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United Nations Population Fund

Country programme document for Sudan

Proposed indicative UNFPA assistance:	$40.0 million: $10 million from regular resources and $30.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2018 – 2021)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.0	19.0	24.0
Outcome 3	Gender equality and women's empowerment	2.0	8.0	10.0
Outcome 4	Population dynamics	2.2	3.0	5.2
Programme coordination and assistance		0.8	0.0	0.8
Total		10.0	30.0	40.0

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I. Programme rationale

1. Sudan suffers the burden of national and regional protracted conflicts, cross-border population movements and economic sanctions. The current context drains the country's resources, affects investment in all social sectors and contributes to inequalities between and within states.

2. The projected population for 2017 is 40.8 million with two-thirds of the population living in rural areas. Forty-seven per cent of the population is below the poverty line with a regional variation between 26 and 69 per cent. Financing for development was 10 per cent of public expenditure in 2014 and the national debt accumulated to $47 billion.

3. Annual population growth rate is 2.5 per cent, total fertility rate is 5.2 (5.6 rural, 4.4 urban) and 62 per cent of the population is under the age of 25. This demographic profile indicates that Sudan is in its pre-dividend stage. Currently, the unemployment rate is 19 per cent on average and 34 per cent among youth. Sudan continues to experience population movements reflected in rural-urban migration, internal displacement (2.23 million), influx of refugees (1 million) and emigration of highly skilled workers.

4. The official national maternal mortality ratio is 216 deaths per 100,000 live births, while recent international estimates put the ratio at 311 deaths per 100,000 live births. Higher maternal deaths are reported in conflict-affected states. Skilled personnel attended deliveries is 78 per cent (only 19 per cent by medical doctors), and 28 per cent of deliveries take place in health facilities. Antenatal care coverage is 51 per cent (four visits), and postnatal care coverage is 27 per cent. The coverage and quality of reproductive health services are insufficient resulting in more than 70 per cent avoidable deaths.

5. Contraceptive prevalence rate is 11.7 per cent (19 per cent urban, 8.7 per cent rural) and unmet need for family planning is 26.6 per cent. Poor supply chain management results in commodity stock-out in 22 per cent of health facilities. Socio-cultural barriers create low demand and utilisation of reproductive health commodities.

6. The health system is inadequate and suffers from brain-drain. One-quarter of the population has no access to health facilities, while only 19 per cent of primary health-care facilities provide the minimum healthcare package. Two-thirds of rural hospitals offer basic emergency obstetric and neonatal care and less than half provide comprehensive emergency obstetric and neonatal care. Obstetric fistula is complicated by lack of timely emergency obstetric care for obstructed deliveries and high adolescent birth rate (87 births per 1,000 women aged 15-19).

7. HIV prevalence in Sudan is 0.24 per cent. The prevalence among most-at-risk population groups ranges from 3.1 per cent to 7.7 per cent. About 80 per cent of new HIV cases are detected amongst most-at-risk population groups. Due to stigma and discrimination, access to preventative services is limited and 70 per cent of those most at risk have not ever been reached.

8. Gender-based violence manifests itself through female-genital mutilation, child marriage, domestic and sexual violence and trafficking. The prevalence of female-genital mutilation in 2014 was 87 per cent among women aged 15-49 and 32 per cent among girls aged 0-14. Although there is a decrease in the younger cohort, about 40 per cent of women report that they still have the intention to cut their daughters. Twelve per cent of women were first married before age 15 and 38 per cent before age 18, which leads to early childbearing. Twenty-two per cent of married women had at least one live birth before the age of 18. These practices are upheld by rooted social norms, religious misinterpretations, gaps in policies and legislations, poverty, illiteracy and the consequences of conflicts.

9. Although there is a National Strategy for the Development of Statistics and its associated protocols, the capacity to produce, analyse and disseminate population data is limited. The health information system is not well functioning. Though improving, use of data on population dynamics to inform planning, policy formulation, implementation and monitoring of programmes remains low both at national and state levels.

10. The sixth country programme made contributions to improving sexual and reproductive health in focus states by increasing coverage of: basic emergency obstetric and neonatal care (from 35 to 65 per cent), comprehensive obstetric and neonatal care (from 27 to 53 per cent), antenatal care (from 61 to 78 per cent: at least one visit), midwifery by 14 per cent and use of contraceptives to 17 per cent of first-time users. The programme contributed to establish basis for the Government to launch a nation-wide Primary Healthcare Expansion Programme, and the President to sign up to the UN-SG Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), pledging political and financial commitments. This has led to the development of Maternal, Neonatal, Child and Adolescents Health Strategy (2016-2020).

11. There were quite a number of challenges and gaps, such as inadequate integration and co-ordination across programme components, high staff turn-over among key health service providers, inadequate supply chain management for reproductive health commodities, stigma associated with HIV and the target group, ineffective implementation of policies and laws, limited evidence on gender-based violence, and the fact that the programme was ambitious vis-à-vis the estimated financial resources and annual targets given the changes in funding landscape.

12. Lessons learned included: (a) community-based interventions proved to be effective in promoting awareness and creating demand for services; (b) integration of the management of family planning commodities into the national supply chain proved to be effective in stock management, distribution and reporting; (c) the adoption of a context-specific HIV prevention packages helped detect new cases; (d) in-depth analysis of existing data is needed for better planning and targeting; and (e) advocacy with parliamentarians, media, and religious and community leaders was instrumental in leveraging resources and developing policy frameworks to address persistent socio-cultural determinants.

II. Programme priorities and partnerships

13. The proposed programme, 2018-2021, is aligned with the national development priorities, the United Nations Development Assistance Framework (2018-2021), and builds on recommendations from the sixth country programme evaluation.

14. The proposed programme aims to assist the country in implementing the 2030 Agenda with special focus on Goals 3 and 5. The programme target groups are women, youth, particularly those most in need, including poor, rural communities, key populations, conflict-affected groups, refugees and victims of trafficking. Using a human rights based approach, the programme will be implemented in selected states based on objective criteria including performance of key indicators. The programme will focus on policy formulation, knowledge management and strategic guidance at national level and service delivery and capacity development at state level.

15. The programme key assumptions are (a) financial resources availed of in a timely manner (b) Government sustains its political commitment and is able to attract and retain the needed human resources (c) the ongoing peace negotiations and national dialogue result in sustainable peace and (d) concerned are communities mobilized to support the programme. Expected risks: (a) ongoing conflicts and disruption of peace (b) economic instability and deterioration and (c) insufficient donor funding to implement the programme.

16. The programme strategies are carefully designed to facilitate the transition from pre-to-early demographic dividend stage through strengthening of policies and planning capacity and focused support for services and social change guided by the Addis Ababa and Cairo Declarations on ICPD beyond 2014.

17. The programme aims to bridge the humanitarian-development divide by ensuring that humanitarian assistance is delivered in the context of resilience and broader sustainable national development priorities. UNFPA will support national and inter-agency measures to strengthen disaster risk reduction and emergency preparedness through building capacities, systems and partnerships.

18. UNFPA will leverage capacity to achieve programme results through reinforcing strategic partnerships guided by the office partnership strategy and ensuring synergy with other United Nations agencies. The identified partners have an instrumental role in policy development, knowledge management and capacity development as key strategies for attaining the programme goal. The strategic partners have high level of influence in creating an enabling environment by swaying both the policy and community-related interventions and approaches.

19. The overall goal of the programme is to reduce maternal deaths and disabilities through an integrated approach to sexual and reproductive health, family planning and prevention and response to gender-based violence.

A. Outcome 1: Sexual and reproductive health

20. Output 1: Strengthened capacities of health ministries and civil society partners at federal and priority states level to ensure access to high-quality sexual and reproductive health services, including in humanitarian settings. This will be achieved by: (a) advocating for political and financial commitments to sexual and reproductive health; (b) strengthening maternal death surveillance and the response system; (c) support upgrading of midwifery training and improving quality of midwifery services; (d) creating demand for utilisation of sexual and reproductive health services; (e) improving the capacity of health care providers to detect and manage emergency obstetric and neonatal complications and fistula; (f) rehabilitating health facilities in priority states to provide maternal and neonatal health services; (g) establishing community-based obstetric referral mechanisms in priority states; (h) strengthening the capacity of youth-serving organizations to provide training for young people and address their sexual and reproductive health concerns; (i) mobilising young people for community outreach and education on maternal health, family planning and HIV prevention; (j) implementing a minimum initial service package for reproductive health in humanitarian settings; (k) support national capacity for emergency preparedness and response; (l) support HIV prevention among key populations and address HIV associated stigma; and (m) integrating HIV and sexual reproductive health services for increased coverage.

21. Output 2: Strengthened capacities of health ministries and civil society partners at federal and priority states level for better access to high-quality family planning services, including in humanitarian settings. This will be achieved by: (a) generating evidence for advocacy to scale up family planning services (b) introducing innovative community outreach strategies to create demand for family planning services; (c) establishing effective co-ordination mechanisms for family planning and reproductive health commodity security; (d) strengthening supply chain management system at all levels, including adoption of the most appropriate technologies in the logistics management information system; (e) developing capacity of healthcare providers to deliver quality family planning services; (f) rehabilitating and equipping family planning 'model centres' in priority states to promote an appropriate method mix including long-acting family planning methods; (g) increasing access to culturally sensitive, age appropriate and relevant family planning information and services; and (h) providing emergency reproductive health kits and family planning commodities in humanitarian settings.

B. Outcome 3: Gender equality and women's empowerment

22. Output 1: Strengthened capacity of government and civil society institutions to prevent and respond to gender-based violence, with a special focus on women and young girls, including in humanitarian settings. This will be achieved by: (a) implementing behavioural change communication interventions, engaging community and religious leaders, to address rooted socio-cultural norms and religious misinterpretations that uphold gender-based violence; (b) developing capacity for community-based protection and co-ordination mechanisms on gender-based violence at national and local levels; (c) supporting line ministries and civil society organisations to provide comprehensive services for gender-based violence survivors; (d) supporting youth-serving organizations to provide training for youth; (e) establishing pilot gender-based violence Information Management System in selected states; (f) implementing research on female-genital

mutilation and child marriage; and (g) advocating for the endorsement and enforcement of policies and laws incriminating gender-based violence.

C. Outcome 4: Population dynamics

23. Output 1: Increased national capacities for the production, analysis, and use of disaggregated data to inform policy formulation, developmental planning and evidence-based advocacy. This will be achieved by: (a) developing the analytical statistics capacity at national and priority state level for policy and programming; (b) providing technical assistance to the Central Bureau of Statistics to conduct the Sixth National Population and Housing Census; (c) providing technical assistance to the National Population Council to develop national monitoring framework for ICPD-based sustainable development indicators; (d) enhancing the capacity of use of population data in national development planning processes; (e) supporting the development of policy briefs and documentation of good practices for advocacy and decision-making; and (f) supporting the preparation of demographic dividend advocacy instruments and building partnerships at national, regional and international levels for increased investments in young people.

III. Programme and risk management

24. The Ministry of International Co-operation will act as the overall coordinating authority for the programme. The programme implementation will use national execution modality through government and non-government partners. In situations where there is lack of national capacity, UNFPA may, in consultation with the Government, directly implement the programme. In the event of an emergency, UNFPA may, in consultation with the Government, re-programme activities for an emergency response, in line with UNFPA mandate.

25. The programme will be implemented through a core team of staff funded from the UNFPA institutional budget, regular and other resources. UNFPA maintains three decentralized offices in Darfur to ensure adequate oversight and support for implementation.

26. The country office will put in place an internal programme coordination and oversight team to oversee programme implementation/integration, implement assurance activities on the harmonized approach to cash transfers, guide programme monitoring and quality assurance, including risks monitoring, mitigation and management.

27. UNFPA, guided by the resource mobilization plan, will support the Government in mobilizing additional resources to complement the regular resources allocated.

28. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

29. UNFPA and the Government will systematically carry out programme quarterly and annual reviews with active participation of stakeholders. UNFPA, jointly with partners, will conduct field monitoring visits to assess progress of workplans implementation and results achievement. A monitoring visits tracking tool will be used to ensure timely implementation of monitoring recommendations as a mechanism to inform and adjust programme design and implementation. Thematic and country programme evaluations will be conducted as per the country programme evaluation plan.

RESULTS AND RESOURCES FRAMEWORK FOR SUDAN (2018-2021)

National priority: Twenty-Five Year National Strategy 2007-2030: Capacity Building and Community Development; Social Services Sectoral priorities as stipulated in: Sudan Reproductive, Maternal and Child Health Strategic Plan 2016-2020
UNDAF outcome: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes
Indicators: Maternal mortality ratio. *Baseline:* 216/100,000 live births*; Target:* 152/100,000 live births; Number of new HIV infections per 1,000 uninfected population by sex, age and key populations. *Baseline:* Total: 0.131.4%; Male: 0.16; Female: 0.13; Children: 0.06*; Target:* Will be set upon finalization of the sectoral strategy in 2017.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health Outcome indicator(s): ● Proportion of births attended by skilled health personnel *Baseline*: 77.7%; *Target*: 85% ● Contraceptive Prevalence Rate (for modern methods) *Baseline*: 11.7%; *Target*: 20%	Output 1: Strengthened capacities of health ministries and civil society partners at federal and priority states levels to ensure access to high-quality sexual and reproductive health services, including in humanitarian settings	● Percentage of hospitals providing comprehensive EmONC services in the UNFPA priority states *Baseline:* 28%; *Target:* 60% Number of obstetric fistula cases surgically repaired. *Baseline:* 1,059; *Target:* 1,319 ● Number of functional community-based obstetric referral mechanisms. *Baseline:* 62; *Target:* 132 ● Number of key population and vulnerable groups receiving HIV prevention services *Baseline:* 564,022; *Target:* 1,300,281	Federal Ministry of Health; State ministries of health; NGOs/CSOs; WHO; UNICEF; UNAIDS	$15.0 million ($4 million from regular resources and $11.0 million from other resources)
	Output 2: Strengthened capacities of health ministries and civil society partners at federal and priority states levels for better access to high-quality family planning services, including in humanitarian settings	● Number of current users of modern family planning methods in UNFPA-supported states *Baseline:* 525,350; *Target:* 806,237 ● Percentage of facilities that experienced no stock out of contraceptives in UNFPA priority states *Baseline:* 65 %; *Target:* 85% ● Percentage of health facilities providing at least 3 modern contraceptive methods including long-acting method in the priority states *Baseline:* 15%; *Target:* 30% ● Functional logistics management information systems for forecasting and monitoring reproductive health commodities in place *Baseline:* partially; *Target:* fully functional	Federal Ministry of Health; National Medical Supply Fund; State ministries of health; NGOs/CSOs	$9.0 million ($1 million from regular resources and $8.0 million from other resources)

National priority: Twenty-Five Year National Strategy 2007-2030: Capacity Building and Community Development; Social Services Sectoral priorities as stipulated in: Sudan Reproductive, Maternal and Child Health Strategic Plan 2016-2020
UNDAF outcome: By 2021, the most vulnerable population have improved health, nutrition, education, water and sanitation, and social protection outcomes)
Indicator: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation, by age. *Baseline:* total: 40.9%; poorest: 61.9%; urban: 28%; rural: 47.4%*; Target:* total: 25%; poorest: 45.9%; urban: 12%; rural: 31.4%
National priority: Ten-Year National Action Plan for the promotion and protection of human rights in Sudan 2013-2023; A national policy on Violence Against Women, 2016-2031; Five-Year Strategic Plan for Strengthening National Human Rights Commission 2014-2018
UNDAF outcome: By 2021 national, state and local institutions are more effective to carry out their mandates efficiently including strengthened normative frameworks that respect human rights and fundamental freedoms and ensure effective service delivery)
Indicator: Percentage of recommendations from United Nations Human Rights Council on Universal Periodic Review implemented. *Baseline:* 65%*; Target:* 85%

Outcome 3: Gender equality and women's empowerment Outcome indicator(s): ● Prevalence of female genital mutilation among girls aged 0-14 years *Baseline*: 31.5%; *Target*: 26.5% ● Percentage of women aged 20-24 years who were married before age 18 *Baseline*: 21.5%; *Target*: 16.5%	Output 3: Strengthened capacity of government and civil society institutions to prevent and respond to gender-based violence, with a special focus on women and young girls, including in humanitarian settings	● Number of communities reached and supported in preparation for declaration of abandonment of female genital mutilation *Baseline:* 58; *Target:* 178 ● Number of functional community-based gender-based violence referral pathways *Baseline:* 37; *Target:* 52 ● Number of health facilities providing clinical management and psycho-social support to gender-based violence survivors in humanitarian settings *Baseline:* 35; *Target:* 45	Ministry of Welfare and Social Security (Federal and states); Ministry of Guidance and Endowment; National Council for Child Welfare; Combating Violence Against Women; Ministry of Interior; Ministry of Justice; Ahfad University; NGOs; UNICEF; WHO; UNHCR; UN-Women; IOM	$10.0 million ($2.0 million from regular resources and $8.0 million from other resources)
National priority: Ten-Year National Action Plan for the promotion and protection of human rights in Sudan 2013-2023; A national policy on Violence Against Women, 2016-2031; Five-Year Strategic plan for Strengthening National Human Rights Commission 2014-2018 **UNDAF outcome:** By 2021 national, state and local institutions are more effective to carry out their mandates efficiently including strengthened normative frameworks that respect human rights and fundamental freedoms and ensure effective service delivery **Indicator**: Number of national, state and locality strategies and plans developed (with sex and age-disaggregated data). *Baseline:* [0]*; Target:* [17]				
Outcome 4: Population Dynamics Outcome indicator(s): ● National system for tracking progress on ICPD-based SDGs indicators established and functional *Baseline*: No; *Target*: Yes ● Sudan 6th Population and Housing Census conducted *Baseline*: No; *Target*: Yes	Output 4: Increased national capacities for the production, analysis, and use of disaggregated data to inform policy formulation, developmental planning and evidence-based advocacy	● Number of in-depth studies and policy briefs in support of demographic dividend and SDGs developed *Baseline:* 7; *Target:* 13 ● Number of sector strategies for the development of statistics endorsed and implemented *Baseline:* 12; *Target:* 22	Central Bureau of Statistics; National Population Council; National Council for Strategic Planning; States Statistics Offices, States Population and Planning Offices; UNDP; UNICEF	$5.2 million ($2.2 million from regular resources and $3.0 million from other resources)