THE EUROPEAN UNION EMERGENCY TRUST FUND FOR STABILITY AND ADDRESSING THE ROOT CAUSES OF IRREGULAR MIGRATION AND DISPLACED PERSONS IN AFRICA

Action Fiche for the implementation of the Horn of Africa Window
T05-EUTF-HOA-SD-53

1. IDENTIFICATION

Title	**Humanitarian Development Nexus: Simple, Spatial, Survey Method (S3M) for Sudan**		
Total cost	Total estimated cost: EUR 1,913,000 Total amount from the EU Trust Fund: EUR 1,000,000 This will be a multi donor action		
Aid method / Method of implementation	Project approach Indirect management with the UNICEF		
DAC-code	12240	Sector	Basic nutrition

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

The action contributes to **EU Trust Fund objective (2)** on strengthening resilience, in particular the most vulnerable, as well as refugees and displaced people. It is also aligned with the **Valletta Action Plan priority domain (1)** on the development benefits of migration and addressing root causes of irregular migration and forced displacement, and contributes to **Sustainable Development Goals 1, 2, 3, 5, 6** and **10**. The project also contributes to the implementation of the **humanitarian development nexus**.

The **intervention logic** is that without having reliable and geographically specific data on malnutrition it is impossible to target the most vulnerable segment of the population with humanitarian and development actions. By carrying out the envisaged second Simple, Spatial, Survey Method (S3M) survey – the first was done in 2013 – donors will be in a better position to ensure added value for their interventions and will have baselines to monitor progress.

The **overall objective** is to contribute to the reduction of malnutrition in Sudan.

The **specific objective** of the project is to collect and disseminate disaggregated data on multiple indicators pertaining to key determinants of malnutrition in young children and pregnant and lactating women through undertaking a Simple, Spatial, Survey Method (S3M) survey in Sudan. The S3M survey utilises an internationally recognised approach for obtaining disaggregated data on multiple indicators pertaining to key determinants of malnutrition in young children and pregnant and lactation women. The survey will also address the broader welfare and rights of children, in alignment with the conceptual framework of malnutrition. The survey, which collects information at sub-locality, locality, state and potentially also at national level, focuses on indicators of determinants which are not

available through other means. Where indicators are collected through other surveys and approaches, e.g. food security or selected health facility based indicators, these will not be included in the S3M survey regardless of their relevance to the determinants of malnutrition. This is done in order to limit the total number of indicators collected, and hence the quality of the survey. The methodology applied further permits the mapping of results to show geographical areas of highest need and 'hot-spots' as well as progress on key indicators between 2013 and 2018 which helps to inform programmes and prioritisation of funding for social services by the international community as well as the Government of Sudan.

The **geographical scope** of the S3M survey (the project) is the entire country of Sudan while data will be detailed at locality and sub-locality levels.

UNICEF will be the lead technical institution for planning, implementation and coordinating the survey, using its technical officers with in-depth knowledge and experience of the S3M methodology. UNICEF will further strengthen its efforts on quality control by seeking technical support from global technical leaders of the methodology on remote basis and in-person surveys at various implementation milestones.

Funding for the survey has been pledged by multiple donors, including the UK (DFID), the World Food Programme and Italian Cooperation, as well as UNICEF core resources.

2.2. Context

2.2.1. Country context

With an area of approximately 1.9 million km², Sudan is the third largest country in Africa. An estimated population of 40 million inhabitants is growing rapidly. It is estimated that 40% of the population is below 14 years.

Sudan is a low middle-income country and is a fragile country (OECD, World Bank). **About half of the population lives below the poverty line, with 8% in extreme poverty**. Socio-economic indicators remain low in a context of deep economic crisis, with reduced revenues after the independence of South Sudan, low oil prices and an economy which is not diversified. In the global Human Development Index rankings for 2016, **Sudan was placed at 165 out of 188 countries in 2015**. It is estimated that **20% of the active population is unemployed**, with women's unemployment nearly twice that of men. Agriculture remains the main source of employment, although the urban informal sector is estimated to account for an equivalent of 60 per cent of GDP. Poverty is heightened by inefficient development plans and strategies, reduced public expenditures on basic services, and erosion of land and natural resources. An interim Poverty Reduction Strategy Paper (I-PRSP) and the Five-Year Program for Economic Reforms were approved by the Sudan parliament in December 2014. The process to prepare a Poverty Reduction Strategy Paper (PRSP) is currently stalled. The Government of Sudan is still expected to release the results of the 2014-2015 Household Survey.

The humanitarian and development situation in Sudan remains serious and complex, with acute lifesaving needs across the Darfur region, Blue Nile and South Kordofan states, eastern Sudan and other areas. Humanitarian needs are primarily driven by poverty, underdevelopment, and climatic factors, while in some areas this is caused by conflict and inter-communal tensions, as possible displacement and food insecurity drivers. The Sudan 2018 Humanitarian Needs Overview points to 5.5 million people in need of humanitarian

assistance, including 3.1 million in Darfur. Environmental factors exacerbate the humanitarian crisis, contributing to displacement and food insecurity.

Food insecurity and malnutrition constitute a nationwide crisis, with 11 out of the 18 states in Sudan experiencing global acute malnutrition. Three of these states—Red Sea, Kassala and Gedaref—are not affected by conflict. 3.8 million people are estimated to be food and livelihoods insecure in Sudan, according to the latest Integrated Food Security Phase Classification (IPC) analysis for October 2017.

Sudan has borders with some of the most unstable countries in East Africa: Central African Republic, South Sudan, Libya. Sudan is at the centre of the Eastern African migration route, towards North Africa and Europe. Hundreds of migrants, asylum-seekers and refugees are originating from or transiting through Sudan every month, with only a minority choosing to settle in the country. Traffickers and smugglers are operating in the country. About 3.1 million people are internally displaced and almost 925,000 are refugees and asylum seekers.

2.2.2 Sector context: policies and challenges

Malnutrition rates for Sudan have not really improved during the past 30 years. Global acute malnutrition has remained largely unchanged, in fact it has increased slightly from 15.8 per cent in 1987 to 16.3 per cent in 2014[1], giving Sudan the third highest prevalence of global acute malnutrition in the world, and the highest in the Middle East and North Africa amongst children under five years. Stunting rates followed the same upward trend from 32 per cent in 1987[2] to 38 per cent in 2014[3], while the levels of acute malnutrition remain above the World Health Organization (WHO) emergency threshold in 11 out of the 18 states, with high prevalence of stunting (38.2%) representing over 2 million children under-five. In Sudan the prevalence of acute malnutrition is caused by multiple factors, including poor family feeding practices for infants and young children, and more specifically low rates of exclusive breastfeeding[4] among children under six months of age, insufficient diversity of complementary foods[5], and insufficient frequency of meals[6] of children aged 6-23 months resulting in less than one in five[7] children under the age of two, being fed the minimum acceptable diet. Access to primary health care remains low despite the fact that the Integrated Management of Childhood Illnesses coverage at health facilities increased from 43 percent to 46.1 percent in 2013. Sudan's low coverage of improved water and sanitation facilities continues to hamper overall child health and nutrition. Furthermore, conflict, displacement and the ongoing drought have rendered families more vulnerable to food insecurity.

Despite the poor nutrition situation, until the Sudan S3M survey of 2013, comprehensive information of prevalence of malnutrition and other indicators was only available at state level. State level estimates for prevalence of malnutrition and other indicators (including for example measles vaccination coverage and safe water source) mask great variations within the state. Mapping this variation and thus identifying areas of high need has allowed

[1] Sudan Multiple Indicator Cluster Survey (MICS), 2014.
[2] SERISS survey, 1987.
[3] Sudan MICS, 2014.
[4] Only 43.5% of children age 0-5 months are compared to a national average (MICS 2014)
[5] Only 26.1% of children aged 6-23 months received the minimum dietary diversity (MICS)
[6] Only 39.8% of children aged 6-23 months are fed the minimum dietary frequency (MICS 2014)
[7] 19.2% (MICS 2014)

evidence-based targeting of interventions to most vulnerable populations, enabling improved cost-benefits in the current context of diminishing dwindling resources in Sudan.

Over the last 2-3 years in Sudan there has been a shift in planning of humanitarian and development responses to target the most vulnerable communities at locality level and below. The S3M survey methodology has provided the means by which to do this. The S3M survey results were used for the mid-year revision of the 2014 Humanitarian Needs Overview for all sectors enabling, for the first time, the use of locality level information for targeting responses, as well as acting as a catalyst for multi-sectoral programming. The S3M survey also informed and defined the parameters for the development of the 2015 Humanitarian Needs Overview which has allowed for integrated planning for the 2015 Humanitarian Strategic Response Plan with greater programme convergence amongst the various sectors. S3M uses ‘heat maps’, to highlight within-locality variation, or so called “hot spots”. These maps are helpful in informing programming.

However, the data from the 2013 S3M survey has, due to population growth, new and protracted emergencies as well as changing climate patters, become outdated and no longer remains a valid source for planning and prioritisation purposes of social service investments. While other and more recent surveys exist, or are planned for Sudan, including the Multiple Indicator Cluster Survey (MICS), none has the ability to provide information on multiple deprivations across sectors, disaggregated to the lowest administrative unit which has become so essential for informing inclusive and equitable planning and resource allocation.

Unless updated information becomes available through the undertaking of S3M II, investments in social services cannot be targeted to the poor and most in need communities, and hence achievements such as improved health and nutrition outcomes, better education and employment skills and the development of a future healthy and productive society will not be attained. **The S3M survey will provide the evidence critical to inform equity in programming and allocation of resources including to the revision of priorities, if necessary, and to monitor progress against baselines**.

National and State policies

Multiple broad as well as sector specific policies and strategies guide the investments in Sudan including the Twenty-Five-year National Strategy (2007-2031), and the National Poverty Eradication Strategy which highlight that pro-poor objectives and equity goals for development is critical to establish the context wherein health and nutrition needs can be addressed. The National Five Year Strategic Development Plan (2017-2020) and the Multi-Year Humanitarian Strategy 2017-2019 further provide guidance in the investment of social sector interventions in the coming years.

Specifically, the action is aligned with the following Government of Sudan priorities:
-Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategic Plan 2016-2020: **Reduce under five mortality rate** from 68 to 55 per 1,000 live births; reduce new born Mortality rate from 33 to 25 per 1,000 live births.
- National Nutrition Strategy 2014-2018: **Reduce the Prevalence of stunting** by 8 per cent

With respect to more sector specific policies, the National Nutrition Policy (2006) outlines the broad strategies that guide the provision of basic nutrition services for prevention and treatment of malnutrition and stresses the need to address the underlying causes of malnutrition.

Other relevant sector specific policies include:

- The National Health Policy (2017 - 2030)
- The National Child Health Policy (2013)
- The National Reproductive Health Policy (2010)
- The Rural Development, Food Security and Poverty Alleviation Act (2005)
- The New Sudan Nutrition Policy and Plan of Action 2004-2010 (2004)
- The National Comprehensive Food & Nutrition Security Policies (March 2015)
- The National Nutrition Strategic Plan 2014-2025
- The Health in All Policy (2016)
- 25 Years Strategic Plan for the Health Sector (2003 - 2027)
- The National Policy on HIV/AIDS (2004)
- National Health Sector Strategic Plan (2017-2021)
- National Reproductive, Maternal, Neonatal and Child Health Strategy (2016-2020)
- The WASH Sector Strategic Plan (2011-16)
- The Education Sector Strategic Plan (ESSP 2017-2022); and
- The School Adolescent Health Strategy (2017-2020)

Additionally, activities that impact on nutrition status through addressing the underlying and direct causes of malnutrition are taking place in various ministries, including the Federal Ministry of Agriculture and Forestry, the Federal Ministry of Education, Federal Ministry of Irrigation and Water Resources.

Challenges:

The main challenges in Sudan include chronic poverty and inequality, further exacerbated by conflict and climate change.

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

Given the limited resources available in country, prioritisation of investments to the most vulnerable populations is key to achieve progress.

The S3M survey uses a two-stage wide-area sampling design for the whole of Sudan. A Centric Systematic Area Sampling (CSAS) sampling design will be used for the 28 towns and camps and two-stage urban sampling design in two big cities. A spatially stratified design will be used for the wide-area first stage sample and a variant of the standard "EPI within

community household" sampling method[8], namely the QTR + EPI3/EPI5[9] sampling scheme, as the within-village second stage sample. However, for all state capital and major towns and 7 camps in Darfur, the first stage sample will be a spatially stratified segmentation design to select blocks within each town from which to obtain the sample and a house-to-house complete enumeration for the within-block second stage sample.

While the S3M survey will provide locality and sub-locality level data to prioritise needs, targeting and allocation of the available resources to the most vulnerable, it should be noted that specific challenges pertaining to the S3M survey also exist. These are as follows:

- There is a lack of detailed settlement information with GPS locations needed for proper sampling. Last survey used lists from UNDP that was found to be outdated for few states (Northern and River Nile), with few issues in most of the states. There is need to update settlement lists as part of survey preparations as no reliable data on such information is available.
- Persisting inaccessibility and insecurity in limited areas in Darfur and Kordofan states.
- Use of technology for data collection (tablets) needs extensive training of enumerators and mitigation measures for issues of power/electricity and security.
- As the survey is led by the Ministry of Health, education and child protection indicators will only be include if corresponding line ministries proactively engaged with MoH to ask including their indicators. UNICEF will support those ministries to select key indicators needed and will facilitate their inclusion.

2.3. Lessons learnt

Lessons and experiences from the 2013 S3M will inform more effective, efficient and quality of this current one. Some selected lessons are presented below:

- In a few states some villages sampled for the survey turned out to be inexistent during data collection and had to be replaced. In this current survey, extensive revision of the populated locations will be done prior to the survey to eliminate this issue.
- The layout of the questionnaire used in S3M I (2013) was found to have some minor errors e.g. in the order of questions that might introduce bias or otherwise impact the integrity. Hence revisions of the questionnaire to address these issues will be undertaken for S3M II.
- In a few states, issues with insecurity affected the access to the sampling points. For S3M II additional bilateral communications including in the non-government controlled areas will be undertaken in advance to ensure that a minimum of sampling points will have to be dropped.

2.4. Complementary actions

UNICEF will ensure that the questionnaire for the S3M II survey remains sufficiently balanced between a feasible length to ensure quality, and the inclusion of indicators across sectors in line with the multiple determinants of malnutrition to ensure comprehensiveness. This will be done by only including indicators which firstly fit the sampling frame, namely

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[8] A methodology developed by the World Health Organization's Expanded Programme on Immunization for estimating vaccination coverage
[9] The first step in the method, QTR, divides the community into four (quarters hence QTR) areas each of which have roughly equal volumes. The second step utilises the standard EPI strategy to select the first household in each of the quarters and selecting the third and fifth nearest house in a random direction (third and fifth nearest house hence EPI3/EPI5).

questions which can be answered by the pregnant woman/caregiver of the young child, as well as indicators which are not collected through other surveys.
Hence, the multi-sector data that will be availed from S3M II will be complemented by other information sources including:

- UNFPA supported health facility survey;
- Food consumption survey carried out by WFP;
- Famine Early Warning Systems Network
- National Multi Indicator Cluster Survey (MICS-2019) including information from health, nutrition, WASH and FSL sectors. This survey is supported by UNICEF that will only provide state level and above information;
- Micro-nutrient survey proposed by WHO (TBD);
- Integrated bio-behavioural HIV survey supported by The Global Fund
- EPI coverage surveys supported by GAVI;
- National malaria survey (UNDP).

2.5. Donor co-ordination

The Government of Sudan joined the international **Scaling Up Nutrition (SUN)** movement in 2015, but have only recently started to make progress in terms of coordination. An inter-ministerial committee comprising eighteen key line ministries/government institutions held its first meeting in February 2018. In addition, regular meetings of the SUN country network were held in January to March 2018 and the Federal Ministry of Health (FMOH), indicated plans for work to be undertaken in 2018. This will include a national nutrition budget analysis/expenditure review and a multi sectoral implementation plan. The S3M II work will be positioned under the aegis of SUN to support efforts for scaling up. Efforts by the SUN country network are also ensuring a wider and more effective participation from the various networks specifically related to the private sector, civil society and the donor network. However, its functionality remains limited and hence efforts are underway to strengthen this through the fundraising for and subsequent appointment of both a national and an international SUN facilitator.

A Development Partners Group (DPG) was established in 2015, to convene active development partners in the country, of which there is a limited amount, on a semi-regular basis. The UNDP was to act as a secretariat, but the DPG has not met since September 2016. A UN led task force is currently elaborating proposals for a revised humanitarian and development cooperation coordination framework for Sudan.

At the EU level, donor coordination takes place through the monthly cooperation meetings with EU Member States. As regards migration, the EU Delegation also co-chairs the EU+ (Switzerland and Norway) Migration Coordination Group.

3. DETAILED DESCRIPTION

3.1. Objectives

The **overall objective** of the project is to contribute to the reduction of malnutrition in Sudan.

The **specific objective** of the project is to collect and disseminate disaggregated data on multiple indicators pertaining to key determinants of malnutrition in young children and pregnant and lactating women through undertaking a Simple, Spatial, Survey Method (S3M) survey in Sudan.

3.2 Expected results and main activities

The **expected results** (outputs) are:

- S3M II survey preparations completed including agreed list of indicators, finalisation of data collection tools including its digitalisation and mapping of all settlements;
- Supervisors and enumerators at national and state level are available and capacitated;
- S3M II data collected from all sampling points and cleaned;
- Data analysed and preliminary results produced;
- S3M II report completed, endorsed by Government of Sudan and widely disseminated

The **main activities** are as follows:

- **Engage with Federal Ministry of Health:** To ensure early preparations and identification of personnel needed at all levels (for working groups at Federal and State level as well as data collection). Preparations include awareness raising of the survey at all levels from within Ministry at Federal, State and Locality level to within communities.
- **Obtain approvals:** Ensure ethical approval and other necessary approvals are in obtained.
- **Obtain detailed maps of every state:** Up-to-date maps of every state showing the location of all settlements will be needed in order to accurately sample each state. UNICEF will hire a consultant to update existing maps and to make new maps for those states where maps do not exist or are very old.
- **Engage technical expertise:** UNICEF will continue collaboration with Brixton Health to ensure required technical input for the survey is available. Federal Ministry of Health will support with facilitation of visa applications where necessary.
- **Identify staff:** Regional supervisors will be UNICEF staff who have carried out S3M surveys previously and other surveillance staff who have previous survey experience. It is anticipated that technical expertise will be provided by Brixton Health. State supervisors will be identified by UNICEF, and team leaders and team members will be identified by UNICEF and Federal/State Ministries of Health. All state supervisors will have State Ministry of Health counter-parts to maximize capacity building.
- **Carry out sampling:** Once maps are available, sampling will be carried out by the regional and state-level supervisors in a central location. This is to ensure that experts are present for sampling of all states to ensure quality.
- **Train teams:** This will be done on 2 levels: 1) training of state supervisors in a central location and 2) training of teams at state level. Training will aim to ensure that survey methodology and rules are followed at all levels in order to ensure quality of data collected. It will also aim to maximize quality of anthropometric measurements (through standardization tests) and other information collected (through detailed training on the questionnaire).
- **Collect data:** Data collection plans will be coordinated by the regional supervisors and over-seen by the state supervisors and team leaders. Data collection is estimated to

take one month per state depending on the size of the state and therefore the number of sample points, with 7 teams per state. Teams will be closely supervised by team leaders and state supervisors as well as regional supervisors. Following the experience and lessons learned from the 2013 S3M, data will be collected simultaneously across all states, with technical supervision (Brixton Health or UNICEF plus Federal Ministry of Health) in all states.

- **Enter data:** It is planned to enter data as it is collected through using tablets / digital data collection tools.
- **Analyse data:** Expert technical support will be required for data analysis. It is planned to be carried out with international consultants (anticipated to be from Brixton Health) together with the Ministry of Health, UNICEF and WFP. Following the recent successful UNICEF/WFP trial of coverage assessment using the S3M method, it is anticipated to work closely with WFP for the S3M-II for production of maps.
- **Report and disseminate the findings:** All results will be available one month after the completion of data cleaning. Based on experience from the 2013 S3M, a syntax has been written to automatically produce a results summary table, listing all point estimates and confidence limits by locality for each indicator measured. For the 2013 S3M, availability of this table meant that results were endorsed and used while the final report was being written. A draft report of the results will be available within 2 months of completion of data cleaning. Following Federal Ministry of Health endorsement of results, a workshop will be held in all states to present and discuss state-level findings with all relevant state and locality level actors. This was done following the 2013 S3M and proved to be instrumental in ensuring ownership of results.

3.3. Risks and assumptions

The main risks, its triggers and impact as well as the mitigation and management actions are as follows:

Risk	Triggers	Mitigating actions	Impact	Management actions
Lack of access to certain areas due to insecurity.	Renewed conflict. Access denied by Government of Sudan.	Close collaboration with HAC, UN Department of Safety and Security (UNDSS) and other relevant actors.	High: Potential unavailability of data and delays in data collection process.	Explore need / possibility to use rapid assessment methods to enable some data to be collected from a subset of sampling points during a security “window”. Inaccessible areas will be clearly marked on all results maps.
Data quality not optimal	Poorly motivated enumerators (how will you identify and train	Fair enumerator remuneration; regional and state level trainings	Medium: Experience from last S3M shows that good	UNICEF to engage technical experts and avail staff with previous S3M

	them?), low quality training and poor supervision of data collection teams	carried out by technical experts and well-trained S3M staff; detailed supervision plan agreed before start of training with supervisors from Federal Ministry of Health (no role for Ministry of Agriculture?) and UNICEF / technical experts in each state.	data is possible to collect with all mitigating actions in place.	experience for supervision.
Loss of data	Poorly designed data set	Establish a technical steering group for questionnaire finalisation and technical experts to convert to digital data collection method and final dataset.	Medium: Lack of clear procedures to finalise designs of datasets and instruments led to loss of data and wasted data collection effort in the first S3M.	Prior agreement on roles and responsibilities with clear ToRs shared for all involved in the survey.
Ethical clearance refused.	Weak collaboration of the Ministry of Health and the National Nutrition Program with the Ethics Committee and other Government partners (such as the Central Bureau of Statistics).	Close engagement with Ministry of Health, the National Nutrition Program and the Ethics Committee.	Low: Previous S3M survey already passed ethical review. Considerable interest in Federal MoH for a second S3M.	Early engagement with the Ethics committee.
Lengthy preparation process will delay data collection	Inadequate human resources.	Dedicated staff to work on preparations early to avoid any delays.	Low: The UNICEF and Ministry of Health team have experience of managing a national level S3M and are	Engagement of personnel to manage process.

			familiar with the long planning process.	
Security of survey team	Poor attention to security context.	Close collaboration with HAC, UNDSS and other relevant actors.	Medium: Experience with previous S3M did not result in loss of life, or any serious security incident.	Close collaboration with HAC, UNDSS and other relevant actors. High level advocacy by UNICEF.
Data access and data security issues (data loss and manipulation of data).	None: MoH is known to have strong control over their data and the access of that by others. UNICEF through its long partnership and collaboration will be granted access as needed.	Negotiate commitment from MoH allowing UNICEF reasonable access to raw data (i.e. to assess data quality and correctness of data analysis and reporting), with a clear position that ownership of data remains with MoH.	High: Inability to verify data quality and results will cast doubt on survey results, thus undermining the entire project.	High level advocacy by UNICEF with government for reasonable access to data for UNICEF.

The assumptions for the success of the project and its implementation include that:

- the political status will remain stable
- the political commitment from the Government of Sudan for undertaking S3M II and timely endorsing results will remain
- there is a willingness to move towards more integrated and multi-sectoral programming for nutrition and hence inclusion of multi sector indicators for S3M II and engagement of the relevant key line ministries as needed
- there is continued leadership for S3M II by the Ministry of Health
- natural disasters (particularly droughts, floods), armed conflicts and insecurity, disease outbreaks or inflation will not significantly impact the undertaking of S3M II.

3.4. Cross-cutting issues

Gender:
Gender will be considered through all stages of the survey preparations, implementation, analysis and generation of results. **Gender issues will be considered as integral indicators to be collected including indicators on gender inequality and harmful societal norms related to gender so that the survey is able to highlight the gender issues faced in Sudan, and specifically those likely to influence the nutritional status of children**. As the survey

is focused on the nutritional status of pregnant and lactating women, young children and their main caregivers, **the survey design will be focused on predominantly female respondents.** The design will also permit for later disaggregation by gender for all relevant indicators such as related to access and utilization of services which will help to highlight whether any gender related barriers to the access and utilization of social services or practices exist. For the collection of the data, the selection of the final survey teams will be gender-sensitive including a balanced number of male to female supervisors and enumerators to permit for equal opportunities by gender including capacity development and potential career progression. Further, in localities or sub-localities where societal practices do not permit for males to interview or otherwise engage with females, supervisors and enumerators will be predominantly female so to ensure the appropriate gender sensitivity for the local population. The Advisory committee similarly will include a balanced number of female and male members, besides a wide representation from the relevant sectors, to ensure that a wide representation of viewpoints are considered in the overall oversight and management of the S3M survey.

Climate change:
The project will make the most efficient use of vehicles and fuel. UNICEF will attempt to reduce litter and spoilage of the environment. The use of tablets for data collection and checking (re-usable in other surveys and subsequent S3M surveys) will (a) save approximately 430,000 sheets of paper and (b) save the energy required to operate multiple data centres for data entry.

***Conflict mitigation*:**
The project will include all locations in the country regardless to proximity, ethnicity, livelihoods, nomads etc. equitably. Although this will not mitigate conflicts, it will at least absorb tensions created by inequity of service distribution which is not available in remote places that are included in the survey.

Good governance:
Availing data from remote and hard to reach underprivileged location will raise awareness of both authorities and humanitarian actors on their needs. Furthermore, wide dissemination of results will push the government to expand services in neglected marginalized areas.

3.5. Stakeholders

The Federal Ministry of Health (FMOH) will be the key institutional interlocutor, including for the planning, data collection and dissemination of the results. Other stakeholders for S3M II within the Government of Sudan include Ministries of Social Welfare, International Cooperation, Water Resources and State Water Corporations, Education, Agriculture, Industry and Trade, as well as the Vice President’s office and the Ministry of Finance. Amongst the international community the stakeholders include key donors particularly those with investments for nutrition such as the European Union (both DEVCO and ECHO), USA, UK, Italy, Japan and Sweden. Amongst the UN agencies, key stakeholders besides UNICEF itself include the World Food Programme (WFP), the World Health Organisation (WHO), the Food and Agriculture Organization (FAO), the UN Population Fund (UNFPA), and the International Fund for Agricultural Development (IFAD) as well as the key development banks such as the World Bank and the African Development Bank. The international and national civil society organisations include global NGOs such as Médecins Sans Frontières, Save the

Children, World Vision, International Red Cross/Crescent, Concern International and Islamic Relief.

Stakeholder	Main interests	Links: diverging / converging points of interest / conflict with other stakeholders	Implications for project	Degree of confidence in analysis
Humanitarian and development community	• High quality survey results. • Results for program planning, reform, monitoring and evaluation. • Identify opportunities for integrated programming (i.e. multi-sectoral, integrated nutrition sensitive programming). • Mapping of trends of indicators at locality level between 2013 (last S3M) and 2018	• Converging interest for results. • Converging interest for integrated programming.	Need to collect relevant indicators per sector.	
Relevant ministries of Government of Sudan	• High quality survey results. • Results for program planning, reform, monitoring and evaluation. • Identify opportunities for integrated programming (i.e. multi-sectoral, integrated nutrition sensitive programming).Training for staff on survey methodology and data analysis. • Staff motivation (training and remuneration). • Mapping of trends of indicators at locality level between 2013 (last S3M) and 2018	• Converging interest for results and mapping of trends • Converging interest for integrated programming. • Converging interest with UNICEF for capacity building and development of partnership.	Need to collect relevant indicators per sector / ministry. Need to engage with all relevant Ministries at all levels and involve all relevant staff.	High
Mothers and children of Sudan	• High quality survey results. • Accurate representation of their situation. • Targeting of interventions to areas of proven need.	• Converging interest for high quality results.	Success of the survey depends on availability of / access to mothers and children. Need to ensure that the survey sample and indicator set concentrates on child survival and MCH indicators.	High

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

It is not foreseen to conclude a Financing Agreement with the partner country for the implementation of the action.

4.2. Indicative operational implementation period

The indicative operational implementation period will be 18 months.

As activities will need to commence prior to finalisation of the agreement between UNICEF and the European Union, retroactive financing is valid from April 1st 2018.

4.3. Implementation components and modules

The envisaged implementation modality is indirect management with UNICEF. The European Commission will sign a Delegation Agreement as per the PAGODA 2 template.

The implementation of the project will be coordinated and led by UNICEF through the Project Advisory Committee headed by UNICEF Chief of Policy, Monitoring and Evaluation and include the chiefs of all programme sections as members (health and nutrition; WASH, education, child protection and social policy) in addition to the key donors, namely the European Union and DFID. A technical committee will be established at FMOH supported by the UNICEF project lead. This committee will oversee project implementation. A federal task force also supported by the UNICEF project lead will carry-out day to day work including finalisation of indicators to be collected, preparing maps for sampling, conduct sampling workshop, design tablets for data collection, carryout trainings, supervise data collection, cleaning and analysis ensuring quality throughout. This task force will also lead on the writing the final report survey report and dissemination of results. In addition, state level task forces will follow up the day to day work in the field and provide support and troubleshooting until end of data collection.

The progress of the action will be monitored through regular updates to the Advisory Committee while UNICEF will be under the overall responsibility to monitor activities in the field undertaken by MoH in accordance with the results matrix included below.

4.4. Indicative budget

The total budget requested to carry out the S3M will be EUR 1.913 million. The contribution from the EU Emergency Trust Fund is EUR 1 million. Co-financing is foreseen from UK (DFID), UNICEF, World Food Programme and Italian Cooperation (AICS) for a total of EUR 913,008.

Categories	EU contribution in EUR thousands	Co-financing in EUR thousands	Total in EUR thousands
S3M survey	840	913.008	1,753.008
Monitoring, audit and evaluation	0.65	-	0.65
Communications and visibility	0.95	-	0.95

Total	1,000	913.008	1,913.008

4.5. Evaluation and audit

All components of this action will have to be integrated with the EUTF Monitoring and Learning System(MLS)[10] for the reporting of selected output and outcome indicators, and project implementing partners must take part in case study exercises and the learning strategy developed by the MLS. Project implementing partners will be expected to provide regular (at least quarterly) data to the MLS in a format which will be introduced during the contract negotiation stage.

Project implementing partners will have to report against a selected number of the MLS output indicators (see full list in annex III). The monitoring of these indicators will therefore have to be included in the M&E systems of each component (in addition to the indicators already existing in the project logical framework, see annex II).

If necessary, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. The amount allocated for external evaluation and audit purposes should be shown in the budget at section 4.4. Evaluation and audit assignments will be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of UNICEF's monitoring system. UNICEF continuously strives to provide quality monitoring of all its programmes in Sudan. In 2013, UNICEF adopted the HACT system (harmonised approach to cash transfers) which requires a systematic approach to monitoring of partners, including regular field visits as well as financial and programmatic 'spot-checks' at the head office and field office levels. Regular UNICEF internal as well as external audits will be carried out to ensure procedures are followed.

4.6. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action. Appropriate contractual obligations shall be included in the procurement contracts. The Communication and Visibility Manual for European Union External Action[11] shall be used to establish the Communication and Visibility Plan and the appropriate contractual obligations.

The Akvo RSR[12] on-line reporting platform, which is available to the public, will be used to communicate and report on this action as well as on all project components. Akvo RSR links directly to the EUTF website. The project logical frameworks will be encoded in their

[10] T05-EUTF-HOA-REG-28

respective Akvo pages and regular reporting of project activities and outputs will take place on this platform.

UNICEF Sudan uses national and international media to broadcast child-friendly solutions, increase support for actions as well as to showcase the results achieved for children through donors, including the EU. Wherever appropriate, UNICEF Sudan will create visibility for the EU, both nationally, in Sudan, and internationally through UNICEF offices. Other channels such as situation reports, social media, and pictures from the field will also be used.

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[11] https://ec.europa.eu/europeaid/node/17974

[12] Akvo Really Simple Reporting

Annex I: Mapping against EUTF strategies policies, Valetta Action Plan and the United Nations Sustainable Development Goals

EU Trust Fund Strategy	Valletta Action Plan	United Nations Sustainable Development Goals
Four main areas of intervention	**Five priority domains, and 16 initiatives**	**17 goals**
1) Greater economic and employment opportunities 2) Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people 3) Improved migration management in countries of origin and transit 4) Improved governance and conflict prevention, and reduction of forced displacement and irregular migration	1) Development benefits of migration and addressing root causes of irregular migration and forced displacement 1. enhance employment opportunities and revenue-generating activities 2. link relief, rehabilitation and development in peripheral and most vulnerable areas 3. operationalise the African Institute on Remittances 4. facilitate responsible private investment and boost trade 2) Legal migration and mobility 5. double the number of Erasmus scholarships 6. pool offers for legal migration 7. organise workshops on visa facilitation 3) Protection and asylum 8. Regional Development and Protection Programmes 9. improve the quality of the asylum process 10. improve resilience, safety and self-reliance of refugees in camps and host communities 4) Prevention of and fight against irregular migration, migrant smuggling and trafficking of human beings 11. national and regional anti-smuggling and anti-trafficking legislation, policies and action plans 12. strengthen institutional capacity to fight smuggling and trafficking 13. pilot project in Niger 14. information campaigns 5) Return, readmission and reintegration 15. strengthen capacity of countries of origin to respond to readmission applications 16. support reintegration of returnees into their communities	1) End poverty in all its forms everywhere 2) End hunger, achieve food security and improved nutrition and promote sustainable agriculture 3) Ensure healthy lives and promote well-being for all at all ages 4) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all 5) Achieve gender equality and empower all women and girls 6) Ensure availability and sustainable management of water and sanitation for all 7) Ensure access to affordable, reliable, sustainable and modern energy for all 8) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all 9) Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation 10) Reduce inequality within and among countries 11) Make cities and human settlements inclusive, safe, resilient and sustainable 12) Ensure sustainable consumption and production patterns 13) Take urgent action to combat climate change and its impacts 14) Conserve and sustainably use the oceans, seas and marine resources for sustainable development 15) Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss 16) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels 17) Strengthen the means of implementation and revitalise the global partnership for sustainable development

Annex II: Logical Framework

	Results chain	Indicators	Baseline (incl. reference year)	Current value Reference date	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	Contribute to the reduction malnutrition in Sudan.	Percentage of children under five who are stunted Percentage of children under five who are wasted	38.2% (MICS 2014) 33% (MICS 2014)	38.2% (MICS 2014) 33% (MICS 2014)	32% (2020) 25% (2020)	MICS 2019/20	
Specific objective(s): Outcome(s)	**Outcome 1**: Collect and disseminate disaggregated data on multiple indicators pertaining to key determinants of malnutrition in young children and pregnant and lactating women through undertaking a Simple, Spatial, Survey Method (S3M) survey in Sudan.	S3M II final report available	Not available (2018)	Not available (2018)	Available (March 2019)	Final report available	Political commitment from the Government of Sudan for undertaking S3M II will remain
Outputs	**<u>Output 1:</u>** S3M II survey preparations completed including agreed list of indicators, finalization of data collection tools including its digitalization and mapping of all settlements.	S3M II indicators available; digital data collection tool available; mapping of all settlements available	Not available (2018)	Not available (2018)	Available (July 1st 2018)	Advisory committee	Required human resources for the preparations are availed in a timely manner
	<u>Output 2:</u>	staff available;	Not available/	Not	Available/	Advisory	Required human resources for the

<table>
<tr><td></td><td>Supervisors and enumerators at national and state level are available and capacitated</td><td>training completed;</td><td>not completed (2018)</td><td>available/ not completed (2018)</td><td>Completed (July 14th 2018)</td><td>committee</td><td>preparations are availed in a timely manner</td></tr>
<tr><td></td><td><u>Output 3:</u>
S3M II data collected from all sampling points and cleaned</td><td>Cleaned data available</td><td>Not available/ (2018)</td><td>Not available (2018)</td><td>Available (January 2018)</td><td>Advisory committee</td><td>Required human resources for the preparations are availed in a timely manner</td></tr>
<tr><td></td><td><u>Output 4:</u>
Data analysed and preliminary results produced</td><td>Preliminary results available</td><td>Not available/ (2018)</td><td>Not available (2018)</td><td>Available (February 2018)</td><td>Advisory committee</td><td>Required human resources for the preparations are availed in a timely manner</td></tr>
<tr><td></td><td><u>Output 4:</u>
3M II report completed, endorsed by Government of Sudan and widely disseminated</td><td>Final report available</td><td>Not available/ (2018)</td><td>Not available (2018)</td><td>Available (March 31st 2018)</td><td>Report available</td><td>That political commitment from the Government of Sudan for disseminating S3M II results will remain</td></tr>
<tr><td>Activities</td><td colspan="5"><u>A 1.1:</u> Engage with Federal Ministry of Health: To ensure early preparations and identification of personnel needed at all levels (for working groups at Federal and State level as well as data collection). Preparations to include awareness raising of the survey at all levels from within Ministry at Federal, State and Locality level to within communities.

<u>A 1.2:</u> Obtain approvals: Ensure ethical approval and other necessary approvals are in obtained.

<u>A 1.3:</u> Obtain detailed maps of every state: Up-to-date maps of every state showing the location of all settlements will be needed in order to accurately sample each state. UNICEF will hire a consultant to update existing maps and to make new maps for those states where maps do not exist or are very old.

<u>A 1.4:</u> Engage technical expertise: UNICEF will continue collaboration with Brixton Health to ensure required technical input for the survey is available. Federal Ministry of Health will support with facilitation of visa applications where necessary.

<u>A 1.5:</u> Identify staff: Regional supervisors will be UNICEF staff who have carried out S3M surveys previously and other surveillance staff who have previous survey experience. It is anticipated that technical expertise will be provided by Brixton Health. State supervisors will be identified by UNICEF, and team leaders and team members will be identified by UNICEF and Federal/State Ministries of Health. All state supervisors will have State Ministry of Health counter-parts to</td><td colspan="2">Means:
There are need for:
Human resources to lead survey day to day activities, international experts, supervisors and enumerators.

Training on use of tablets, data collection and analysis.

Anthropometric equipments for measurements

Tablets for data collection and server to store and retrieve data.

Costs
Technical support: 461,750 USD

Preparation, training and supervision: 203,380 USD

Piloting, data collection, entry and analysis: 646,730 USD

Supplies: 64,790 USD</td></tr>
</table>

	maximize capacity building. ***A 1.6:*** **Carry out sampling:** Once maps are available, sampling will be carried out by the regional and state-level supervisors in a central location. This is to ensure that experts are present for sampling of all states to ensure quality. ***A 1.7:*** **Train teams:** This will be done on 2 levels: 1) training of state supervisors in a central location and 2) training of teams at state level. Training will aim to ensure that survey methodology and rules are followed at all levels in order to ensure quality of data collected. It will also aim to maximize quality of anthropometric measurements (through standardization tests) and other information collected (through detailed training on the questionnaire). ***A 1.8:*** **Collect data:** Data collection plans will be coordinated by the regional supervisors and over-seen by the state supervisors and team leaders. Data collection is estimated to take one month per state depending on the size of the state and therefore the number of sample points, with 7 teams per state. Teams will be closely supervised by team leaders and state supervisors as well as regional supervisors. Following the experience and lessons learned from the 2013 S3M, data will be collected simultaneously across all states, with technical supervision (Brixton Health or UNICEF plus Federal Ministry of Health) in all states. ***A 1.9:*** **Enter data:** It is planned to enter data as it is collected through using tablets / digital data collection tools. ***A 1.10:*** **Analyse data:** Expert technical support will be required for data analysis. It is planned to be carried out with international consultants (anticipated to be from Brixton Health) together with the Ministry of Health, UNICEF and WFP. Following the recent successful UNICEF/WFP trial of coverage assessment using the S3M method, it is anticipated to work closely with WFP for the S3M-II for production of maps ***A 1.11:*** **Report and disseminate the findings:** All results will be available one month after the completion of data cleaning. Based on experience from the 2013 S3M, a syntax has been written to automatically produce a results summary table, listing all point estimates and confidence limits by locality for each indicator measured. For the 2013 S3M, availability of this table meant that results were endorsed and used while the final report was being written. A draft report of the results will be available within 2 months of completion of data cleaning. Following Federal Ministry of Health endorsement of results, a workshop will be held in all states to present and discuss state-level findings with all relevant state and locality level actors. This was done following the 2013 S3M and proved to be instrumental in ensuring ownership of results.	*Dissemination: 486,474 USD*

Annex III: EUTF Indicators as part of the Monitoring and Learning System

EUTF COMMON OUTPUT INDICATORS *

	1. Greater economic and employment opportunities	Optimal disaggregation (in addition to geographical location)
1.1	Number of jobs created	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of Job** (permanent, short term, cash for work, etc.) **Location**
1.2	Number of MSMEs created or supported	**Type of support** (acces to finance, business development, training, equipment, market access, etc.)
1.3	Number of people assisted to develop economic income-generating activities	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of support** (funding, finance education, entrepreneurship prog., business dev service, etc.)
1.4	Number of people benefiting from professional trainings (TVET) and/or skills development	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of TVET** (professional training, skills dev scheme, internship, other)
1.5	Number of job placements facilitated and/or supported	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of Job** (permanent, short term, cash for work, incentive, etc.)
1.6	Number of industrial parks and business infrastructure created, expanded or improved	
1.7	Financial volume of new funding instruments for scholarships or self-employment	
1.7 bis	Financial volume granted to individual recipients	

	2. Strengthening resilience	Optimal disaggregation (in addition to geographical location)
2.1	Number of local development plans directly supported	
2.1 bis	Number of social infrastructure built or rehabilitated	**Use of infrastructure** (health, education, water, sanitation, housing, domestic energy, legal, etc.)
2.2	Number of people receiving a basic social service	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of Service** (health, education, water, sanitation, jousing, energy, legal, nutrition, etc.)
2.3	Number of people receiving nutrition assistance	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group**
2.4	Number of people receiving food security related assistance	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of assistance** (social protection schemes, training on agri practice, agri inputs, land dev, etc.)
2.5	Number of local governments and/or communities that adopt and implement local disaster risk reduction strategies	
2.6	Hectares of land benefitting from improved agricultural management	**Types of support** (irrigation, rehabilitation, improved management, etc.)
2.7	Number of people reached by information campaigns on resilience-building practices and basic rights	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of practices and rights** (health, education, water, energy, rights, etc.)
2.8	Number of staff from local authorities and basic service providers benefitting from capacity building for strengthening services delivery	**Type of service** (health, education, etc.)
2.9	Number of people having improved access to basic services	**Target groups** (refugee, IDP, Host community, returnee, migrant in transit)

	CROSS-CUTTING	Optimal disaggregation
5.1	Number of multi-stakeholders groups and learning mechanisms formed and regularly gathered	**Type of actors** (state-level, local authorities, civil society) **Goal of the group/platform** (coordination or learning)
5.2	Number of planning, monitoring, learning, data-collection and analysis tools set up, implemented and / or strengthened	**Types ot tools** (studies, needs assessment, market assessments, reporting and statistics, etc.)
5.3	Number of field studies, surveys and other research conducted	**Focus of research**

	3. Improving Migration Management	Optimal disaggregation (in addition to geographical location)
3.1	Number of projects by diaspora members	**Type of projects**
3.2	Number of migrants in transit, victims of human trafficking, children in the mobility, IDPs and refugees protected or assisted.	**Gender** **Target groups** (refugee, IDP, returnee, migrant in transit) **Age group** **Types of Protection** (protection measures, medical and pshychosocial, shelter, food, legal, etc.)
3.3	Number of migrants, or potential migrants, reached out by information campaign on migration and risks linked to irregular migration	**Gender** **Target groups** (refugee, IDP, returnee, migrant in transit) **Age group**
3.4	Number of voluntary returns or humanitarian repatriation supported	**Gender** **Age group** **Types of assistance** (transportation, pre-departures councelling assistance to obtain documents, return tickets, travel escorts, assistance upon arrival, etc.)
3.5	Number of returning migrants benefiting from reintegration assistance	**Gender** **Age group** **Types of assistance** (income generating, medical, education, housing support etc.)
3.6	Number of institutions and non-state actors strenghtened through capacity building or operational support on protection and migration management	**Types of support** (capacity building, operational support, etc.)
3.7	Number of individuals trained on migration management	**Target groups** (state, non-state)
3.8	Number of refugees and forcibly displaced persons receiving legal assistance to support their integration	**Gender** **Target groups** (refugee, IDP) **Age group**
3.9	Number of early warning systems on migration flows created	
3.10.	Number of people benefitting from legal migration and mobility programmes	**Gender** **Age group**
3.11	Number of activities/events explicitly dedicated to raising awareness and sensitivity of general public regarding all aspects of migration	**Types of activity** (media campaigns, etc.)

	4. Improved governance	Optimal disaggregation (in addition to geographical location)
4.1	Number of border stations supported to strengthen border control	
4.2	Number of staff from governmental institutions, internal security forces and relevant non-state actors trained on security, border management, CVE, conflict prevention, protection of civilian populations and human rights	**Gender** **Type of capacity building**
4.2 bis	Number of Institutions and Non-State actors benefitting from capacity building and operational support on security, border management, CVE, conflict prevention, protection of civilian populations and human rights	**Gender** **Type of capacity building**
4.3	Number of people participating in conflict prevention and peace building activities	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of Activities** (community dialogue, civilian mediation, peacebuilding, awareness raising, etc.)
4.4	Number of victims of trafficking assisted or referred to assistance services	**Gender** **Target groups** (refugee, IDP, Host community, returnee, migrant in transit) **Age group** **Types of Services** (medical assistance, psycho-social assistance, counselling, accomodation, legal counselling, family tracking, travel docs, assistance to voluntary return, etc.)
4.5	Number of cross-border cooperation initiatives created / launched or supported	
4.6	Number of strategies, policies and plans developed and / or directly supported	**Types of output**
4.7	Number of refugees benefiting from an Out-of-Camp policy	
4.8	Number of national/regional/local networks and dialogues on migration related issues newly established or functionally enhanced	

** Definition and methodology will be introduced to the implementing partners of the action*