

Government of Sudan and UNFPA Country Program

2002- 2006

Review/Assessment

And

Realignment of GOS/UNFPA-Funded Component Projects

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## **Introduction**

The main objective of this report is review/assessment of the component project of UNFPA 2002 and 2006 cycle with the aim of realignment of these component projects to the frame of the subprograms and the country program approved by the Executive Board. The result of this assessment is design to provide background for the program review being prepared by UNFPA for Mid-December 2003. Emphasis is placed on the operational aspects of the PoA and MDGs, and they aroused as barometers to measure intended outcome of the project components in the 2002 –2006 program cycle. This report is prepared bearing in mind the emerging opportunities that may emerge following a possible end to the current civil war in the country and the subsequent challenges for future UNFPA interventions in Sudan in general, and in the war-affected areas.

The report is primarily limited to a review of the various program and project documents of each substantive area. Although such a review is important and informative as a starting point for assessing the projects it does not provide full insight on the individual projects and the consistency of specific logic and policies. Nor does it provide information on the status of the translation of policies into actions, and their effects on the clients of the individual projects.

## **2. Background**

Sudan continues to be classified among the world's (and region's) poorest countries, despite considerable natural resources. Analysis of trends of socio-economic indicators is a risky business in Sudan because of frequent changes in statistical procedures that make comparison over time difficult. However, in spite of this, certain key social indicators in Sudan offer some evidence of some achievements. Social indicators have generally been improving over the last three decades, and improved as income increase. The infant mortality rate has dropped<sup>1</sup>. The figure for under-five mortality has also dropped. The statistics of gross primary school enrolment and those relating to female participation in secondary school show improvement. These statistics give a glimpse of what could be achieved in the event of stability and sustained economic growth.

Despite its socio-economic progress, Sudan is characterized by regional inequalities. The situation with respect to health, food and nutrition is bad in some regions. Living conditions have deteriorated substantially in these regions of the country. Health and educational outcomes vary considerably by regions. The mortality rates of the poor regions are systematically higher than the average and enrollment rates systematically lower (see a summary of basic social indicators in the annex). The percentage of population having access to health services, safe water and sanitation, and average calorie intake is low in many of the regions of Sudan. In the sphere of education, less than 50% of adults can read and write, while enrolment ratio for all levels is less than 30%, suggesting a very low level of human capital formation.

The situation is even worse for women and children. The mortality rates for infants and children (under five years) are still very high in many regions. The percentage of children who are underweight, wasted and stunted are high some regions. Less than 40% of the births are attended by trained medical personnel and less than 50% of one-year-olds are

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<sup>1</sup> MICS Survey 2000, and SMS 1999

fully immunized. In the regions with low human development indicators, the situation of women is equally bad compared with that of men. The literacy rate is less than that of men and school enrolment is low. Although life expectancy is higher for women than that of men, other health indicators are biased against women. Maternal mortality is very high, and very few women get prenatal and postnatal care. Women constitute a very small percentage of the labor force in the formal sector in some parts of the country. The very low rates of the key indicators in many of the regions of Sudan may be responsible for placing the country among the lowest in the UNDP Human Development Index, although the country is currently placed above Pakistan<sup>2</sup>.

Many and inter-locking factors account for the regional inequalities in Sudan, which are mainly of internal origin, though some are externally generated. During the decades since independence, the Sudan has been experiencing a number of natural and man-made calamities, which have resulted in severe hardships to its people and loss of life, both animal and human. Droughts and famines have been hitting Sudan and these have also produced large movements of people. The country remains embroiled in the long-running conflict in South Sudan, the Nuba Mountains, South Blue Nile, Eastern Sudan, and now in Darfur. This costly and bloody conflict has, over the past decades claimed (directly or indirectly through famine) many Sudanese lives and resulted in large population mobility with a large number of displaced people. The Political backdrop has been and remains a major obstacle to sustained economic development in Sudan.

### **3. Review of the Current Cycle of Funding 2002-2006**

This part of the report will attempt to provide an analysis of the coherence and relevance of the project objectives and expected outcomes to the ICPD PoA and MDGs goals. Coherence can be viewed from the perspective of alignment of the objectives of the projects with the relevant aspects of the ICPD PoA and the MDGs goals.

The UNFPA has been providing support to the Government of Sudan population program prior to the first country program, particularly with regards to information system and mother and child health. UNFPA provide support to Sudan to carry out its second national census in 1973, in addition to assisting the country in maternity-centered maternal and child health and family planning. It spent a total of about \$26.95 million between 1980 and 1993.

But since 1994, UNFPA focus on supporting population programs in Sudan shifted in accordance to the Program of Action (PoA) of the International Conference on Population and Development (ICPD), approved by 179 countries in September 1994, which articulated a vision of population as a fundamental issue. This has led to a progressive strengthening of commitment to population and development issues as countries have striven to make the vision a reality. The ICPD PoA recommends a set of population and development objectives, as well as mutually supportive qualitative and quantitative goals, to be attained by 2015. These include sustained economic growth in the context of sustainable development; universal access to comprehensive reproductive health including family planning services; reduction of infant, child and maternal mortality; and universal access to primary education, especially for girls. Sudan is now classified by UNFPA as "Country A" in its resource allocation system, thus the support to the current program (2002-2006)

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<sup>2</sup> UNDP Human Development Report, 2003

has substantially increased compared with previous country programs, amounting to about \$13.5 million

The third country program (1997-2001) focused on reproductive health in eight states and support was provided for a large-scale national advocacy sub-program and a total population and development sub-program. UNFPA supported the national AIDS program through training of service providers and provision of awareness creation materials. A total of 18 reproductive health clinics were established during the 3<sup>rd</sup> country program, in addition to the training of paramedical personnel, provision of equipment, and limited distribution of contraceptive supplies. However, it was observed that, although the reproductive health and advocacy sub-programs had major achievements, the population policy component of the population and development strategies sub-programs did not reach their objectives.

The ICPD Program of action recommends full integration of population concerns into development strategies, planning, and decision-making and resource allocation. The various Sudan Country Programs funded by UNFPA gave due emphasis to this concern. These have been clearly reflected in the formulation of the current Country Program. A review of the Fourth Country Program document indicates a strong consistency with ICPD PoS principles<sup>3</sup>, which UNFPA is mandated to advocate. Emphasis is placed on the numerous linkages between population and development and focuses on meeting the needs of individual reproductive health of women and men rather than achieving demographic targets. Key to this new approach is improvement of the access to reproductive health and information services, strengthening the national human resources capacity to manage and deliver quality health-care services at all level (including training of professional village mid-wives) and empowering women and providing them with more choices through expanded access to income generating opportunities. The ICPD Program of Action calls for making reproductive health care including family planning universally available by 2015 or sooner. Other UN meetings such as the five-year review of the two world conferences, ICPD + 5 and Beijing, reaffirms the development goals on which much of UNFPA work is based on. The Millennium Summit held in 2000 and the UN General Assembly on HIV/AIDS in 2001 have given additional confirmation, justification, inspiration and guidance to the work of UNFPA.

The Millennium Development Goals (MDGs) of special relevance to the country program, among others, include:

- Goals 3: Promote gender equity and empower women: Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education not later 2015
- Goal 4, Reduce Child Mortality: Target 5: Reduce by two thirds, between 1990 and 2015 the under-five mortality rate: Specific indicators: the under five mortality rate, infant mortality; proportion of 1-year-old children immunized against measles;

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<sup>3</sup> UNFPA (1996); Program of Action: Adopted at the International Conference on Population and Development, Cairo 5-13 September 1994

UNFPA (2000): Key Actions for the Further Implementation of the Program of Action of the International Conference on Population and Development, Adopted by the 21<sup>st</sup> Special Session of the General Assembly, New York; 30 June – 2 July 1999

- Goals 5: Improve maternal health: Target 6: Reduce by three quarters, between 1990 and 2015, maternal mortality ration, and proportion of births attended by skilled health personnel
- Goal 6: Combat HIV/AIDs, Malaria and other diseases: Target 7: Halve halted by 2015 and begun to reverse the spread of HIV/AIDS. Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other diseases.

The 2002-2006 Sudan Country Program Cycle sets as its objective: “to contribute to the creation of a peaceful enabling environment conducive to the fulfillment of rights of the Sudanese people to survival, development and equal participation through support to:

- Meeting basic social rights, strengthening emergency preparedness and coping mechanisms with a view to long-term self reliance;
- Rehabilitation and development of productive sector and promotion of sustainable livelihood; and
- Strengthening of the rule of law and promotion of respect for human rights.

The Country Program has three sub-programs:

- Reproductive Health; providing support to strengthening the reproductive health commodity security with an objective t to reach a contraceptive prevalence of 15% by 2006;
- Population and Development Strategies, with the purpose of contributing to an integration of population policy that reflects the effects on national development and sector policies, plans and program of such factor as migration, labor force requirements, environmental safety, the health-care needs of women, adolescents, youth and older population, and ethnic conflicts.
- Advocacy, with the objective of creating an improved environment conducive to reproductive health, reproductive rights and gender issues.

Mainstreaming gender issues into national development agenda forms a special focus, where UNFPA would provide technical support to strengthen the capacity of the government to build greater gender equality and equity and to support the empowerment of women.

Nine individual projects have been reviewed in this exercise, and they can groups into the three main sub-programs of the 2002-2006 Fourth Country Program approved by the Executive Committee. The MDG sets goals to be achieved by year 2015 in the areas of child and maternal mortality (goals 5 & 6), improve; Combat HIV/AIDS (goal 7). The sub-programs, as suggested by the indicators are likely to influence awareness among population makers, health service providers and users of users of these services regarding areas of population and RH. Improvement of mother’s health through the RH advocacy strategies could occur through advocacy activities. An indirect contribution to the MDGs is the creation of awareness on population issues and the possible integration to national development policies and plans.

Overall, the majority of the nine projects are consistent with the objectives of the Country Program, and cross-thematic analysis of the areas of population policy, advocacy and RH indicates a fair degree of consistency in the level of activities. For example consistency exists between population policy and RH activities, and emphasis on quality care through

improved capacity of health providers. However, there are no significant measures adopted to address adolescent reproductive health.

It is important to note that the administrative costs of the project activities are very high, generally well above the less than 30% limit recommended in most projects. The analysis of the coherence and relevance of the individual components of the projects is done in the matrix attached. The general conclusion of the analysis suggests that while activities of most of the nine projects at to a limited extent are coherent and relevant to the Country Program and to the ICPD PoA goals, others, in particular SUD/02/PO4 lacks coherence and relevance to UNFPA goals contained in the program document, and has marginal value to ICPD PoA goals. The projects activities do not related well to the strategies outlined in the Country Program, and are unlikely to contributed effectively to meeting the National Population Council's national targets of reducing maternal mortality, increased contraceptive prevalence rate, reduce infant mortality rate and increase mother and child health coverage, including family planning.

### **i. The PDS Sub-Program**

The PDS sub-sector attempted to translate some of the goals and objectives into a practical reality, which is “to contribute to improve social and political commitment to integration of population and development concerns into plans/programs. Two outputs were expected from the projects designed around this objective based on a number of related activities.

- 1) Strengthened national capacity to develop, implement and monitor gender-sensitive integrated population and development programs/plans in line with ICPD/PoA and other relevant global initiatives;
- 2) Strengthened National Capacity to produce and disseminate gender disaggregated population-related data and conduct research at national, state and sectoral levels.

The main logical thrust of this sub-sector is the recognition of the fact that Sudan continues to suffer from weak institutions and lack of human resource capacity. Support for capacity building is regarded as important for the country to address the needs of supporting the population related development activists. The design of the sub-sector recognizes the inter linkage wit other sectors, i.e. IEC/Advocacy and RH, in particular HIV/AIDS. A total of six projects are supported under this sub-component.

#### **a) Project SUD/02/PO3/ Support for NHS & Census**

The main aim of the project is to contribute to improved social and political commitment to integration of population and development concerns into plans/programs. It aims at expanding and operationalising the National Integrated Information System that had been developed during the previous sub-program. The establishment of SEARRUSS database as a network and development of dissemination of its products are considered important strategies for the outputs of the project component.

The main outputs of the project component include: Strengthened national capacity to produce and disseminate gender disaggregated population-related data and conduct research at national, state and sectoral levels. The project activities include establishing a data archive as a data distribution tool, to make available SMS and census data to users.

Registration survey plans to produce ICPD and Millennium Indicators form part of the project; and to maintaining updating NHS and support the census data.

UNFPA has for the past 20 years attempted to build the capacity of the Central Bureau of Statistics in the conduct of national censuses and survey. The support to the proposed census is in line with the UNFPA effort. However, the Bureau continues to rely on very costly external consultants in the conduct of the census and provision of new equipment. A significantly large amount of fund is allocated to support personnel whose functions could be undertaken by the CBS.

#### **b) Project SUD/02/PO4 – Development projects Coordination and Follow-up System in Sudan**

The project component is included as part of capacity building and its main objective is to address the problem related to capacity building and coordination mechanisms, through establishment of an appropriate Monitoring Information System. The intended output of the project is the strengthening of the capability of the Ministry of International Cooperation in performing its coordination and follow-up role with regards to development projects and international cooperation. The objective will be attained through participation in short courses in the fields of management, planning and M&E techniques, meetings/workshops of the UN system.

This is probably the least consistent and relevant project to UNFPA mandate and has very little value to the ICPD PoA goals. The activities are centered on one single Ministry with a very high overhead costs whose comparative advantage with regards to monitoring population issues is very marginal. Similar functions of coordination are carried by the NPC and CBS.

#### **c) Project SUD/02/PO6 – Integrated RH-Gender Equity, Equality and Women Empowerment.**

The project component is for national capacity building with the following specific objectives:

- To provide training courses and develop educational materials to raise the capacities of mid-career government officials and non-state actors to ensure that the gender dimensions are integrated into national and sectoral policies, plans and programs and address RH and Reproductive Rights issues;
- To provide quality training on issues of RH and Reproductive Rights Information and education training for women and youth groups as well as IDPs so as to endure that they are at a more empowered position having control and knowledge about their Reproductive Rights; and
- To raise the capacities of government and NGO personnel to have a gender sensitive rights integrated approach when formulating plans, doing research or implementing projects.

The main outputs of the project include:

- Improved capacities for gender mainstreaming in RH and other programs

- Promoted sensitization for RH, Reproductive Rights and Harmful Traditional Practices
- Promoted the application of integrated approaches for quality RH program with women empowerment and other human rights principles.
- Available Gender sensitive and Reproductive Right educational materials produced.

The project expenditure on overhead costs is very high, and there is very little justification for such a high expenditure. However, the project activities fulfill an important function with regards to improving gender equity and women empowerment. Although some progress has been achieved during the past years to improve the status of women, considerable barriers, especially socio-cultural factors, continue to work against the achievement of gender equality and equity. The impact of the measures taken at the national level to improve the status of women has not been felt in many regions of Sudan. This project is particular relevant to the ICPD PoA programs to protect the rights of women and promote women's empowerment.

**d) Project SUD/02/PO7 – Population Training and Research at Population Studies Center (PSC) of the University of Gezira.**

The project component falls under the PDS sub-program with the overall goal of producing well-trained mid career level cadres in population and development and other related areas, which is regarded as a cornerstone for ensuring the integration of population as a factor in planning and strategic development according to the principles outlined in ICPD PoA. The project hoped to strengthened national capacities to implement and monitor gender sensitive integrated population and development plans and programs in line with the ICPD PoA and global initiatives. Support is provided to the training of total of 125 Diploma/MA and 2 PhDs graduates.

The Center is considered the leading institution of demographic training, and is has produced a large number of people in the field. It has not been possible to assess their contribution to improving the integration of population issues to development planning. There appears to have been a move away from the original goal of the Center, which was less academically oriented and was intended to provide practical training to development workers. The support to the development of the library as an important source for population information has declined over the years in preference for a scholarship-oriented program. While it may be appropriate to provide support to regions with very limited trained staff in population issues, there is not justification for the blanket provision of scholarships to individuals whose future potential contribution to population is generally very marginal. Training to such individuals acts as a stimulus to overseas jobs, adding to the high brain drain of skilled Sudanese.

Adjustment to the project activities is possible with regards to supporting the training of staff from relevant government institutions and NGOs, with emphasis on technical and practical training using especially tailored curriculum. The academically oriented training program should only benefited through the support provided to assist the population documentation/library of the Center.

**e) Project SUD/02/PO8 – WSD Ministry of Welfare and Social Development/Women Empowerment & Gender Mainstreaming**

The project falls within the PDS sub-component and its overall objective to contribute to the improvement of the social and political commitment to integrate population and development concerns into plans and programs. The intended output is increased capacities for the Ministries of Welfare and Social Development, Finance and National Economy, Health, Education, and Justice in mainstreaming gender issues in plans and programs at National and State level.

The key activates of the project include:

- Strengthening the Gender Directorate for Women and it's State Units;
- Preparation of national Gender Policy and Plans of Action
- Capacity Building for the focal points in the five Ministries in gender mainstreaming at Federal and State levels; and
- Establishing an efficient monitoring system to ensure gender mainstreaming in the selected Ministries and States.

The project concept appears to be relevant to ICPD PoA goals, but its activities are marginally coherent with these goals; its focus is very much "Central" without recognizing the importance of the "decentralization" process. The activities are centered in the Federal Ministry with little due regard to the state's contribution to improving the status of women.

**f) Project SUD/02/PO9 – Institutional Framework for the Implementation, Monitoring and Evaluation of the National Population Policy.**

This project component falls under the PDS sub-program and its main aim is to create an enabling environment for the successful implementation of the National Population Policy through the development of operative sectoral program of action, strengthened institutional framework and elevated degree of political and social commitment to integrated population and development program. Its main output is a strengthened national capacity to develop, implement and monitor gender-sensitive integrated population and development plans/programs in line with the National Population Policy (NPP), ICPD PoA and other relevant global initiatives.

In order to achieve this objective and intended output, the project main activities include:

- Building and up-grading the overall conditions of the NPC/GS and the allied State Population Councils in ten states, for implementation, monitoring and evaluation of the National Population Policy and its program of action;
- Supporting advocacy and awareness raising activities that contribute to the reduction or elimination of barriers and misconceptions pertaining to the post-ICDP program areas.
- Support activities that contribute to increase the level of awareness of political and social commitment to the National Population Policy and related interventions.

There is no evidence to suggest that the National Population Council's effort in producing an environment conducive to the implementation of the 2002 national population policy. The NPC has a very high turn over of trained staff in population issues, and its role in supporting the proposed activities is effectively reduced.

## **ii. Reproductive Health Sub-Program**

One of the most important outcomes of the ICPD was a sharpened focus and attention to reproductive rights (RR) and reproductive health (RH). Reproductive rights are defined as the rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and the means to do so; the right to be free of discrimination and violence and the right to attain the highest standards of sexual and reproductive health. Reproductive health rights include the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning (FP) and other legal methods for regulation of their fertility. It also involves the right to have access to appropriate health-care services, which will enable women to have safe pregnancy and childbirth and provide couples with the best choice of having a healthy infant.

According to the PoA, RH-care is essential for mental, emotional and physical well being of all people. It includes preventive information and services that meet the RH needs of women, men and adolescents, including family planning; maternity health including access to obstetric emergency care; prevention services; screening diagnosis and treatment of STDs and HIV/AIDS; prevention of unsafe abortion and treatment of abortion-related complications and prevention of infertility.

### **a) Project SUD/2002/P01 – Capacity Building to Promote Reproductive Health for FMOH**

The main objectives of the RH component are:

- i) To Improve the quality of RH services through training of health care providers on quality RH services (EOC, ANC, PNC, Family planning counseling and services, provision of necessary equipment/supplies, rehabilitation of health facilities and health education institutions and establishment of FP logistics and commodity security system;
- ii) To promote and enhance the capacity of the FMOH in developing an RH policy document and on management of RH and quality training and research on different RH issues, through the establishment of a national Reproductive Health Institute

The sustainability of the capacity building process in the project is ensured through formulation of a core of RH professional TOTs at the central level and of TOTs at the state level who will train and supervise the performance of the RHCPs in the community. Mainstreaming Gender issues in the project is considered important, through the introduction of gender balance in all training activities and workshops and creation of awareness especially among to facilitate promotion of family health in general and women's health-seeking behaviors in particular

The main contributions of the project component will be in tow areas:

- 1) To the HIV/AIDS activities will be through implementation of training on RH Counseling, TOT on awareness raising and advocacy targeting community, religious and tribal leaders to disseminate information on health, and sexual

behavior, prevention and treatment of STIs/HIV/AIDS. The youth and adolescent will be among the target groups to benefit from the planned activities.

- 2) To the eradication of Harmful Traditional Practices, including Female Genital Mutilation (FGM) through advocacy and provision of awareness raising and through supporting and training for management of the FGM complications.

The major activities of the project component are centered on the production of training materials on IEC, RH counseling (including FP and infertility), and QOC, supporting training for nurses and senior staff, with limited support for the provision of essential drugs for pregnant women and supply of equipment. The overhead costs form the major component of project expenditure. The project component has a very strong orientation to ICPD PoA goals

While the training of some service providers is emphasized in the activities of the project, due emphasis has not been given to some groups, i.e. the training of an adequate number of professional village mid-wives, which are known to be the backbone of the maternal health program and whose immediate impact is usually recognized at community level. They are recognized as constituting an effective and efficient vehicle for providing basic reproductive health services and information, particularly in both rural and urban communities.

#### **b) Project SUD/02/PO5 – National STIs/HIV/AIDS Prevention, Management, Capacity Building and Awareness Raising.**

This project component is part of the RH sub-program, and its overall goal is to contribute to improving the quality of life of the Sudanese people through improved reproductive health (including STIs/HIV/AIDS prevention) status and favorable environment in support of population program leading to sustainable development. The specific objectives of the project include:

- The promotion of an effective coordination mechanisms to utilize available resources in support of STIs/HIV/AIDS interventions among all stakeholders;
- The prevention and reduction of exposure to risk of STIs/HIV/AIDS infections
- Improvement of management and care for STIs/HIV/AIDS infected persons
- Advocating widely and raised awareness among politicians, decision makers, community/religious leaders, vulnerable groups and the community at large to the danger of STIs/HIV/AIDS and the impact of the problem on population well-being and development; and
- Upgrading the capacity of the country's main STIs/HIV/AIDS active bodies such as SNAP, SAN, laboratory investigation, testing and blood screening abilities to able to function more effectively.
- The main outputs of the project component include, among others;
- Sexual transmission of STIs/HIV/AIDS is controlled and reduced
- Blood transmission of HIV/AIDS is controlled and reduced
- Mother to child transmission of HIV/AIDS is controlled and reduced
- Occupational HIV/AIDS hazards are reduced
- Management of STIs/HIV/AIDS infected persons is improved;
- Counseling services to HIV/AIDS affected persons is improved, strengthened and extended;

- Socio-economic impact on HIV/AIDS patients, their families and communities is reduced.
- Awareness among all beneficiaries is increased
- Policy decisions supporting positive work environment for HIV/AIDS program is

The activities of the project is training oriented, without addressing the basic issues relating to gender and RH. Efforts to promote gender equity through policy and/or institutional changes have not been emphasized in this project. It is well known that access to basic education of the girl child is still low in many regions of Sudan, and efforts to advocate for equity and equality in this area is not adequate. In terms of male responsibility and participation, which is one of the objectives of ICPD PoA, to promote gender equality and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles, is not reflected in the project activities. Although considerable effort has been taken in the country to improve the status of women, considerable barriers, especially socio-cultural barriers continue to hinder the achievement of gender equality and equity in Sudan. The impact of the national measures to promote women's empowerment has not been very significant in many of the regions of Sudan. Many families still continue to favor sons over daughters in education.

### **iii. Advocacy Sub-Component**

Although this component appears as a sub-program in the Country Document, it cuts across the activities of most of the other sub-programs. Thought its advocacy sub-program, the Country Program works to foster the development of policies and programs that increase the integration of population factor into development planning and improve access to reproductive health services (including family planning). The advocacy sub-program is intended to reach out to policy makers and other agencies to draw their attention to the importance of population and reproductive health, gender and women empowerment.

### **Project SUD/02?PO2 – Advocacy for Reproductive Health and Population Issues**

The main objectives of the advocacy project component is to address the population issues at the national and state levels through promotion of a national advocacy strategy that will pave the way to access the media channels. It also aims at strengthening the capabilities of the media institutions in order to assist in the dissemination of appropriate messages to the target groups. The advocacy program is intended to contribute to building communication channels with agencies and groups in civil society and communities on issues of population and reproductive health, and raising awareness about these issues.

The main outputs and activities related to this project component include:

- 1) Development of national advocacy strategy to promote RH and population issues
- 2) Strengthen the advocacy capabilities of the national and state media, health institutions and personnel;
- 3) Designing and production of advocacy materials; and
- 4) Enhance distribution of population information among different target groups.

The main activities of the project lay emphasis on the development of an advocacy strategy, development of manuals, training and provision of equipment. There is no

support for activities relating to advocating for the reduction of the very high illiteracy rate, particular in rural areas.

## **5. Recommendations for alignment**

It is evident from documents that considerable progress has been made in the national population plans and policies, and integration of population into social and economic development programs. However, in order for the country to make some progress towards reaching the MDG goals in 2015, through UNFPA support, it is necessary that some of the main activities of the Country Program need to be realigned, while others may have to be expanded to include a countrywide coverage.

First, many regions of Sudan lag behind in meeting the quantitative goals on mortality and reproductive health and also in establishing effective and sustainable monitoring mechanisms. Poor information, institutional and logistical capacities are other constraining factors in most of the regions. Most of communities in the relatively disadvantaged states are isolated and often very mobile in search of livelihood. These regions will continue to contribute to keeping down the achievements made in other regions. The current country program gives little attention to addressing some of the problems at state level. Legislation and policy actions are key emerging opportunities for improved RH and RR. But the mere existence of positive policies and legislation at the federal level, if not supported by meaningful and widespread implementation measures at the states level, will not produce the intended results. Strengthening the capacities at the state level through the decentralization initiative would improve service delivery to the target communities.

Developing the capacity for local or state government institutions in particular should be pursued to give purpose and direction to the implementation of the legislation formulated at federal level. The ability of the country to move towards meeting the MDGs goals can only be assured only if support through capacity building for decentralized participation in the delivery of services is supported. This should lead to improved delivery of services at local (community) levels.

Second, improving access to reproductive health services, which have a direct impact on the reduction of infant/child mortality and maternal mortality should be done through support to the recruitment and training of more professional village midwives, therefore the current country program should provide increased support to the training of Village Mid-Wives (VMWs), targeting a much larger number than what is currently envisaged. This strategy is generally low cost but with high impact, i.e. yielding quick and sustainable results. However, the target group for the VMWs should be the young better education girls (or mothers) rather the traditional (old) birth attendant who might have little education and less equip to deal with the young better educated mothers. Moreover, the young VMWs are likely to stay longer in their communities thus offering an opportunity of building up long experience in service delivery and ensuring sustainability. The VMWs could also play an important role in the provision of the means for couples to plan their families (including access to contraceptives).

Third, in order to improve level of contraceptive prevalence, the socio-cultural barriers inhibiting couples to use these means of deciding on the number and spacing of their children should address through intensive research and awareness raising at community level through Community Health Promoters (CHPs) which is not emphasized in the current

program. The objective of the research activities should be evidence-based to provide convincing material for policy makers. The research activities should also provide innovative initiatives to remove social barriers, for example using local materials in the dissemination of reproductive health and other issues. Community mobilization activities should be a corner stone of the activities at State (local) level, with the CHPs playing a vital role.

Fourth, insufficient attention has been provided to addressing the issues of adolescent reproductive health in the current program documents. It is important that concerns of the adolescent RH /RR be addressed, as emphasized in the ICPD PoA goals. So far, there is no clear activity supported by any of the nine projects that address the needs of adolescent reproductive health (ARH). It is necessary to formulate an activity that allows a better understanding among state governments of the importance of adolescents ' participation in programs targeting at them.

Fifth, the scholarship program at the University of El Gezira Population Center should be more target focus and be redirected to support the training of technical personnel from relevant government institutions. The Center might have to re-adapt the content of its curriculum to the requirements by government institutions for staff that have practical skills in population (i.e. a balance between the traditional academic versus a tailored-made curriculum). Moreover more resources should be allocated to the strengthening the information system in the Center. The plight of trained professional demographers and skilled people has deprived the country from human resources needed for development. Any effort to continue providing training at population study center should give priority to the retention measures of the trained demographers. In this regard, UNFPA should play a key role in the selection of candidates that could be supported under the population training scholarship support program. It is also recommended that such scholarships should be targeted to individuals who are already employed in relevant government agencies and civil society organizations. In this regard UNFPA should consider the possibility of supporting population-training activities in new centers.

Six, the present support to the Ministry of International Cooperation is not consistent with the UNFPA strategic direction and vision for the upcoming period. It has no any link with RH and PDS sub-programs. Therefore the present project activities should be shifted to UNDP to be managed under the special program for building the capacity of the GOS departments.

Seven, the IEC and advocacy awareness-raising component of the Ministry of Health RH program should be shifted to the advocacy program implemented by the Federal Ministry of Information and Communication. This is to streamline the advocacy and awareness-raising component. However, some of the components of the awareness raising contained in the activities implemented by the Ministry of Health and other Ministries should remain to support the implementation of their other main activities. However, it is important that crosscutting linkages in activities relating to advocacy and awareness raising be better coordinated to avoid duplications.

Eight, the administrative costs of the programs which should be supported by the government contribution, (See country Agreement between the GOS and UNFPA) is currently met by excessively large allocation from UNFPA funds, this support for salaries should be eliminated. This recommendation is generally consistent with the rules of the

UN governing provision of salary support provided to employees of counterparts' institutions.

Ninth, the gender and women empowerment support training activities of all projects should be streamline and focused on Ahfad University because of its comparative advantage over other academic institutions in the country. However, a government academic institution supporting similar activities to those of Ahfad University be identified to complement each other in the implementation of the activities.

Tenth, the NGOs and other civil society organizations formed important partners to the Country Program in the implementations of its goals, especially in program implementation. It is necessary that NGOs should continue to be involved in the implementation of some of the activities of the Country Program, although better system of coordination is put in place to further strengthen the partnership.