Multiple Indicator Cluster Survey in Sudan 2014
Key Messages

Who
Minister of Cabinet Affairs, Central Bureau of Statistics (CBS) in collaboration with sector line ministers and support of UNICEF, WFP, UNFPA, WHO, and DFID.

What
Key accurate evidence of social indicators generated by the 5th round of Multiple Indicator Cluster Survey completed in Sudan by Central Bureau of Statistics and UNICEF. MICS 2014 is the first nationwide representative household survey completed after the separation of the South Sudan with Sudan in 2011. The previous round was Sudan Household Health Survey (SHHS II) conducted by Ministry of Health and UNICEF in 2010.

Why
Findings of this nationwide household survey represent key assets in providing sounds statistical updates on the gains achieved by Sudan vis-à-vis MDG 2015 and national development agenda in improving the situation of Child and Maternal Health, Child Learning and Protection during the last 5 years and highlighting remaining challenges for children and women well-being to be addressed.

It establish a benchmark reference which can serve as an evidence-based reference and analytical resource for the forthcoming Sudan PRSP and public advocacy tool for scaling up investments in social sector and acceleration of progress towards SDG 2030.

How
The MICS 2014 data collection was completed between August and November 2014 in all the 18 states of Sudan covering 18,000 households. The process was led by CBS with technical support from UNICEF. The key findings have been endorsed by the national MICS technical committee and approved by the national MICS Steering Committee which includes representative from the key line ministries. The detailed reports is being finalized and will be published and disseminated by November 2015.

Big flags?
Health: There has been a 21% reduction in child mortality rates during the last decade, but MDG 4 has still not been achieved
• The Under Five Mortality has decreased over the last two decades from 104 deaths per thousand live births in 1996-2000 to 83 deaths per thousand live births in 2006-2010 and now to 68 deaths per thousand live births in 2010-2014.

• The percentage of pregnant women attending antenatal care services has increased from 74.3% (2010) to 79.1 (2014). While those assisted by skilled birth attendants during delivery grew to 77.7% from 72.5% during the same period.

**Nutrition: Remains a complex mix of emergency and chronic underdevelopment**

• Child Malnutrition remains a major problem for children in Sudan. The prevalence of stunting, underweight and acute malnutrition remain high, respectively 38.2%, 33% and 16.3%. (Around 1 million of children under-five years suffer of global acute malnutrition in Sudan).

**Water: Despite the progress in access to improved drinking water sources, Sudan has one of the lowest coverages of sanitation in the world.**

• The percentage of the population that has access to improved drinking water sources has increased by 13% during the last five years from 60.5% in 2010 to 68% in 2014.
• The use of improved sanitations facilities has increased from 27.1% in 2010 to 32.8% in 2014.
• The use by families of safe disposal of child faeces has increased from 46.5% in 2010 to 53% in 2014.

**Basic Education: Sudan is close to achieving gender parity in primary education**

1. The primary school net attendance ratio has increased from 68.4% in 2006 to 71.8% in 2010 and 76.4% in 2014 (75% for girls and 77% for boys).
2. Sudan is close to achieving Gender Parity Index, with an increase from 0.94 in 2010 to 0.98 in 2014.

**Child Protection: Sudan made good improvement in providing access of children to birth registration certificate**

Specifically, the analysis reveals that
• The percentage of children under age five whose births are reported registered has increased from 59.3% in 2010 to 67.3% in 2014.

**Challenges**

• **Immunization coverage is below the adequate level of 95%**: measles vaccination coverage is 60.9% and DPT3 coverage 65.3%.
• Around **one million of children under five** suffer from global acute malnutrition (GAM prevalence is 16.3%).
• Access to water by rural population remains limited, with 36.5% of rural population not having access to safe drinking water in comparison to only 22% for urban population.
• Sanitation coverage in Sudan remain very limited and one of the worst globally.
• The prevalence of Female Genital Cutting is very high in Sudan: 86.7% of women aged 15-49 years have reported that they have undergone any form of FGM/C.
Opportunities

- Sudan is benefiting from important global partnerships that provide opportunities for scaling-up interventions nationwide, like the Global Partnership for Education, the GAVI funds for EPI and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- The ongoing development of a full PRSP in Sudan, planned for the period 2016-2021, and the implementation of large scale social protection schemes through cash transfers and health insurance targeting the poorest, represent key opportunities for transitioning from a humanitarian to building resilience and development focus.

UNICEFs priority is...

- Focus on most-in need children in the most vulnerable localities.
- Invest in building the resilience of households and communities through results based programming and monitoring at households. This will include the scale-up of Community Management of Acute Malnutrition (CMAM); Integrated Community Case Management (ICCM) of common childhood illnesses such as malaria, diarrhoea, pneumonia; strengthening community systems for child care and protection, provision and use of safe water, roll out of improved sanitation and hygiene promotion and reduction in the number of out of school children.
- Strengthen the Expanded Program on Immunisation (EPI) services, including immunization campaigns, scaling-up nutrition services delivery and promotion of healthy behavioural change practices;
- Foster a flexible operating environment in support of evidence-based planning, policy development and implementation.
- Better sector coordination and partnerships, accountability for results, system strengthening and capacity building to scale-up service delivery and sustain gains for children.

Call on government and donors to...

- Move forward in strengthening economic growth, promote peace and prioritize large scale investments into social sectors in order to sustain the gains achieved;
- Donor support in addressing urgent humanitarian needs of vulnerable children, facilitating debt relief and investing in poverty reduction & building resilience is key to make difference.