United Nations DP/**FPA**/**DCP/SDN/6**

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
12 July 2012

Original: English

Second regular session 2012
4 to 10 September 2012, New York
Item 5 of the provisional agenda
UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for the Sudan

Proposed indicative UNFPA assistance:	$91 million: $20 million from regular resources and $71 million through co-financing modalities and/or other, including regular, resources
Programme period:	Four years (2013-2016)
Cycle of assistance:	Sixth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Population dynamics	1.5	1.5	3.0
Maternal and newborn health	9.5	42.0	51.5
Family planning	3.0	16.0	19.0
Gender equality and reproductive rights	2.0	8.0	10.0
Data availability and analysis	2.5	3.5	6.0
Programme coordination and assistance	1.5	0	1.5
Total	20.0	71.0	91.0

12-41784 (E) 230712

I. Situation analysis

1. The Sudan is in a critical transition period. The loss of oil revenues after South Sudan became an independent country in July 2011 resulted in a dramatic economic downturn, which has diminished the amount of government resources available for public services. Almost half of all Sudanese live below the national poverty line. The country faces severe challenges in reaching Millennium Development Goal targets.

2. Although there has been progress towards ending the protracted conflict in Darfur, there are new conflicts elsewhere. The situation is exacerbated by the depletion of natural resources, as evidenced by the desertification and deforestation in some areas, and by recurrent natural disasters.

3. The Sudan, with its wealth of human and natural resources, offers opportunities for recovery and development. However, reaching this potential will require simultaneous attention to peacebuilding, humanitarian programmes, recovery efforts and development initiatives.

4. The 2008 census reported a population of 30.9 million, with 62 per cent of the population below age 25. The annual population growth rate is high at 2.5 per cent, due to the high total fertility rate (5.6 children per woman). Although approximately two thirds of all Sudanese live in rural areas, there has been a rapid increase in the urban population, predominantly in the national and state capitals.

5. Mobility remains a critically important factor in the Sudan. Millions of people have been displaced by conflicts or natural disasters, and there are high levels of labour migration. In addition, 9 per cent of the population are nomads, a group whose basic needs have been neglected.

6. The health sector is weak and underfunded. One quarter of the population has no access to health facilities, and only 19 per cent of primary health-care facilities provide the minimum health-care package. Only 66 per cent of rural hospitals offer basic emergency obstetric and neonatal care, and less than half of them can provide the comprehensive emergency obstetric and neonatal care services needed to save lives.

7. The national maternal mortality ratio is 216 maternal deaths per 100,000 live births, with wide regional variations. Maternal mortality is particularly high among poor and rural residents and nomads. In 2010, only one fifth of deliveries were delivered by skilled health personnel. Contraceptive prevalence is low (9 per cent), and the unmet need for family planning is high (23.8 per cent).

8. The HIV prevalence rate of 0.67 per cent reflects a concentrated epidemic among populations that are most at risk. However, current trends predict an increase in the prevalence rate to 1.12 per cent by 2015, and there are signs of the feminization of the epidemic.

9. A quarter of all young people living in urban areas and half of those living in rural areas are poor; 20 per cent are unemployed. Approximately 10 per cent of adolescents aged 12-14 and 38 per cent of those aged 15-19 are married. Among married adolescents, 16.3 per cent aged 15-19 and 1.2 per cent aged 10-14 have begun childbearing. Nevertheless, 95 per cent of married adolescents have no access to family planning. Early childbearing contributes significantly to obstetric fistula and maternal morbidity.

10. Twenty-eight per cent of households are headed by women, and these households tend to be poor. Gender inequalities persist: women are twice as likely as men to be illiterate. Gender-based violence, accompanied by stigma and a lack of redress, is a problem in many communities. The prevalence rate of female genital mutilation is 65.5 per cent, despite educational campaigns. Social and cultural traditions, including early marriage and mobility restrictions, disempower women and limit their access to health information and services, contributing to maternal mortality and morbidity.

II. Past cooperation and lessons learned

11. The evaluation of the fifth country programme identified a number of achievements, including: (a) the revision of the reproductive health policy; (b) the development of the national strategy for scaling up midwifery; (c) the launch of the roadmap for reducing maternal and newborn mortality, 2010-2015; (d) the development in a national plan to combat gender-based violence; and (e) the adoption of a national youth strategy, 2007-2031.

12. Additional achievements included: (a) the initiation of professional midwifery training; (b) the availability of census data in all 15 states; (c) the criminalization of female genital mutilation in four states; (d) strengthened capacity for reproductive health emergency preparedness in 11 states; (e) the legalization of the immediate delivery of medical services to survivors of sexual violence; (f) the abandonment of female genital mutilation in a number of communities; (g) an increase in community midwifery coverage; and (h) the establishment of youth networks.

13. The evaluation of the country programme identified the following lessons learned: (a) contingency planning and preparedness with partners can ensure that reproductive health is integral to humanitarian responses; (b) building the capacity of civil society organizations working on issues related to gender-based violence, early marriage and HIV/AIDS proved to be a self-sustaining strategy for community outreach; (c) strategic partnerships with religious and community leaders were instrumental for effecting change within communities; and (d) intensive and sustained evidence-based advocacy efforts are required to keep sensitive population and reproductive health issues on the national development agenda.

III. Proposed programme

14. The proposed programme, 2013-2016, is aligned with the national development plan, the United Nations Development Assistance Framework (UNDAF), 2013-2016, the UNFPA strategic plan and the recommendations of the country programme evaluation. The human rights-based approach and gender equality guided the development of the proposed programme.

15. The proposed programme focuses on women and young people, targeting the most needy population groups, including poor, rural communities, nomads, conflict-affected and internally displaced people, ex-combatants, and people who are at most risk of HIV infection. To that end, the programme seeks to improve the equity of access to basic services, which is a major aspect of peacebuilding and recovery.

16. The programme also seeks to reduce maternal mortality by: (a) strengthening the health system to provide equitable access to high-quality reproductive health services; and

(b) increasing the demand for such services by creating a conducive environment. The programme addresses factors affecting maternal health, particularly cultural barriers and gender inequality. The programme will strengthen policies, norms and planning capacity at the federal level and will provide focused support for services and social change in selected localities in several states.

Population dynamics

17. Output 1: Strengthened national capacity to incorporate population dynamics, including its linkages with reproductive health, into relevant policies and development plans, with special attention to the needs of young people and women. This will be achieved by: (a) building capacity in population analysis and the use of data in planning; (b) strengthening the management and advocacy capacity of youth-serving organizations; (c) supporting coordination and networking among youth organizations and women's organizations; (d) supporting livelihood and life-skills training for young people, addressing employability, gender and reproductive health concerns; and (e) promoting civic participation and social responsibility.

Maternal and newborn health

18. Output 1: Increased demand for information and services related to reproductive, maternal and newborn health and HIV prevention. This will be achieved by: (a) implementing a behaviour change communication strategy; (b) addressing the stigma associated with gender-based violence, obstetric fistula and HIV; (c) strengthening knowledge regarding sociocultural determinants to guide reproductive health interventions; (d) enhancing community mobilization to address gender-based violence and create gender-responsive referral mechanisms to promote reproductive health and prevent HIV; and (e) supporting advocacy and policy dialogue to implement policies regarding reproductive health and HIV.

19. Output 2: Increased availability of high-quality information and services for maternal and newborn health and HIV prevention, especially for underserved populations and people with special needs. This will be achieved by: (a) strengthening the management of the reproductive health programme; (b) supporting interventions to increase the coverage of skilled birth attendance; (c) supporting evidence-based advocacy efforts to mobilize resources to implement the maternal health road map; (d) expanding community-based maternal health interventions; (e) strengthening the provision of emergency obstetric and neonatal services, including supporting the critical rehabilitation and renovation of health facilities; (f) supporting capacity for the repair of obstetric fistula and the social reintegration of fistula patients; (g) implementing the minimum initial service package in humanitarian settings; (h) ensuring youth-focused peer counselling and peer education; (i) strengthening the prevention of mother-to-child HIV transmission; and (j) integrating the management and prevention of sexually transmitted infections and HIV into reproductive health service outlets, including outlets that have services for young people.

Family planning

20. Output 1: National systems for reproductive health commodity security and for the provision of family planning services are strengthened. This will be achieved by: (a) strengthening the health information and logistics system; (b) advocating reproductive health commodity security, including the

prevention of HIV/AIDS; and (c) enhancing the capacity of health-care providers to deliver high-quality family planning services.

Gender equality and reproductive rights

21. Output 1*:* Strengthened national, state and community capacity to promote gender equality and to prevent and respond to early marriage, sexual violence and female genital mutilation. This will be achieved by: (a) supporting the implementation of national legislation that supports gender equality and the empowerment of youth; (b) building the capacity to prevent and respond to gender inequalities that affect maternal health, including gender-based violence; (c) strengthening the provision of comprehensive services for gender-based violence survivors; and (d) strengthening strategies to increase the involvement of young men and boys in efforts to improve women's health.

Data availability and analysis

22. Output 1: Strengthened national and state capacity to produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring, with a focus on maternal health. This will be achieved by: (a) improving quality standards and techniques for the collection of population data; (b) establishing national indicators related to population development and maternal health; (c) strengthening the capacity for qualitative data collection, analysis and dissemination, including in humanitarian settings; (d) strengthening the quality of maternal and reproductive health data collection, including data on HIV; (e) building national capacity in preparation for the 2018 census; and (f) supporting research on the linkages between population and development.

IV. Programme management, monitoring and evaluation

23. The Ministry of International Cooperation, as the overall coordinator of the UNDAF, will monitor the country programme. The Ministry of Welfare and Social Security will coordinate implementation of the programme, which will be nationally executed. In situations where there is lack of national capacity, UNFPA may directly implement the programme. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

24. UNFPA and the Government will carry out quarterly and annual reviews of the programme and field monitoring visits, and will also conduct thematic and end-of-country programme evaluations. UNFPA will participate in the United Nations development and humanitarian review processes.

25. UNFPA will support the Government in mobilizing additional resources from a variety of sources, including UNFPA thematic funds, humanitarian funds, global funds and other donor contributions, including funds from the private sector.

26. The UNFPA representative will oversee the programme. The country office includes staff funded from the UNFPA institutional budget who perform management and development effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme support.

RESULTS AND RESOURCES FRAMEWORK FOR THE SUDAN

National priorities: (a) ensure equitable and adequate sustainable basic services for all urban, rural and nomadic people; (b) develop the capacity of government institutions and the civil service for sectoral planning and management; (c) strengthen institutions of governance and administration; (d) uphold the rule of law; (e) reduce unemployment, especially among youth; (f) combat environmental degradation, climate change and disaster-related risks; and (g) strengthen civil society to resolve conflicts, ensure the participation of youth in development, and promote social cohesion

UNDAF outcomes: (a) improved opportunities for decent work and sustainable livelihoods; (b) populations vulnerable to environmental risks and climate change become more resilient and relevant institutions more effective in the sustainable management of natural resources; (c) the Government and stakeholders have evidence-based policies, strategic plans and mechanisms to ensure an enabling environment for improved basic services; (d) people in the Sudan, with a special emphasis on needy populations, have access to equitable and sustainable high-quality basic services; (e) government institutions at all levels are strengthened to effectively plan, deliver and monitor their mandates; (f) people in the Sudan are protected in an enabling environment that guarantees the rule of law and basic rights; and (g) peace dividends are delivered for sustainable returns, reintegration and recovery

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Population dynamics Outcome indicators: • Population dynamics and its interlinkages are incorporated into national development plans and poverty reduction strategy papers. Baseline: minimal; Target: fully integrated • Reproductive health services are integrated into national health policies and plans Baseline: partial; Target: fully integrated	Output: Strengthened national capacity to incorporate population dynamics, including its linkages with sexual and reproductive health, into relevant policies and development plans, with special attention to the needs of young people and women	Output indicators: • Number of studies on population dynamics conducted, with the findings incorporated into policies, strategies and plans at national and UNFPA-supported state levels Baseline: 4; Target: 10 • Number of UNFPA-supported localities with youth coordination mechanisms established and operational Baseline: 0; Target: 10	National Council for Strategic Planning; national and state population councils; Ministries of Youth; United Nations organizations	$3 million ($1.5 million from regular resources and $1.5 million from other resources)
Maternal and newborn health Outcome indicators: • Births attended by skilled health personnel Baseline: 23%; Target: 30% • Number of states with Caesarean section rates below 5% Baseline: 9; Target: 4	Output 1: Increased demand for information and services related to reproductive, maternal and newborn health and HIV prevention Output 2: Increased availability of high-quality information and services for maternal and newborn health and HIV prevention, especially for underserved populations and people with special	Output indicators: • Number of civil society organizations engaged in behaviour change communication on gender, reproductive health, early marriage and HIV/AIDS at the community level Baseline: 43; Target: 103 • Number of community-based obstetric referral mechanisms established and functional at the local level Baseline: 4; Target: 19 • Number of village midwives trained Baseline: 600; Target: 2,600 Output indicators: • Number of fistula cases repaired Baseline: 529; Target: 1,000 • Number of health facilities providing basic and comprehensive emergency obstetric and neonatal care services. Baseline: 15 basic/7 comprehensive; Target: 30/10 • Number of primary health-care facilities providing integrated services on sexual and reproductive health, HIV and sexually transmitted infections. Baseline: 8; Target: 44	Federal and state Ministries of Health; civil society organizations; United Nations organizations Federal and state Ministries of Health; academic institutions; civil society organizations;	$51.5 million ($9.5 million from regular resources and $42 million from other resources)

	needs	• Number of people from vulnerable groups and populations that are most at risk who have received counselling, testing and management services through UNFPA support Baseline: 1,118; Target: 9,756	United Nations organizations	
Family planning Outcome indicators: • Contraceptive prevalence rate Baseline: 9%; Target: 15% • Unmet need for family planning Baseline: 23.8%; Target: 18% • Percentage of service delivery points offering at least three modern methods of contraception Baseline: 10%; Target: 30%	Output: National systems for reproductive health commodity security and for the provision of family planning services are strengthened	Output indicators: • Number of service providers trained in family planning Baseline: 300; Target: 1,000 • Percentage of national commodity requests satisfied Baseline: 20%; Target: 40% • Percentage of facilities having no stock-outs of contraceptives in past six months in UNFPA-supported states Baseline: 15%; Target: 65%	Federal and state Ministries of Health; central medical supply; Sudan Family Planning Association; UNDP	$19 million ($3 million from regular resources and $16 million from other resources)
Gender equality and reproductive rights Outcome indicators: • Percentage of women aged 20-24 who were married or in union before age 18 Baseline: 37.6%; Target: 35% • Number of states with established coordination mechanisms in place to track the implementation of laws and policies advancing gender equality and reproductive rights Baseline: 5; Target: 9	Output: Strengthened national, state and community capacity to promote gender equality and to prevent and respond to early marriage, sexual violence and female genital mutilation	Output indicators: • Number of UNFPA-supported villages and urban communities that have abandoned female genital mutilation/cutting. Baseline: 32; Target: 104 • Number of UNFPA-supported localities with functional gender-based violence referral pathways that include at least three multisectoral services. Baseline: 6; Target: 16 • Number of health-care providers trained in clinical care and counselling for survivors of gender-based violence Baseline: 450; Target: 850 • Number of identified articles within family laws and the penal code revised and endorsed, advancing gender equality and equity. Baseline: 2; Target: 12	Ministries of: Education; Health; and Social Welfare; State Committees to Combat Violence Against Women; civil society organizations; United Nations organizations	$10 million ($2 million from regular resources and $8 million from other resources)
Data availability and analysis Outcome indicator: • National household health survey conducted during the next three years Baseline: 0; Target: 1	Output: Strengthened national and state capacity to produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring, with a focus on maternal health	Output indicators: • Nationally agreed standardized protocols for data collection and analysis in place. Baseline: 0; Target: protocols for population-based surveys in place • Number of national- and state-level statistical coordination mechanisms for data suppliers and users established and functional. Baseline: 0; Target: 1 national, 10 states • Number of statistical publications at national and state levels prepared in line with international standards and with data disaggregated by sex and age. Baseline: 0; Target: 12	Central Bureau of Statistics; Academic institutions; United Nations organizations	$6 million ($2.5 million from regular resources and $3.5 million from other resources) _____ Total for programme coordination and assistance: $1.5 million from regular resources