-02 Water, sanitation and hygiene systems and empowerment of communities	197,304
<b>Grand Total</b>	<b>24,712,087</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

Specific Intervention Codes	Expenses
<b>Other Resources - Emergency</b>	<b>9,103,641</b>
34-01-01 Water Supply in communities –service delivery – rural	2,772,429
34-01-02 Water Supply in communities –service delivery – urban	20,922
34-01-03 Sanitation in communities –service delivery – rural	1,489,634
34-01-05 Hand Hygiene in communities –service delivery	145,043
34-01-06 WASH in Schools – service delivery	650,330
34-01-99 Technical Assistance – service delivery	248,252
34-02-01 Overall WASH – systems strengthening (e.g. sector-wide coordination, enabling environment and financing advocacy)	6,415

34-02-02 Water Supply – systems strengthening	691,801
34-02-04 Hand Hygiene and Menstrual Health and Hygiene – systems strengthening	343,207
34-02-05 WASH in Schools – systems strengthening	285,621
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	733
36-02-01 Data analysis, including situation analysis and update	422
36-02-02 MICS - General	2,711
36-02-05 Programme Monitoring including joint monitoring	60,392
36-02-06 Field Monitoring including humanitarian performance monitoring	3,914
36-03-02 Capacity and Skills Development for social and behaviour change	39
36-03-03 Children, adolescent and youth engagement and participation	1,125
36-03-04 Community engagement, feedback and accountability mechanisms	7,634
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	44
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	30,453
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	47,867
36-05-03 Country Programme evaluations (including UNDAF evaluations)	40,211
36-07-05 Learning	-1
36-12-01 Advocacy	1,895
36-12-03 Digital	433,904
36-13-01 Operations support to programme delivery	466,820
37-01-06 HQ and RO technical support to multiple Goal Areas	2,571
37-01-15 CO programme coordination	224,525
37-01-16 CO advocacy and communication	90,633
38-05-04 Management and Operations support at CO	1,034,095
<b>Other Resources - Regular</b>	<b>13,618,099</b>
34-01-01 Water Supply in communities –service delivery – rural	1,224,500
34-01-02 Water Supply in communities –service delivery – urban	3,195
34-01-03 Sanitation in communities –service delivery – rural	1,278,896
34-01-05 Hand Hygiene in communities –service delivery	506,675
34-01-06 WASH in Schools – service delivery	337,518
34-01-99 Technical Assistance – service delivery	2,850,741
34-02-01 Overall WASH – systems strengthening (e.g. sector-wide coordination, enabling environment and financing advocacy)	92,276
34-02-02 Water Supply – systems strengthening	917,013
34-02-04 Hand Hygiene and Menstrual Health and Hygiene – systems strengthening	177,784
34-02-05 WASH in Schools – systems strengthening	1,118,761
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	3,884
36-02-01 Data analysis, including situation analysis and update	2,911
36-02-02 MICS - General	43,654
36-02-05 Programme Monitoring including joint monitoring	23,419
36-02-06 Field Monitoring including humanitarian performance monitoring	19,598

36-03-02 Capacity and Skills Development for social and behaviour change	358
36-03-03 Children, adolescent and youth engagement and participation	3,775
36-03-04 Community engagement, feedback and accountability mechanisms	75,613
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	9
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	44,895
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	293,396
36-05-03 Country Programme evaluations (including UNDAF evaluations)	514
36-05-06 Building global / regional / national stakeholder evaluation capacity	1,368
36-12-01 Advocacy	244,215
36-12-03 Digital	463,073
36-13-01 Operations support to programme delivery	3,088,885
37-01-15 CO programme coordination	177,949
37-01-16 CO advocacy and communication	261,803
38-05-04 Management and Operations support at CO	361,421
<b>Regular Resources</b>	<b>1,990,346</b>
34-01-01 Water Supply in communities –service delivery – rural	281,480
34-01-02 Water Supply in communities –service delivery – urban	37
34-01-03 Sanitation in communities –service delivery – rural	34,269
34-01-05 Hand Hygiene in communities –service delivery	18,149
34-01-06 WASH in Schools – service delivery	282,782
34-01-99 Technical Assistance – service delivery	325,264
34-02-01 Overall WASH – systems strengthening (e.g. sector-wide coordination, enabling environment and financing advocacy)	46,576
34-02-02 Water Supply – systems strengthening	54,242
34-02-04 Hand Hygiene and Menstrual Health and Hygiene – systems strengthening	539
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	668
36-02-01 Data analysis, including situation analysis and update	208
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	3,955
36-02-06 Field Monitoring including humanitarian performance monitoring	242
36-03-02 Capacity and Skills Development for social and behaviour change	357
36-03-03 Children, adolescent and youth engagement and participation	26
36-03-04 Community engagement, feedback and accountability mechanisms	1,383
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	17
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	515
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	5,236
36-05-03 Country Programme evaluations (including UNDAF evaluations)	76
36-07-05 Learning	31
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	45

36-12-01 Advocacy	74,859
36-12-03 Digital	317,517
36-13-01 Operations support to programme delivery	485,382
37-01-06 HQ and RO technical support to multiple Goal Areas	5,498
38-05-04 Management and Operations support at CO	50,994
<b>Grand Total</b>	<b>24,712,087</b>

## SOCIAL POLICY AND SOCIAL PROTECTION

**Table 1: Expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>332,819</b>
35-01 Reducing child poverty	323,287
35-02 Access to inclusive social protection	9,532
<b>Other Resources - Regular</b>	<b>16,641,736</b>
35-01 Reducing child poverty	3,814,940
35-02 Access to inclusive social protection	12,826,796
<b>Regular Resources</b>	<b>2,344,275</b>
35-01 Reducing child poverty	2,163,174
35-02 Access to inclusive social protection	181,101
<b>Grand Total</b>	<b>19,318,830</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

Specific Intervention Codes	Expenses
<b>Other Resources - Emergency</b>	<b>332,819</b>
35-01-02 Child poverty analysis towards policy change (Profiling, mapping and identifying drivers of multi-dimensional and monetary poverty of children, modelling and simulation of policy options)	566
35-01-99 Technical assistance - Child poverty, Public Finance and Local Governance	3,072
35-02-03 Strengthening integrated administrative systems (such as beneficiary identification, grievance mechanisms, payments)	10,842
36-02-05 Programme Monitoring including joint monitoring	15,312
36-02-06 Field Monitoring including humanitarian performance monitoring	-33
36-03-04 Community engagement, feedback and accountability mechanisms	11
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	-6,550
36-03-99 Technical assistance - Cross-sectoral social and behavior change	62
36-12-01 Advocacy	-139
36-12-03 Digital	5,388
36-13-01 Operations support to programme delivery	7,789
37-01-06 HQ and RO technical support to multiple Goal Areas	615
37-01-15 CO programme coordination	82
37-01-16 CO advocacy and communication	4,412

38-05-04 Management and Operations support at CO	291,391
<b>Other Resources - Regular</b>	<b>16,641,736</b>
35-01-02 Child poverty analysis towards policy change (Profiling, mapping and identifying drivers of multi-dimensional and monetary poverty of children, modelling and simulation of policy options)	5,651
35-01-99 Technical assistance - Child poverty, Public Finance and Local Governance	2,054,285
35-02-03 Strengthening integrated administrative systems (such as beneficiary identification, grievance mechanisms, payments)	10,513,648
35-02-04 Policy and strategy development and coordination	84,644
35-02-06 Strengthening the social welfare workforce and direct outreach to families	4,685
35-02-09 Shock responsive social protection - Strengthening social protection system for humanitarian response (preparedness)	37,773
35-02-99 Technical assistance - Social protection	19,314
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	674
36-02-02 MICS - General	289,909
36-02-05 Programme Monitoring including joint monitoring	73,982
36-02-06 Field Monitoring including humanitarian performance monitoring	24
36-03-02 Capacity and Skills Development for social and behavior change	5
36-03-03 Children, adolescent and youth engagement and participation	152
36-03-04 Community engagement, feedback and accountability mechanisms	275,352
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	54,441
36-03-99 Technical assistance - Cross-sectoral social and behavior change	13,570
36-05-03 Country Programme evaluations (including UNDAF evaluations)	97,294
36-05-06 Building global / regional / national stakeholder evaluation capacity	45
36-12-01 Advocacy	240,290
36-12-03 Digital	538,587
36-13-01 Operations support to programme delivery	2,194,138
37-01-15 CO programme coordination	11,558
37-01-16 CO advocacy and communication	35,111
38-05-04 Management and Operations support at CO	96,606
<b>Regular Resources</b>	<b>2,344,275</b>
35-01-02 Child poverty analysis towards policy change (Profiling, mapping and identifying drivers of multi-dimensional and monetary poverty of children, modelling and simulation of policy options)	6,639
35-01-99 Technical assistance - Child poverty, Public Finance and Local Governance	715,018
35-02-03 Strengthening integrated administrative systems (such as beneficiary identification, grievance mechanisms, payments)	10,199
35-02-04 Policy and strategy development and coordination	54,898
35-02-09 Shock responsive social protection - Strengthening social protection system for humanitarian response (preparedness)	-1
35-02-99 Technical assistance - Social protection	17,832
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	337
36-02-01 Data analysis, including situation analysis and update	105

36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	2,569
36-02-06 Field Monitoring including humanitarian performance monitoring	122
36-03-02 Capacity and Skills Development for social and behaviour change	75
36-03-03 Children, adolescent and youth engagement and participation	13
36-03-04 Community engagement, feedback and accountability mechanisms	1,722
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	8
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	235
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	1,254
36-05-03 Country Programme evaluations (including UNDAF evaluations)	38
36-07-05 Learning	16
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	23
36-12-01 Advocacy	130,451
36-12-03 Digital	553,334
36-13-01 Operations support to programme delivery	825,486
37-01-06 HQ and RO technical support to multiple Goal Areas	9,581
38-05-04 Management and Operations support at CO	14,322
<b>Grand Total</b>	<b>19,318,830</b>

## CLIMATE, ENVIRONMENT AND DISASTER RISK REDUCTION

Climate Action is a cross-cutting area mainstreamed within UNICEF Sudan country programme, and related strategic interventions are included within respective workplans delivering results towards country programme outputs and outcomes. The following expenditure overviews reflect key Climate Action interventions taken place over the course of 2022.

**Table 1: Expenses by Result Area in 2022 (in US Dollars)**

Result Areas	Expenses
<b>Other Resources - Emergency</b>	<b>8,557,098</b>
34-03 Climate change, disaster risks and environmental degradation	8,557,098
<b>Other Resources - Regular</b>	<b>6,264,799</b>
34-03 Climate change, disaster risks and environmental degradation	6,264,799
<b>Regular Resources</b>	<b>1,338,240</b>
34-03 Climate change, disaster risks and environmental degradation	1,338,240
<b>Grand Total</b>	<b>16,160,137</b>

**Table 2: Expenses by Specific Intervention Codes in 2022 (in US Dollars)**

Specific Intervention Codes	Expense
<b>Other Resources - Emergency</b>	<b>8,557,098</b>
34-03-01 Disaster preparedness frameworks and / or anticipatory action that build resilience	4,921,931
34-03-02 Disaster risk reduction and / or climate change adaptation programming	823,532

34-03-99 Technical assistance--disaster risk reduction and / or climate change adaptation and / or environment	997,963
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	231
36-02-01 Data analysis, including situation analysis and update	
36-02-02 MICS - General	139
36-02-05 Programme Monitoring including joint monitoring	37,914
36-02-06 Field Monitoring including humanitarian performance monitoring	240
36-03-02 Capacity and Skills Development for social and behaviour change	3
36-03-03 Children, adolescent and youth engagement and participation	58
36-03-04 Community engagement, feedback and accountability mechanisms	848
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	3
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	7,280
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	119,452
36-05-03 Country Programme evaluations (including UNDAF evaluations)	557
36-07-05 Learning	-5
36-12-01 Advocacy	3,085
36-12-03 Digital	407,415
36-13-01 Operations support to programme delivery	531,625
37-01-06 HQ and RO technical support to multiple Goal Areas	1,234
37-01-15 CO programme coordination	52,711
37-01-16 CO advocacy and communication	54,626
38-05-04 Management and Operations support at CO	596,256
<b>Other Resources - Regular</b>	<b>6,264,799</b>
34-03-01 Disaster preparedness frameworks and / or anticipatory action that build resilience	2,037,716
34-03-02 Disaster risk reduction and / or climate change adaptation programming	182,822
34-03-99 Technical assistance--disaster risk reduction and / or climate change adaptation and / or environment	2,053,419
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	39
36-02-01 Data analysis, including situation analysis and update	1,177
36-02-02 MICS - General	1,993
36-02-05 Programme Monitoring including joint monitoring	4,062
36-02-06 Field Monitoring including humanitarian performance monitoring	4,460
36-03-02 Capacity and Skills Development for social and behaviour change	9,070
36-03-03 Children, adolescent and youth engagement and participation	393
36-03-04 Community engagement, feedback and accountability mechanisms	226,472
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	296
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	29,064
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	3,933
36-05-06 Building global / regional / national stakeholder evaluation capacity	62
36-12-01 Advocacy	24,038

36-12-03 Digital	378,631
36-13-01 Operations support to programme delivery	761,607
37-01-15 CO programme coordination	298,216
37-01-16 CO advocacy and communication	50,837
38-05-04 Management and Operations support at CO	196,492
<b>Regular Resources</b>	<b>1,338,240</b>
34-03-01 Disaster preparedness frameworks and / or anticipatory action that build resilience	218,219
34-03-02 Disaster risk reduction and / or climate change adaptation programming	219,817
34-03-99 Technical assistance--disaster risk reduction and / or climate change adaptation and / or environment	310,909
36-01-02 Programme reviews (Annual, UNDAF/UNSDCF, MTR, etc.)	534
36-02-01 Data analysis, including situation analysis and update	166
36-02-03 Data dissemination and use	
36-02-05 Programme Monitoring including joint monitoring	3,333
36-02-06 Field Monitoring including humanitarian performance monitoring	193
36-03-02 Capacity and Skills Development for social and behaviour change	112
36-03-03 Children, adolescent and youth engagement and participation	21
36-03-04 Community engagement, feedback and accountability mechanisms	5,777
36-03-06 Research, monitoring, evaluation and knowledge management for SBC	13
36-03-07 SBC system strengthening, strategy development, planning and coordination including preparedness and response in Humanitarian Action	622
36-03-99 Technical assistance - Cross-sectoral social and behaviour change	1,894
36-05-03 Country Programme evaluations (including UNDAF evaluations)	60
36-07-05 Learning	25
36-10-02 Social cohesion and peacebuilding (including humanitarian and development)	36
36-12-01 Advocacy	46,403
36-12-03 Digital	196,820
36-13-01 Operations support to programme delivery	300,583
37-01-06 HQ and RO technical support to multiple Goal Areas	3,408
38-05-04 Management and Operations support at CO	29,295
<b>Grand Total</b>	<b>16,160,137</b>

The 2022 financial figures are provisional as of March 2023 and pending year-end closure.

The year 2023 is the last year of the UNICEF Sudan Country Programme. Based on the UNICEF Sudan rolling plan, implementation rates are planned to remain at similar levels. However, as the needs of the children of Sudan are growing, and in the spirit of leaving no one behind, UNICEF is committed to provide the best support as possible to bring positive change, especially for the most vulnerable. As such, all planning figures are provisional and dependent on availability of funding.



## For Aisha and her family, it was cash and much more

Thirty-year-old Aisha Mohammed Taher sits under a makeshift shelter that also doubles as her house, surrounded by five of her six children. The youngest Miriam is only 11 months. Aisha prepares coffee and a meal for them to eat, it is almost lunch time.

As a stay-home mother, Aisha struggles to provide for her family. The family relies on irregular support from her husband who occasionally earns from odd jobs in the neighborhood.

While her children require regular and nutritious meals to grow and survive, protection and a safe place to stay, Aisha continues to struggle to make this happen without support.

Previously she relied on handouts from neighbours, relatives and sometimes begged from well-wishers in the market to put food on the table.

The roof of her makeshift home leaked during the rainy season while her children lacked education requirements and uniforms.

*“Whenever it rained, all of us and our property got wet. During bad storms we sought for shelter from the neighbours.” “Unlike other children, mine never wore uniforms to school. I couldn’t afford,” she reminisces.*

These conditions expose her and the children to numerous risks including disease and several deprivations.

### **Aisha receives cash assistance**

In June 2021, Aisha heard about the Mother and Child Cash Transfer Plus programme (MCCT+) from her neighbour. She was pregnant and eligible for enrolment. With the little money available, Aisha sought for the cheapest means of transport to Ahmed Gasim Primary Health Centre in Port Sudan where she was registered. Port Sudan is one of the nine localities in Red Sea state where the MCCT+ programme is rolled out.

“Health care centres are the heart and soul of the MCCT+ programme. Here registered mothers receive cash assistance with essential services in health, nutrition, and protection from health workers,” Louisa Omalara Farinde, UNICEF Social Policy Officer emphasized.

She has so far received a total of 140,000 Sudanese Pounds (240 USD). With the unconditional cash grant, Aisha was able to cater to the pressing and immediate needs of her family including renovation of the

shelter, purchase of scholastic materials and uniforms for her children. Today her children are happier because they look no different from their peers while at school.

The smile on her daughter's face Amna while wearing her uniform complete with a pair of black shoes and a pink backpack says it all.

Importantly, Asha also ensured she saved some money for daily meals.

*"I budgeted 500 Sudanese Pounds per day for meals. This was enough for a daily nutritious meal complete with greens and vegetables," she shared.*

### **Cash assistance and critical health services**

A key component of the UNICEF cash plus programme is linking the women to health services during the first 1,000 days of a child's life – from pregnancy until 2 years.

Aisha benefitted from the plus component of the MCCT programme through antenatal and post-natal care services as well as health information sessions on nutrition and hygiene. Her child Mariam has also received lifesaving immunizations at the healthcare facility and recently nutrition care.

During her recent visit to the centre, Aisha was encouraged to continue breastfeeding Mariam, sensitized on proper hygiene and sanitation practices and child spacing.

Suad Khalifa Mahgoub, the midwife at Ahmed Gasim PHC who has been at the helm of the UNICEF's cash plus programme, also known as the 1,000 days programme since its introduction in April 2021 attests to its benefits towards the health of mothers and children. "We have witnessed a spike in pregnant mothers attending antenatal care (ANC) sessions not only in the last trimester as it was before but much earlier in addition to frequent visits," she shared. "We used to miss out on the pregnant women in the early pregnancy days."

Among them was Aisha.

"Before she enrolled, Aisha had never visited the health facility, yet she was pregnant. She slowly learnt about the benefits of the ante-natal care visits, and completed five of them before delivery."

During the visits, mothers are provided with healthcare services, vitamins and folic acid, tetanus vaccinations, and health information for healthy babies.

While unconditional cash assistance supports families trapped in poverty, when provided together with critical healthcare services, the impact is much bigger.

*"Cash and services really go hand in hand," Omalara Farinde added.*

And this is what UNICEF's cash plus programme, the Mother and Child Cash Transfer plus programme is achieving in Sudan.

Launched in 2020, by UNICEF and partners, the integrated social protection programme provides vulnerable pregnant women and lactating mothers with regular cash assistance combined with knowledge, skills and access to basic health, nutrition, and protection services during the first 1,000 days of life.

As Aisha awaits the next tranche of the cash grant due in January 2023, she already has plans for it.

*"I wish to buy nutritious food including tomatoes and vegetables for my children," she shared.*

## **Feedback**

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback – [UNICEF Donor Feedback Form](#).

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